

**JOINT LEGISLATIVE
AD HOC COMMITTEE
ON MENTAL HEALTH SERVICES**

ATTACHMENTS

C O D A M A

**Community Organization for Drug Abuse,
Mental Health and Alcohol Services, Inc.**

A C C M

Arizona Center for Clinical Management

June 1993



D R A F T

MAY 27, 1993

CODAMA

SERVICE PLAN

FOR

SERIOUS MENTAL ILLNESS

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SERIOUSLY MENTALLY ILL (SMI) SERVICE PLAN

I. INTRODUCTION

This service plan reflects an effort to better understand the client population served by CODAMA and to improve the quality of service to individuals who reside in Maricopa County and suffer from serious mental illness.

To foster this increased understanding and facilitate current and future planning efforts, this service plan:

- o compiles a demographic profile of the Maricopa County population base and geographic regions and subregions based on an analysis of 1990 Census Data
- o develops target population demographic and client characteristic profiles based on an analysis of data currently available through EDS
- o reviews the current and existing service array and provider network, service capacity and geographic location of provider sites, and
- o summarizes input received in meetings with consumers, family members and other interested parties and makes recommendations for service areas in need of redesign, expansion and/or additional resource allocation.

II. DESCRIPTION OF COUNTY, GEOGRAPHIC SERVICE REGIONS & SUBREGIONS

MARICOPA COUNTY

Description of Area [see map 1 - Geographic Regions]:

Larger than several States, Maricopa County has a land area of 9,122 square miles.

Maricopa County has been conceptually divided into three major regions - an Eastern Region, a Southern Region and a Northern Region. These service regions correspond to the old boundaries formed by the previous Behavioral Health Entity System. To further refine analysis of local community behavioral health needs, further subregionalization has been employed within each of these geographic service regions.¹

EASTERN REGION

Description of Area [see map 2 - Eastern Subregions]:

The Eastern Region encompasses all of the incorporated areas of the south-eastern portion of Maricopa County. It includes the cities of Chandler, Mesa, Gilbert, Guadalupe, Queen Creek, Tempe, and a portion of Apache Junction.

The region is characterized by rapid population growth. The region includes Arizona State University, and a heavy emphasis on manufacturing and electronics. There are, however, pockets of substandard housing, low income families, and rural areas that are isolated from the urban culture around them.

SOUTHERN REGION

Description of Area [see map 3 - Southern Subregions]:

The Southern Region is bounded by the Phoenix city limits to the east, and encompasses the area south of Indian School Road. The boundaries follow west along Indian School Road to Camelback Road, continuing west on Camelback Road and extending along a line to the Maricopa County western boundary. The southern boundary for the Area is the Maricopa County line to the south, and the northern and

¹In all demographic analysis, to afford maximum sensitivity in local planning, individual census tract data was used as the basic building block in determination of residency. To maintain this level of sensitivity, all subregions were conceptually formed through the aggregation of individual census tracks.

western boundaries of the Gila River and Tohono O'Odham Indian Reservations, which are not included in the Area.

The Southern Region includes the southern half of Phoenix, and the cities of Avondale, Buckeye, Gila Bend, Goodyear, Litchfield Park, and Tolleson.

In comparison to the other two Maricopa County Service Areas, the South Area includes older urban development, more transient and homeless populations, and a base population that is less well-educated and has a lower annual income.

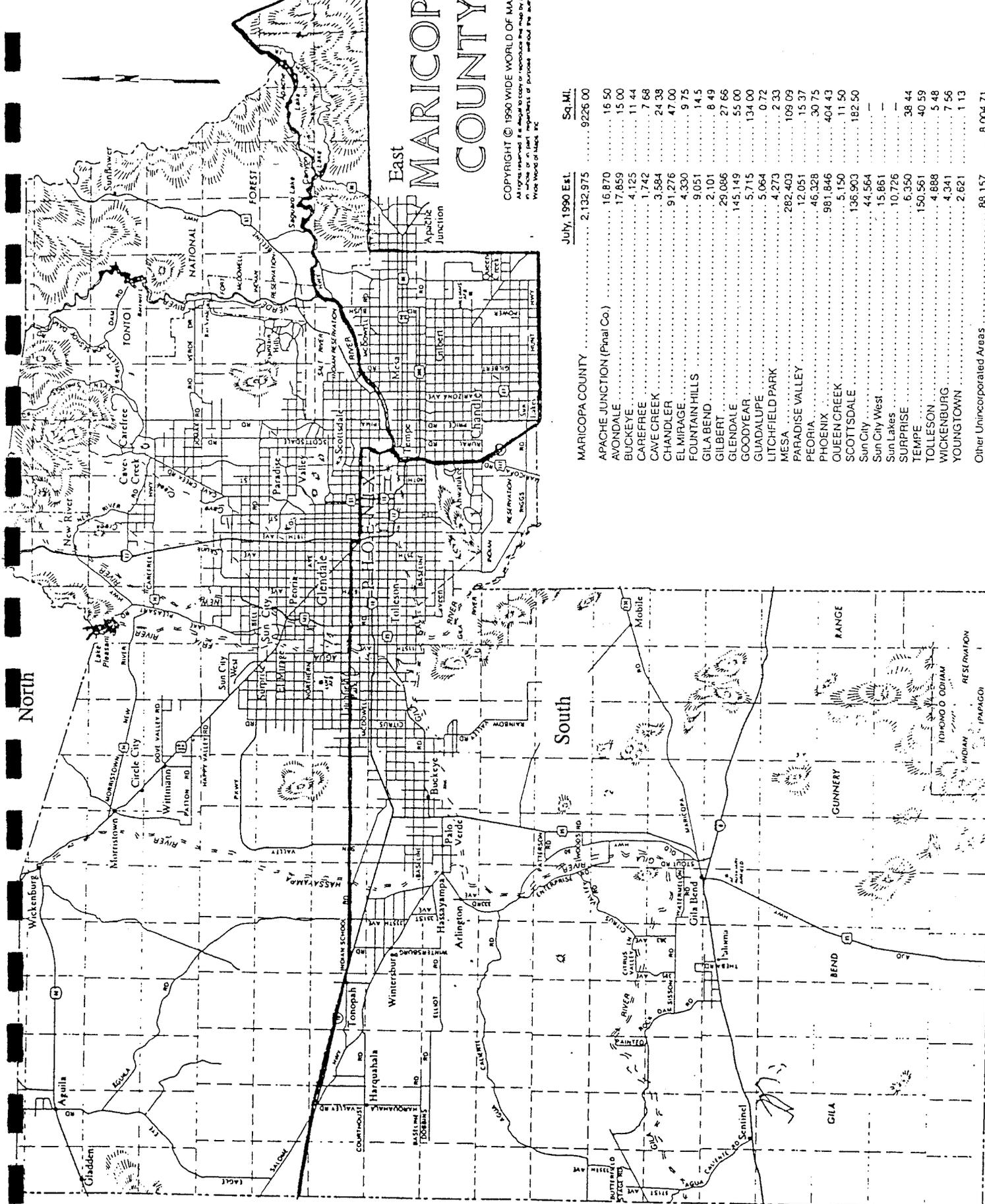
NORTHERN REGION

Description of Area [see map 4 - Northern Subregions]:

The Northern Region is bordered on the west and the north by the Maricopa County line. The eastern boundary borders the Salt River Maricopa/Pima Indian Reservation and the eastern border of Maricopa County. The southern boundary borders Camelback Road from the western border to 27th Avenue. East of 27th Avenue, the southern boundary is Indian School Road.

The Northern Region includes the northern part of Phoenix, as well as the cities of Carefree, Cave Creek, El Mirage, Fountain Hills, Glendale, Paradise Valley, Peoria, Scottsdale, Sun City, Surprise, Wickenburg and Youngtown.

The population of the North Area is diverse but, in comparison to the other two Maricopa County Service Areas, the North Area is characterized by an older population with relatively higher incomes.

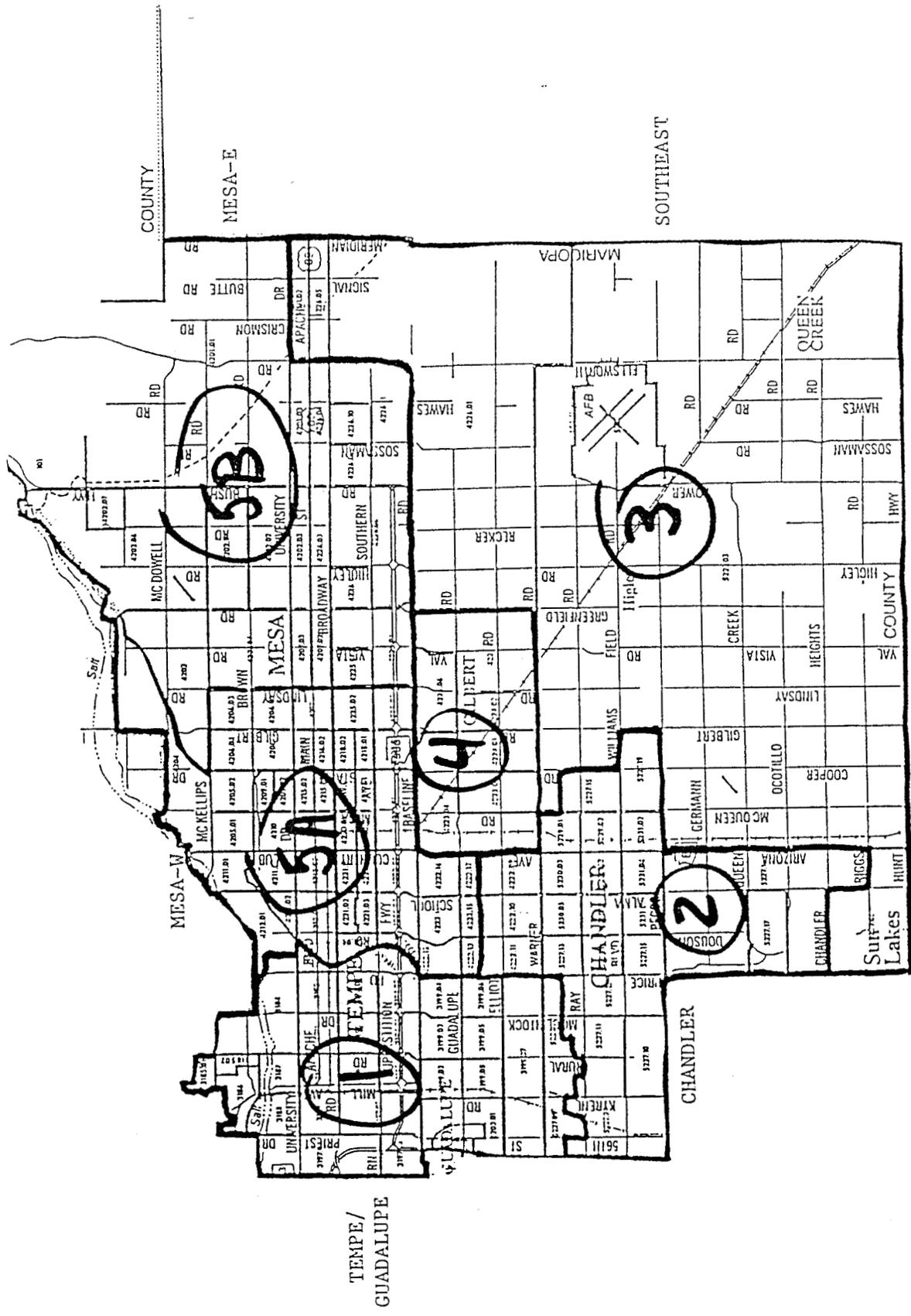


East MARICOPA COUNTY

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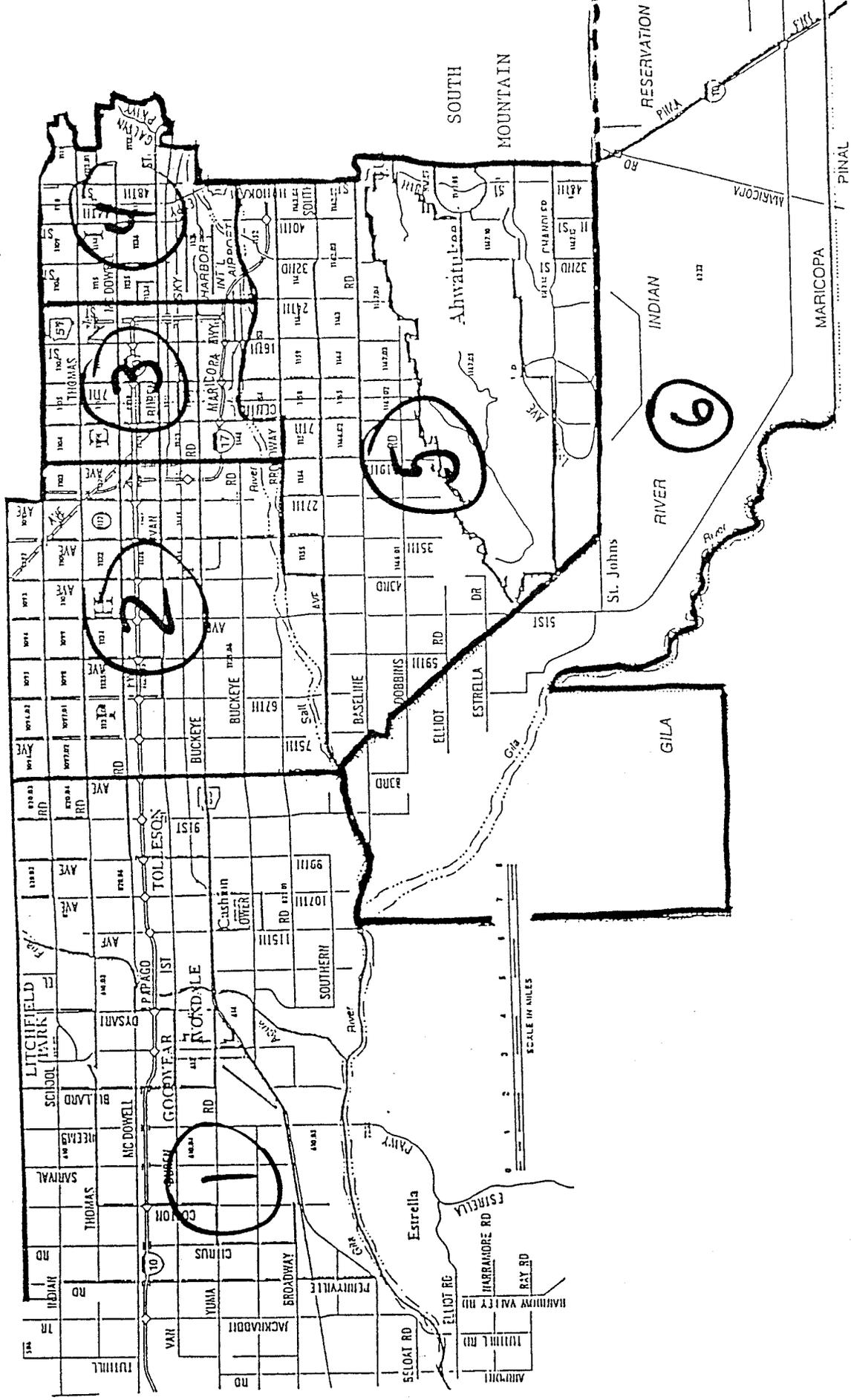
	July, 1990 Est.	Sq. Mi.
MARICOPA COUNTY	2,132,975	9,226.00
APACHE JUNCTION (Pinal Co.)	16,870	16.50
AVONDALE	17,859	15.00
BUCKEYE	4,125	11.44
CAREFREE	1,742	7.68
CAVE CREEK	3,584	24.38
CHANDLER	91,276	47.00
EL MIRAGE	4,330	9.75
FOUNTAIN HILLS	9,051	14.5
GILA BEND	2,101	8.49
GILBERT	29,086	27.66
GLENDALE	145,149	55.00
GOODYEAR	5,715	13.40
GUADALUPE	5,064	0.72
LITCHFIELD PARK	4,273	2.33
MESA	282,403	109.09
PARADISE VALLEY	12,051	15.37
PEORIA	46,328	30.75
PHOENIX	981,846	404.43
QUEEN CREEK	5,150	11.50
SCOTTSDALE	136,903	182.50
Sun City	44,564	—
Sun City West	15,861	—
Sun Lakes	10,726	—
SURPRISE	6,350	38.44
TEMPE	150,561	40.59
TOLLESON	4,888	5.48
WICKENBURG	4,341	7.56
YOUNGTOWN	2,621	1.13
Other Unincorporated Areas	88,157	8,004.71

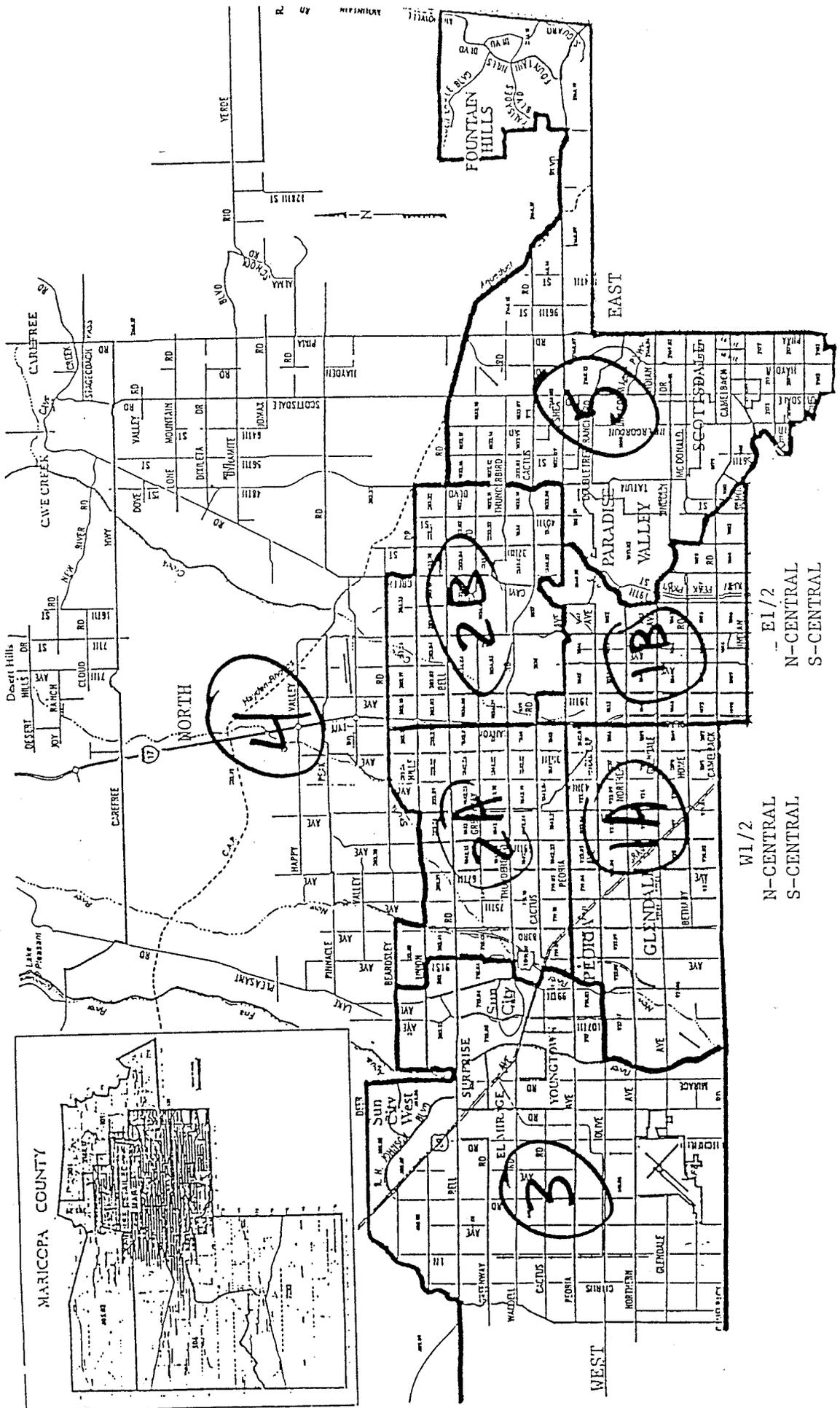
Population estimates for Incorporated Communities furnished by
 Maricopa Association of Governments from projections adopted
 November 15, 1985. Estimates for Unincorporated Areas: extrapolated.



Page 5
 MAP 2 - Eastern Subregions

FAR WEST WEST CENTRAL EAST





W1/2
 N-CENTRAL
 S-CENTRAL

E1/2
 N-CENTRAL
 S-CENTRAL

III. DEMOGRAPHIC PROFILE OF GENERAL POPULATION BY COUNTY, GEOGRAPHIC REGIONS & SUBREGIONS ²

POPULATION BASE

[see charts ***-***]

Maricopa County

The CODAMA service area encompasses all of Maricopa County. The 1990 United States Census reported a population of 2,122,101 persons residing in Maricopa County, approximately 57.9% of the total state population. Maricopa County is one of the fastest growing counties in the United States, with a population increase of 40.6% since 1980.

Eastern Region

The total population of the Eastern Service Region is approximately 610,949 persons, approximately 29% of the total Maricopa County population. The population has increased by 73.8% since 1980. It is the fastest growing of the three regions.

Percent of regional total population by subregion:

Subregion 1 [Tempe/Guadalupe]:	24.2%
Subregion 2 [Chandler]:	14.7%
Subregion 3 [Southeast Unincorporated]	6.1%
Subregion 4 [Gilbert]	4.7%
Subregion 5A [Mesa-West]	32.6%
Subregion 5B [Mesa-East]	17.7%

²Unless otherwise indicated, the information in this section is based on 1990 U.S. Census Data. All regional and subregional profiles reflect the computerized aggregation of individual census track data. See Appendix for summary data tables of all census information discussed in this report.

Southern Region

The total population of the Southern Service Region is 499,506 persons, some 24% of the total Maricopa County population. The population has grown by 5.9% since 1980.

Percent of regional total population by subregion:

Subregion 1 [Far West]:	14.4%
Subregion 2 [Southwest Phoenix]:	33.6%
Subregion 3 [South-central Phoenix]	16.3%
Subregion 4 [Southeast Phoenix]	13.3%
Subregion 5 [South Mountain]	22.4%

Northern Region

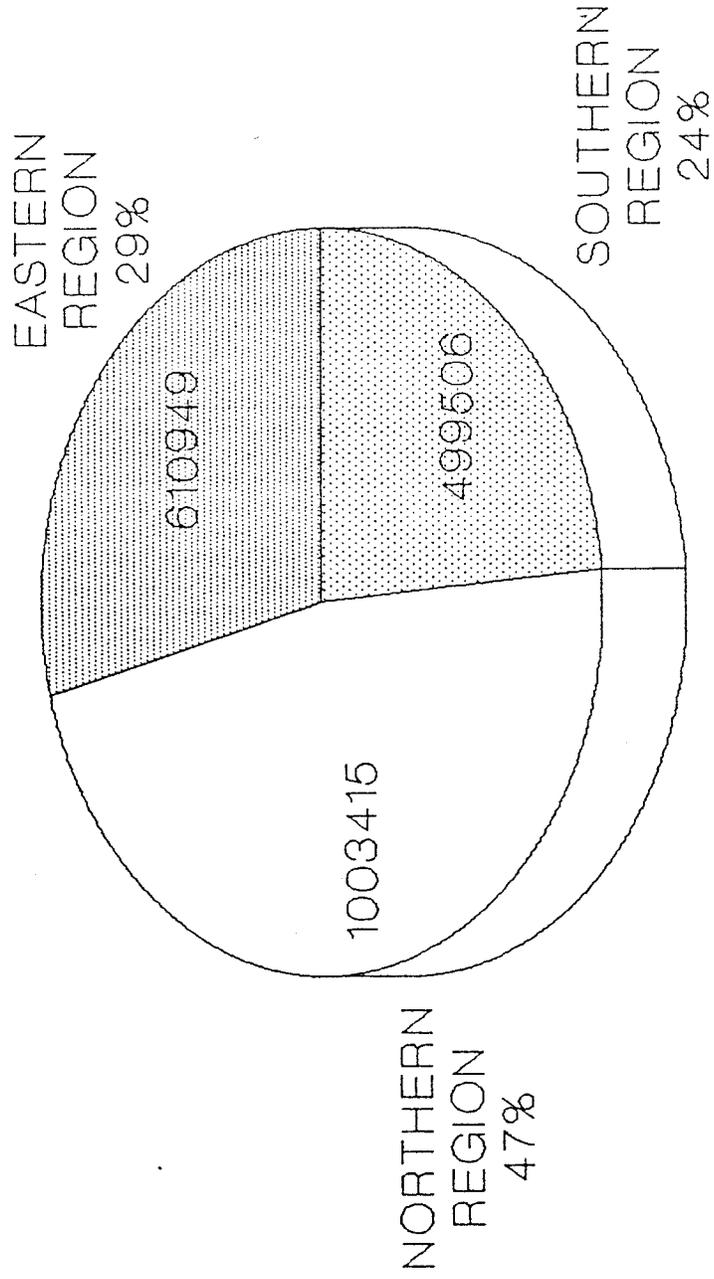
The total population of the Northern Service Region is 1,003,415 persons, approximately 47.0% of the total Maricopa County population. It is the most heavily populated of the three regions. Its growth rate since 1980 is 39.6%.

Percent of regional total population by subregion:

Subregion 1A [South-central West]:	17.8%
Subregion 1B [South-central East]:	15.9%
Subregion 2A [North central West]	16.2%
Subregion 2B [North central East]	16.2%
Subregion 3 [West]	7.8%
Subregion 4 [North]	6.1%
Subregion 5 [East]	19.9%

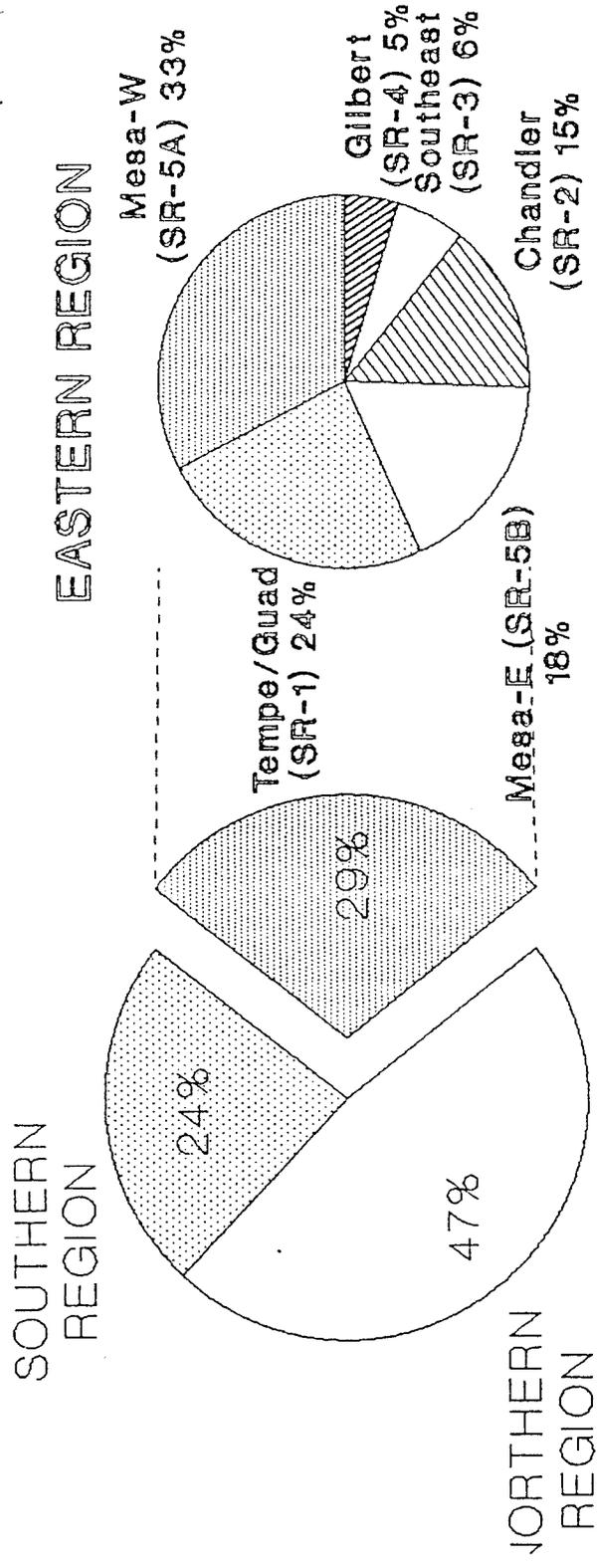
MARICOPA COUNTY POPULATION BASE

By Geographic Region



Maricopa County Population
Estimate = 2,122,101

CODAMA POPULATION BASE EASTERN REGION & SUBREGIONS



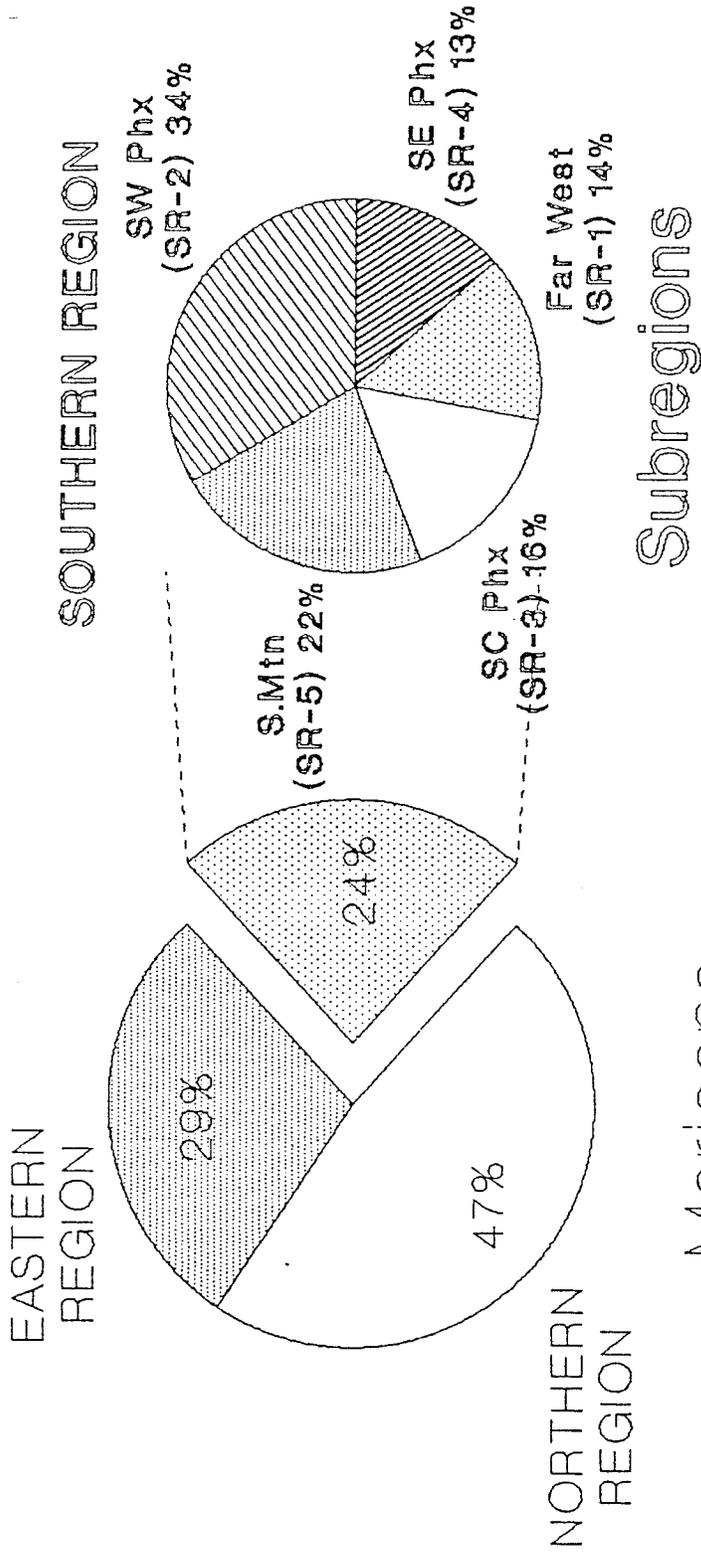
Subregions

Maricopa
County

Maricopa County Population
Estimate = 2,122,101

Eastern Region Population = 610,949

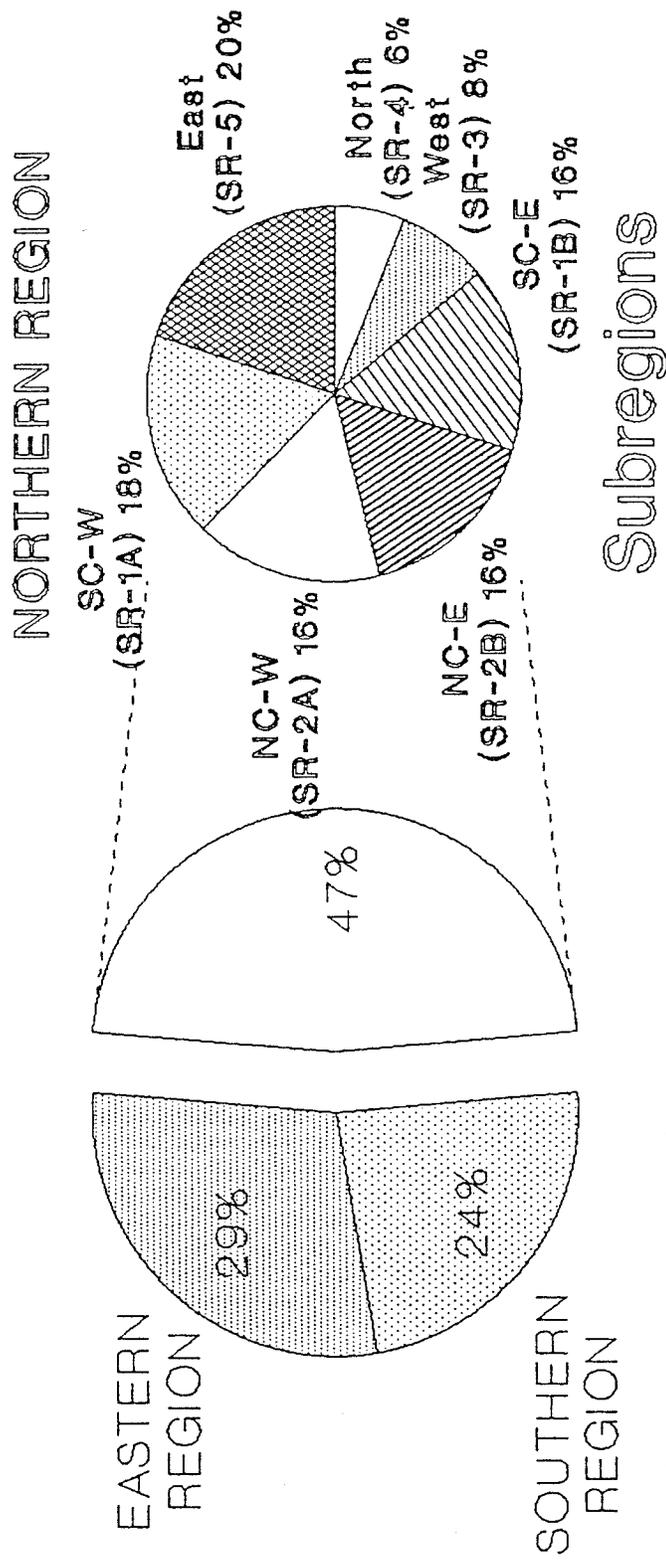
CODAMA POPULATION BASE SOUTHERN REGION & SUBREGIONS



Southern Region Population = 499,506

Maricopa County Population Estimate = 2,122,101

CODAMA POPULATION BASE NORTHERN REGION & SUBREGIONS



Maricopa County Population Estimate = 2,122,101

Northern Region Population = 1,003,415

AGE & GENDER:

[see charts ***-***]

Per 1990 U.S. Census, the total number of adults age 18 and older (i.e., adjusted adult population) residing in Maricopa County was approximately, 1,561,547. Of this total, approximately 1,297,263 were between the ages of 18 and 64; approximately 264,284 were age 65 and older.

Of the adjusted adult population age 18 and older: ³

- o approximately 3% are between the ages of 18 and 20;
- o 19% are between the ages of 21 and 29;
- o 26% are between the ages of 30 and 39;
- o 17% are between the ages of 40 and 49;
- o 11% are between the ages of 50 and 59;
- o 5% are between the ages of 60 and 64; and
- o 19% are age 65 or older.

Approximately 57% of the adjusted adult population are females and 43% are males. ⁴

Countywide, across all age groups, approximately

- o 8.0% are under the age of 5;
- o 21.1% are between the ages of 5 and 19;
- o 41.1% are between the ages of 20 and 44;
- o 17.3% are between the ages of 45 and 64; and
- o 12.5% are age 65 or older.

The highest concentration of older adult and elderly population reside in the Northern Region [19.5% between the ages of 45 and 64; 15.2% age 65 and older].

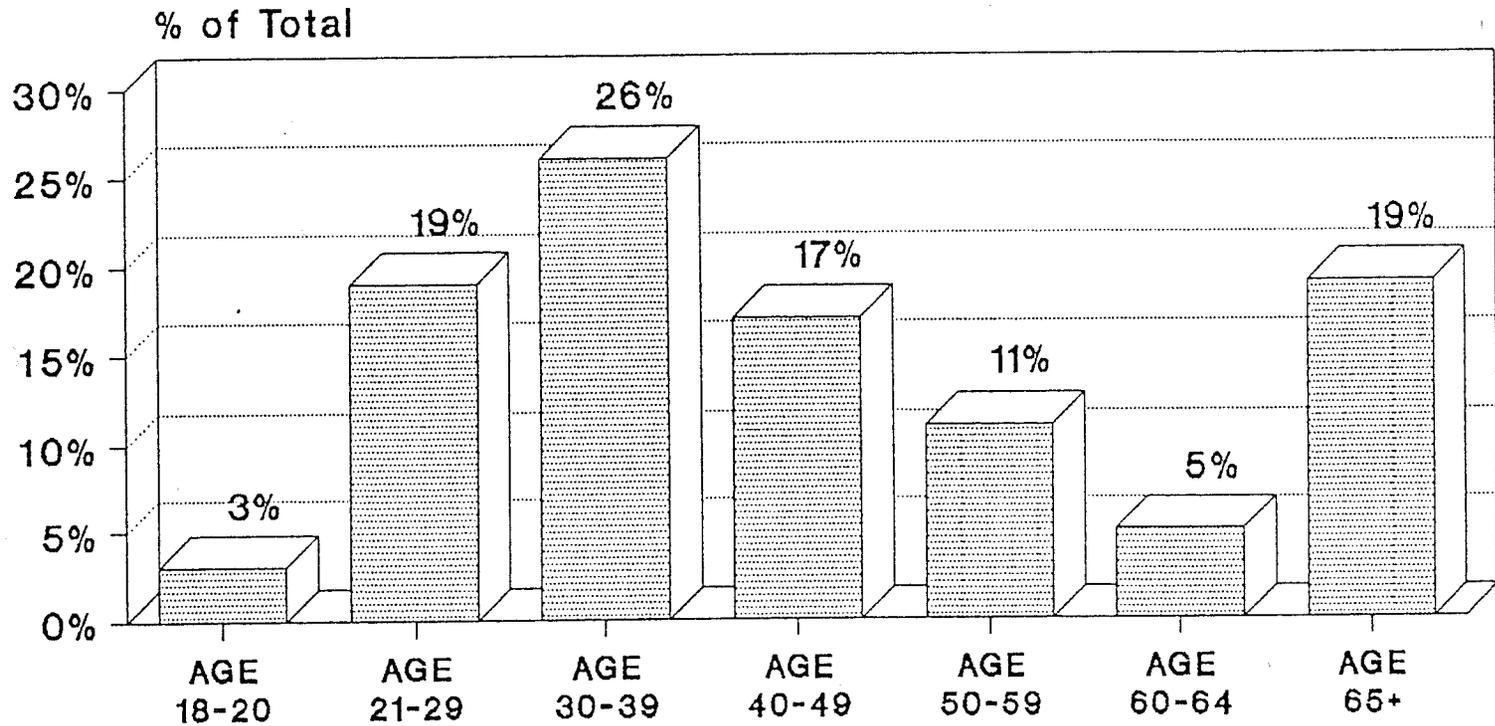
The highest concentration of children and adolescents reside in the Southern Region [9.8% under the age of 5; 23.8% between the ages of 5 and 19].

³Source: Maricopa County Needs Assessment Project 1990-92

⁴Source: Maricopa County Needs Assessment Project 1990-92

AGE GROUPING

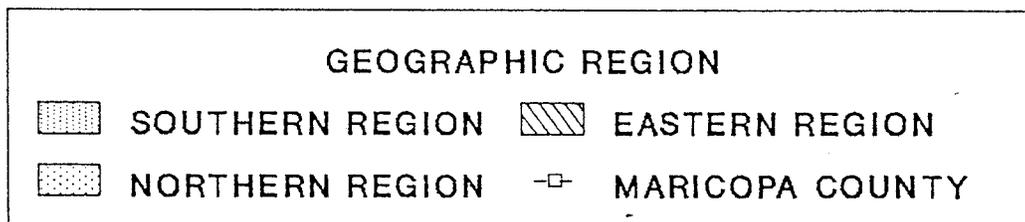
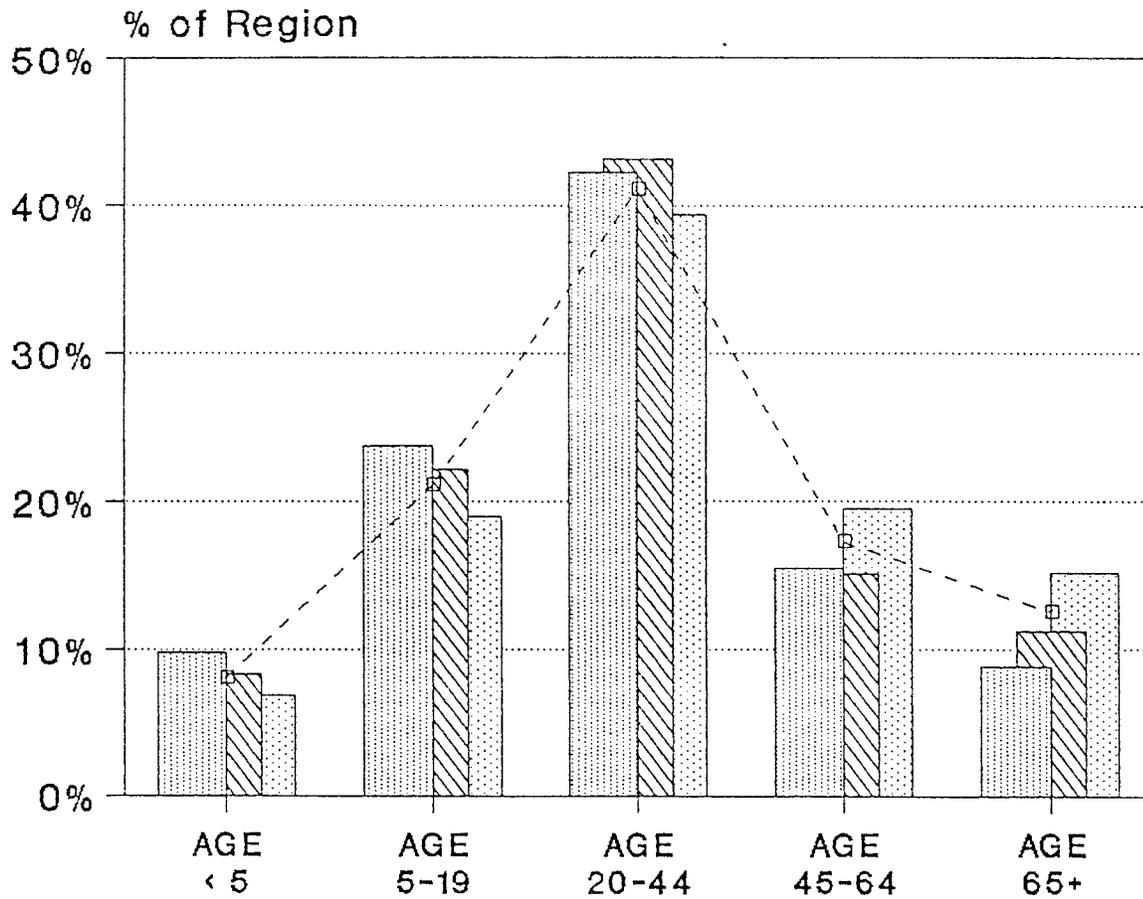
ADJUSTED ADULT POPULATION



MARICOPA COUNTY

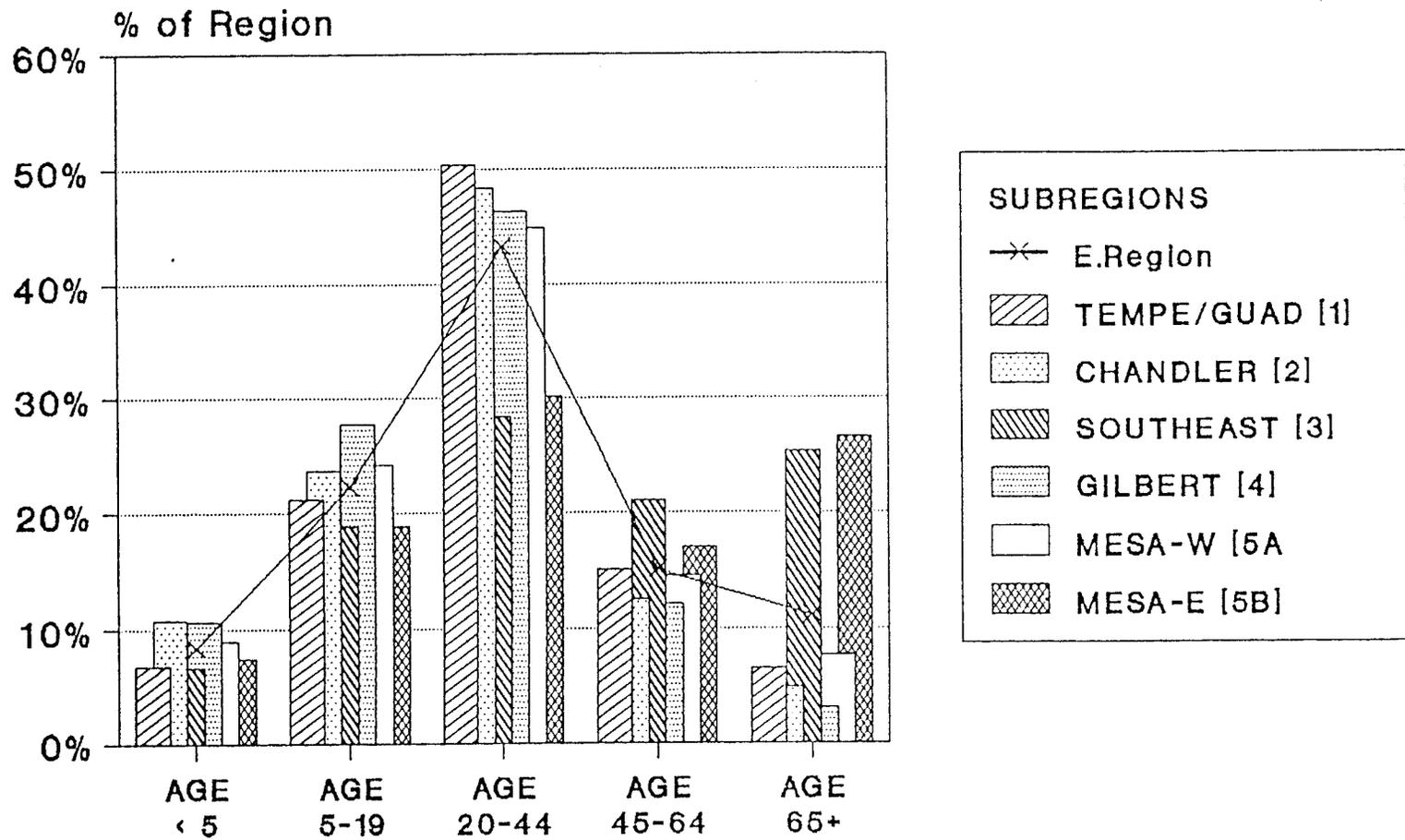
n = 1,561,547

AGE GROUPING BY GEOGRAPHIC REGION

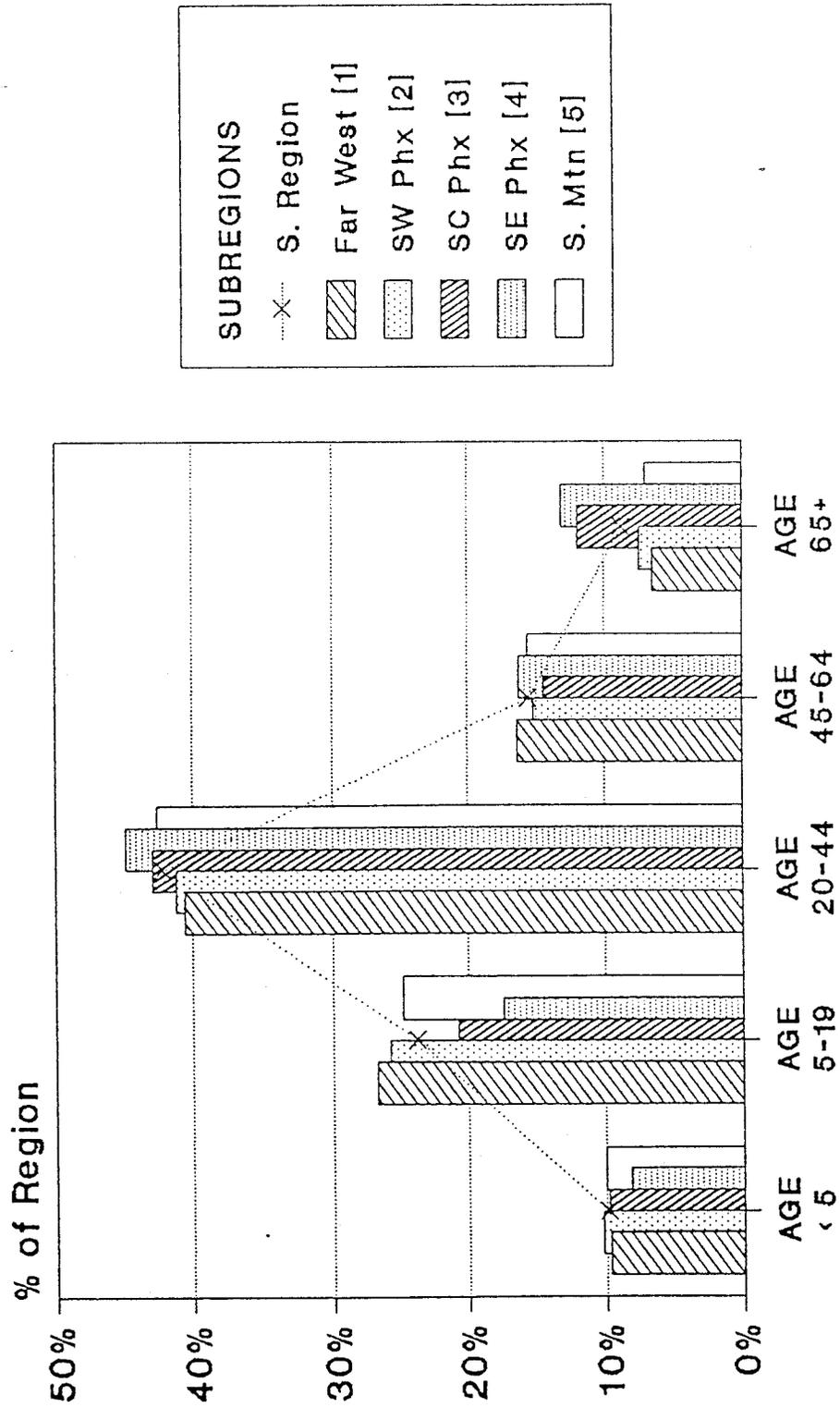


AGE GROUPING

EASTERN SUBREGIONS

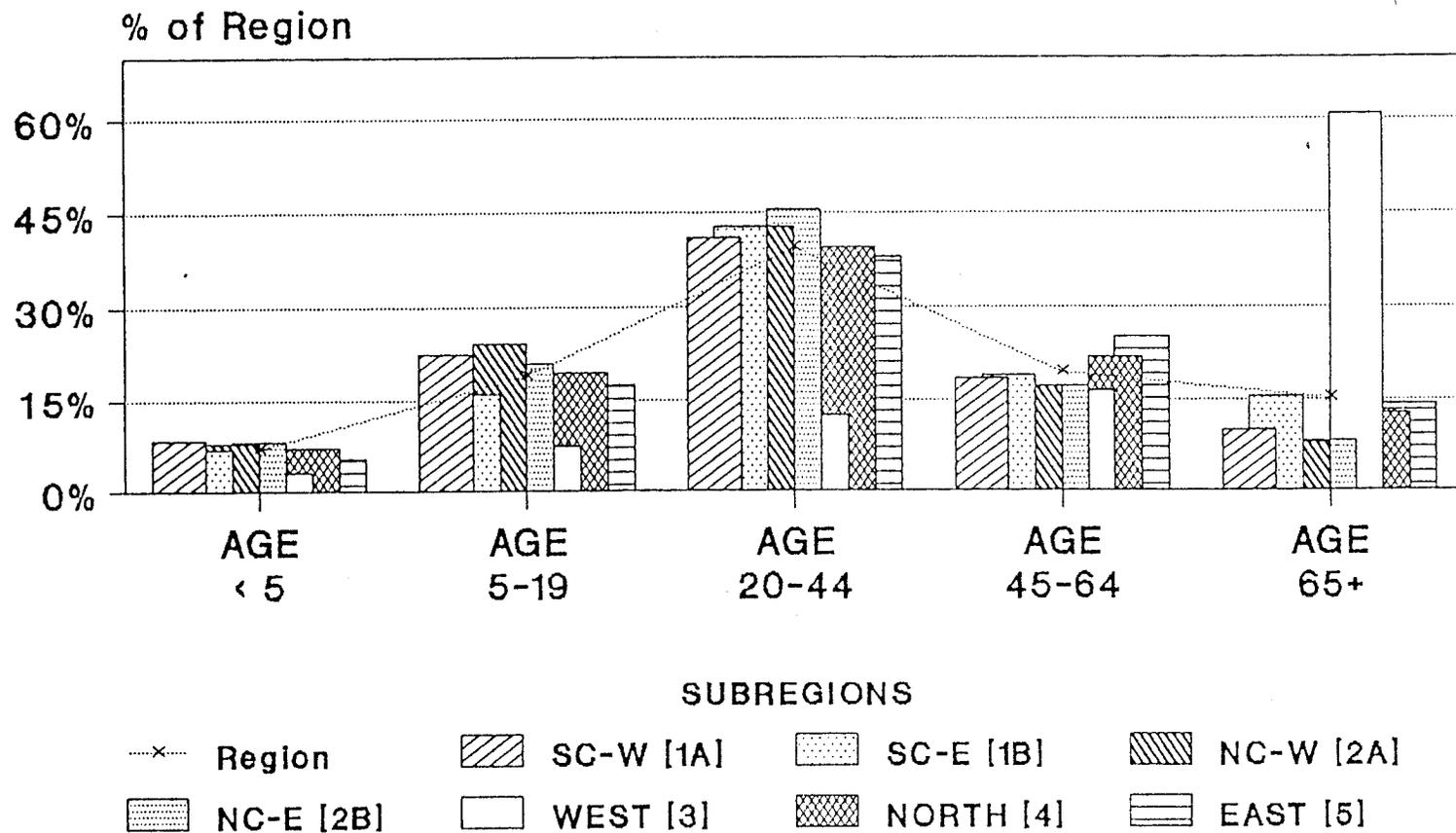


AGE GROUPING SOUTHERN SUBREGIONS



AGE GROUPING

NORTHERN SUBREGIONS



RACE & ETHNICITY

[see charts ***-***]

Countywide, approximately, 77.1% of the total population is White and not of Hispanic origin. An estimated 16.3% of the county population base is Hispanic. Approximately, 3.3% of the total population is African American (not of Hispanic origin); 1.5% are Native American (not of Hispanic origin); and 1.6% are Asian or Pacific Islanders (not of Hispanic origin).

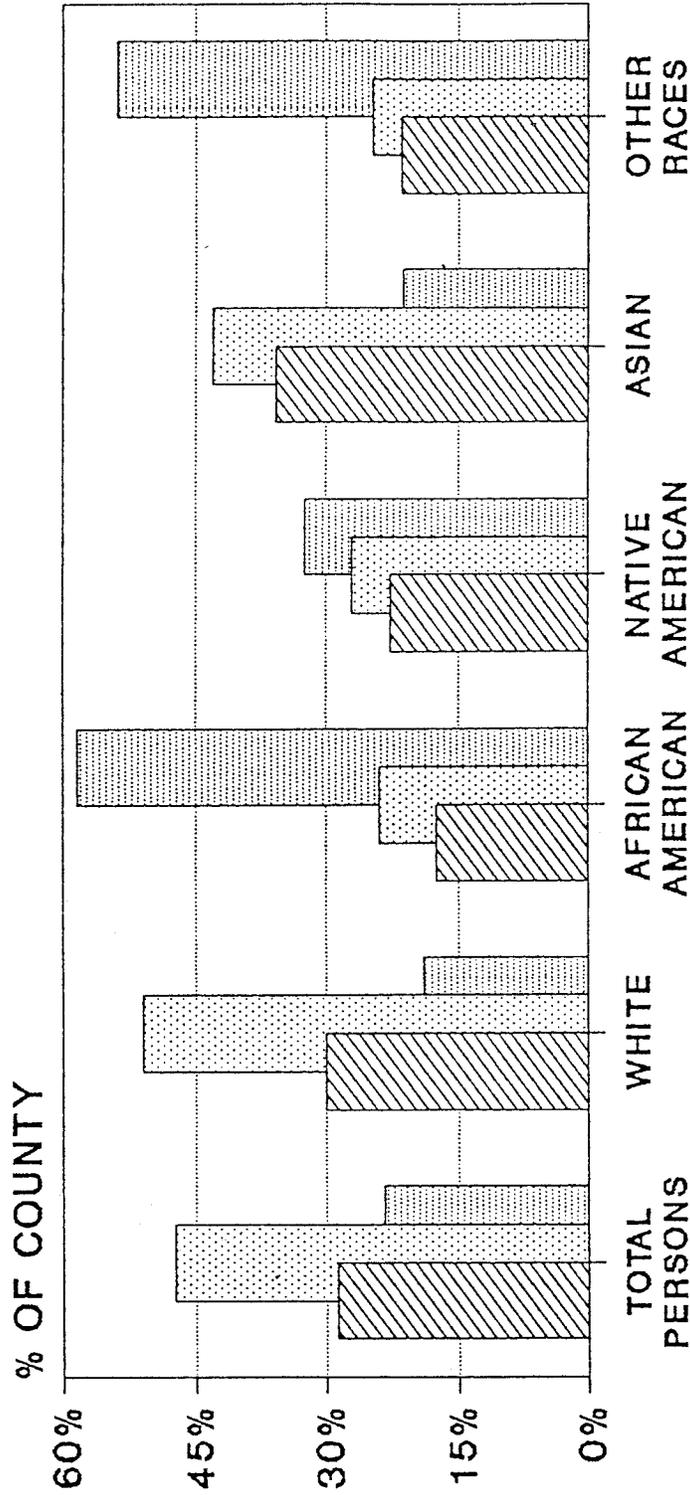
The greatest racial/ethnic diversity is in the Southern Region. Countywide, approximately 51% of all Hispanic persons, 58% of all African Americans, and 31% of all Native Americans, reside in the Southern Region. Within the Southern Region, approximately 35.5% are Hispanic; 8.2% are African American; 2% are Native American; 1.3% are Asian or Pacific Islanders.

The highest concentration of the White population resides in the Northern Region [86.7% of region population base; 53% of all White individuals countywide]. It should be remembered however, that given the large population of the Northern Region that a significant number of people of color reside in the North [countywide, 27% of the Hispanic population; 24% of the African American population; 29% of the Native American population and 44% of the Asian population reside in the North].

Like the North, a significant majority of the Eastern Region is White [82.3%]. Approximately 12.4% of the region is of Hispanic origin; 2% are African American; 1.1% are Native American; and 2% are Asian.

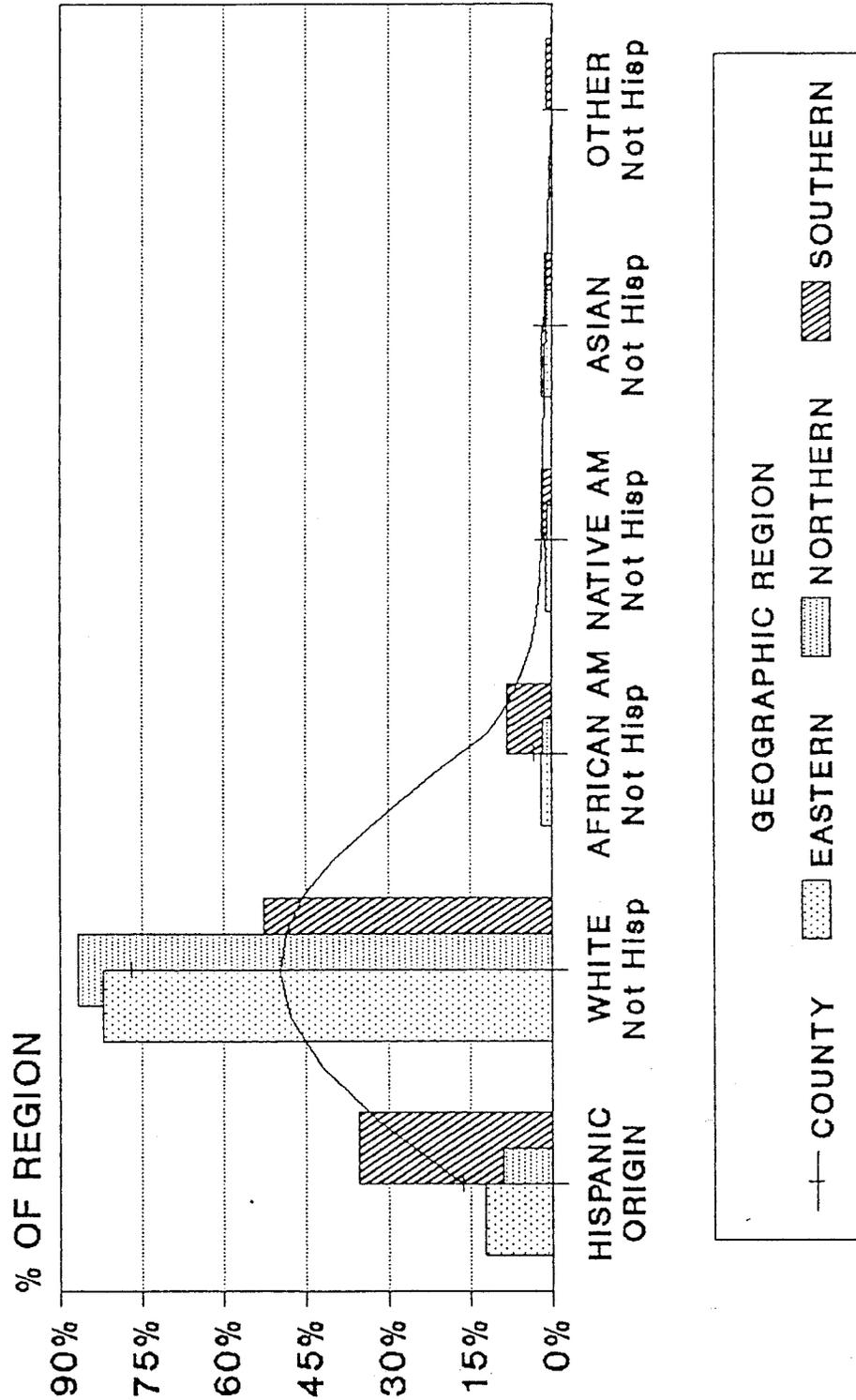
POPULATION BY RACE

And Geographic Region

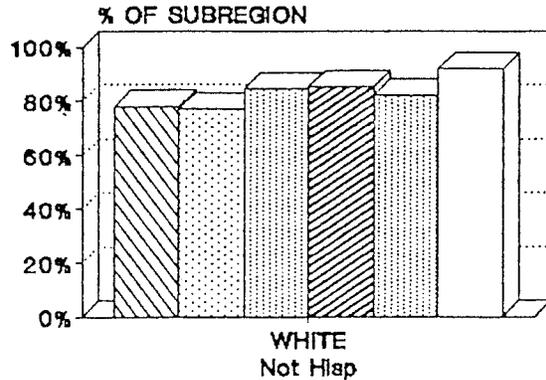
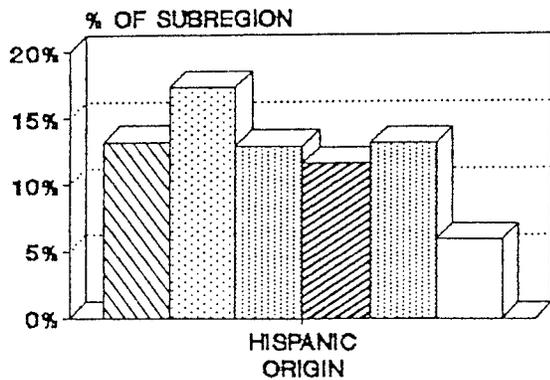


POPULATION BY RACE & ETHNICITY

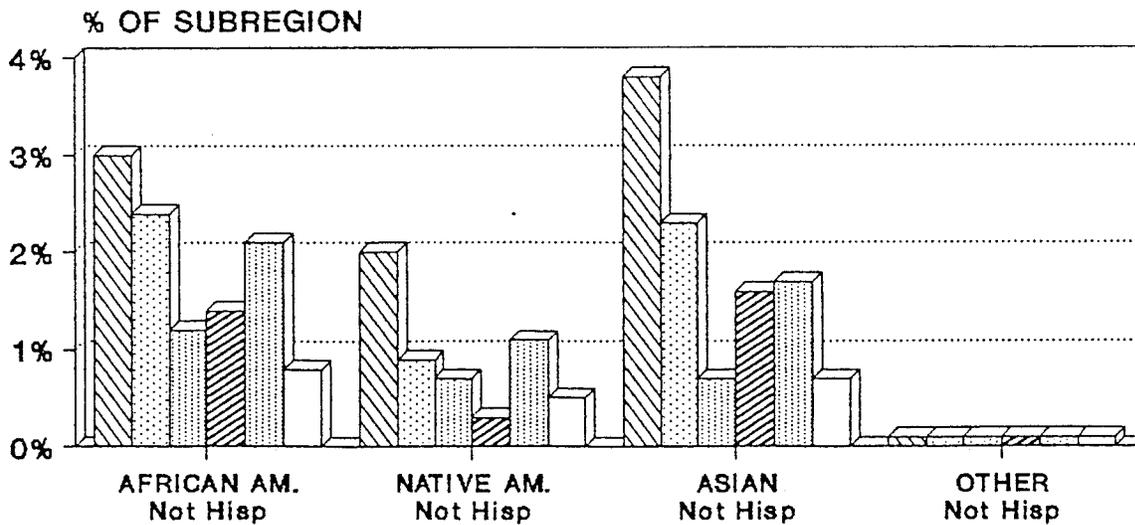
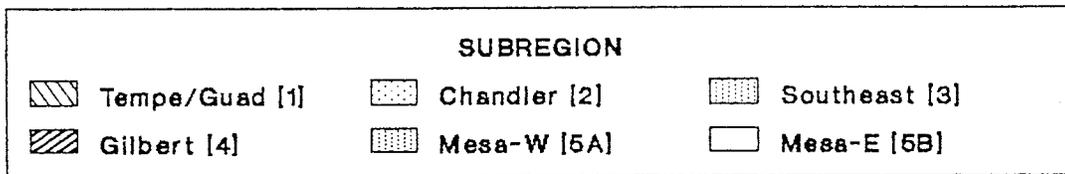
And Geographic Region



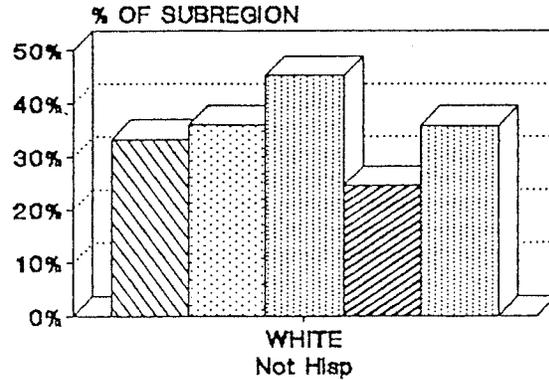
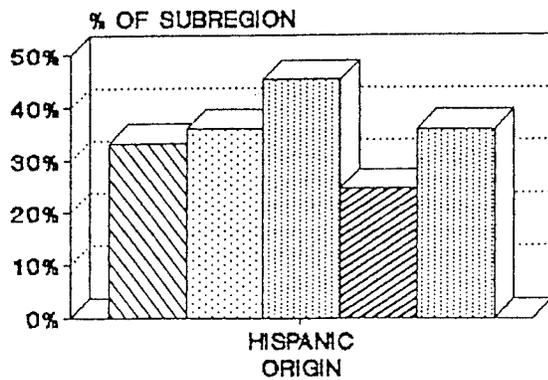
EASTERN REGION



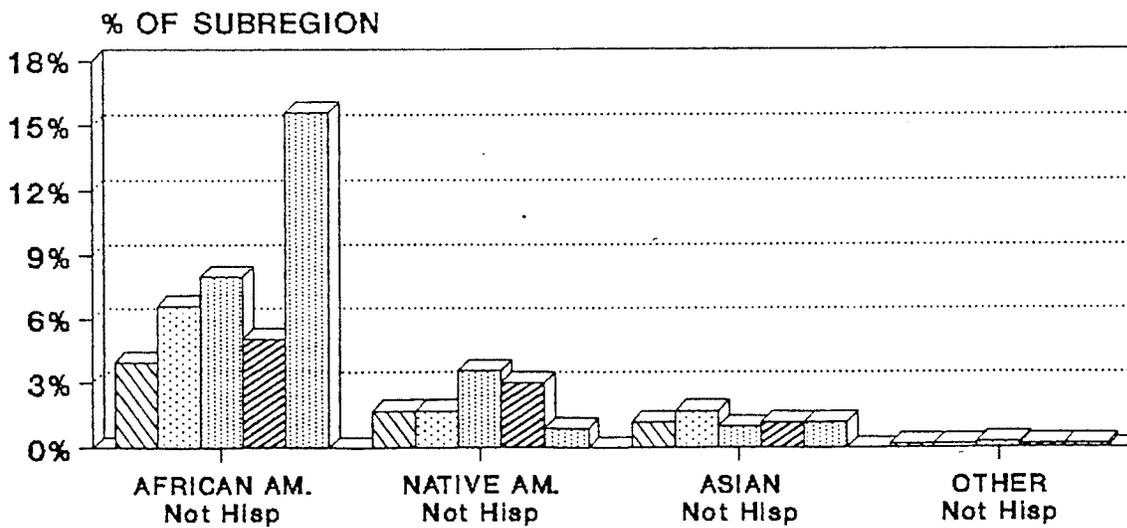
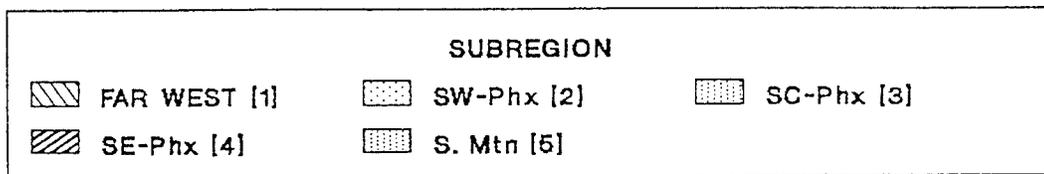
RACE & ETHNICITY



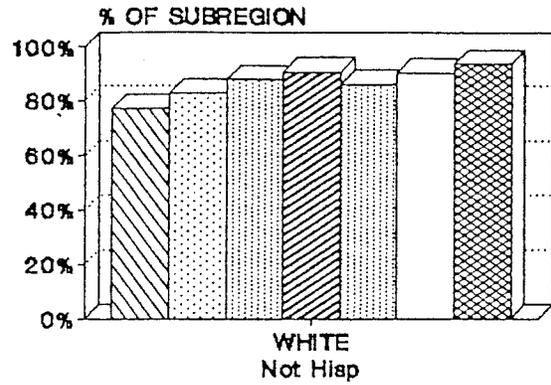
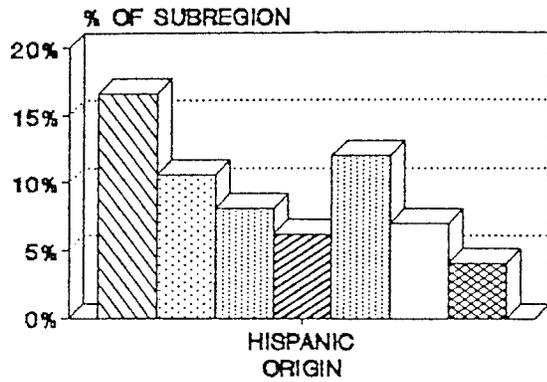
SOUTHERN REGION



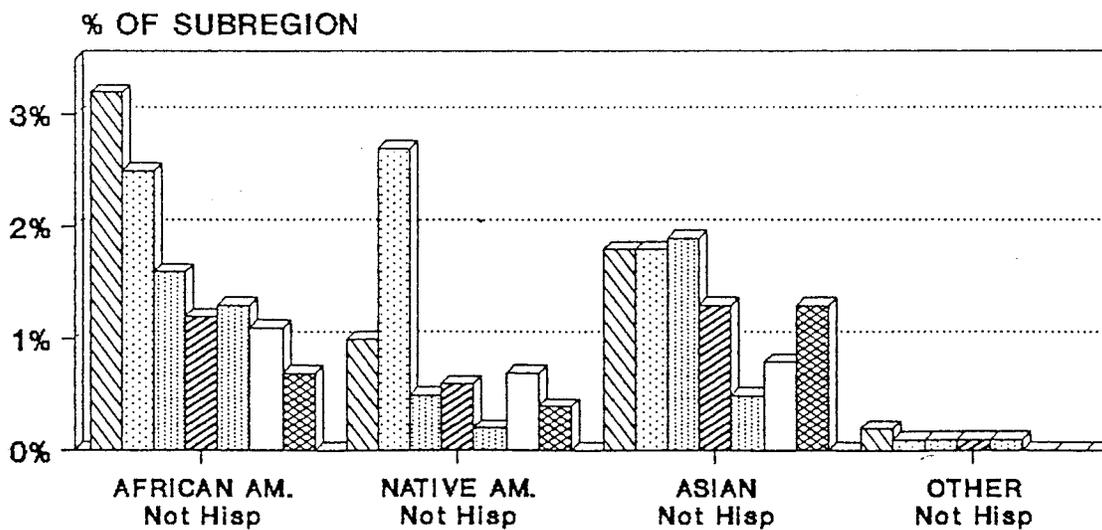
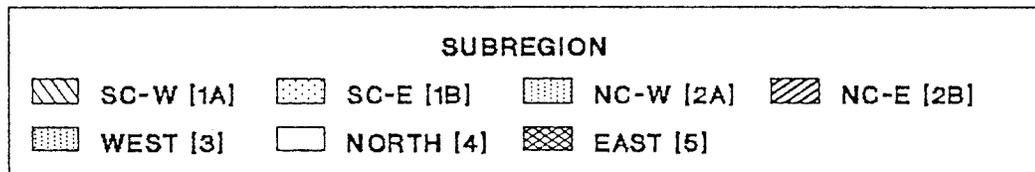
RACE & ETHNICITY



NORTHERN REGION



RACE & ETHNICITY



MARITAL STATUS & FAMILY SIZE ⁵

[see charts ***_***]

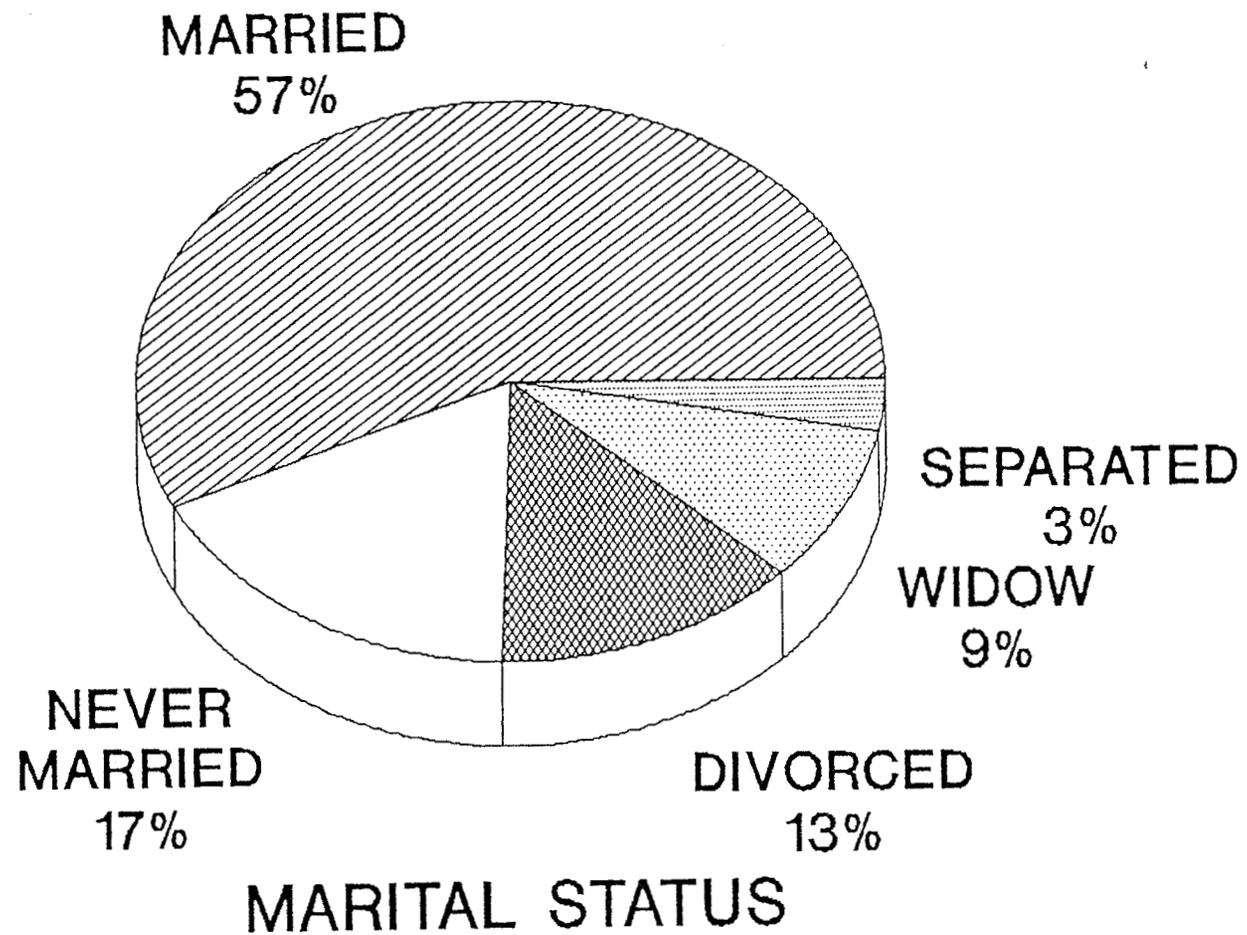
Of the adjusted adult population countywide, approximately 56% of all individuals are married; 9% are widowed; 13% are divorced; 3% are separated; and 17% have never been married.

Approximately 23% of adult individuals report a household size of one; 35% report a household size of two; 42% report a household size of three or more.

⁵Source: Maricopa County Needs Assessment Project 1990-92

GENERAL POPULATION

Maricopa County



EDUCATIONAL ATTAINMENT

[see charts ***-***]

Countywide, of all persons age 25 or older, approximately:

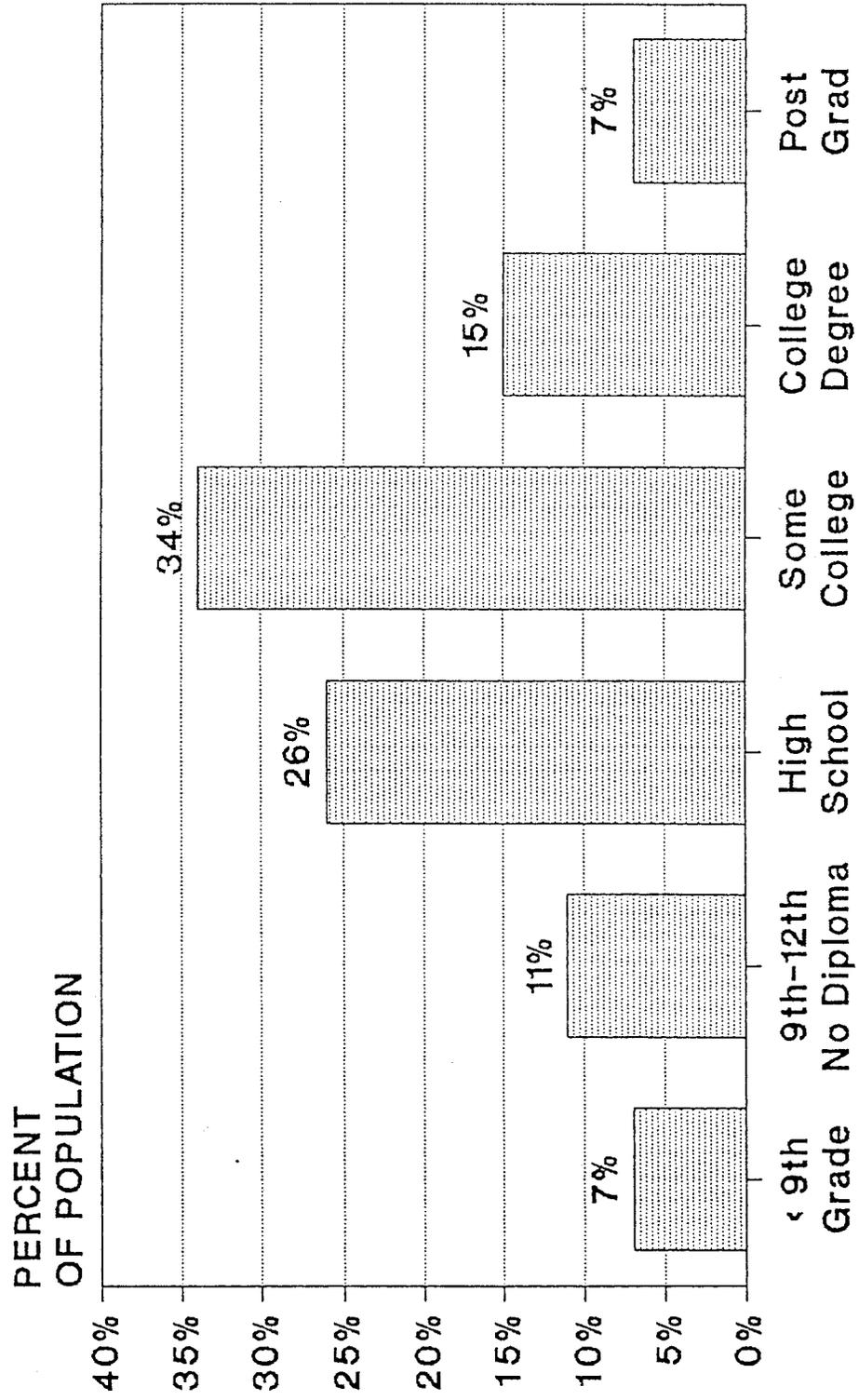
- o 7.4% have less than a 9th grade education;
- o 11.1% report having less than a completed high school education;
- o 25.5% have graduated from high school;
- o 33.9% have attended some college or earned an associate degree;
- o 15% have graduated from college with a bachelors degree;
- o 7.1% have a earned a graduate or professional degree.

The highest concentration of individuals with a low educational attainment level is in the Southern Service Region where approximately 32% of the population has less than a high school education.

In terms of absolute numbers, the largest number of individuals with less than a high school education reside in the Northern Region [n = 98069; 39.4% of county total; 14.5% of region].

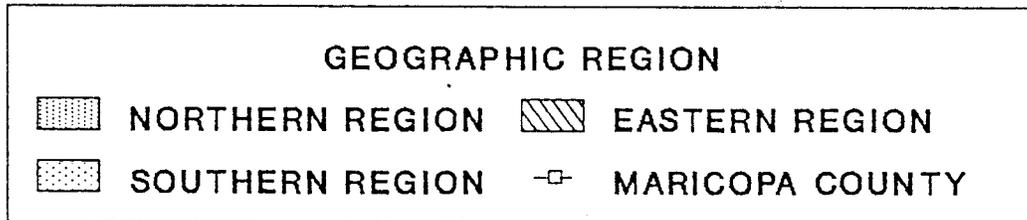
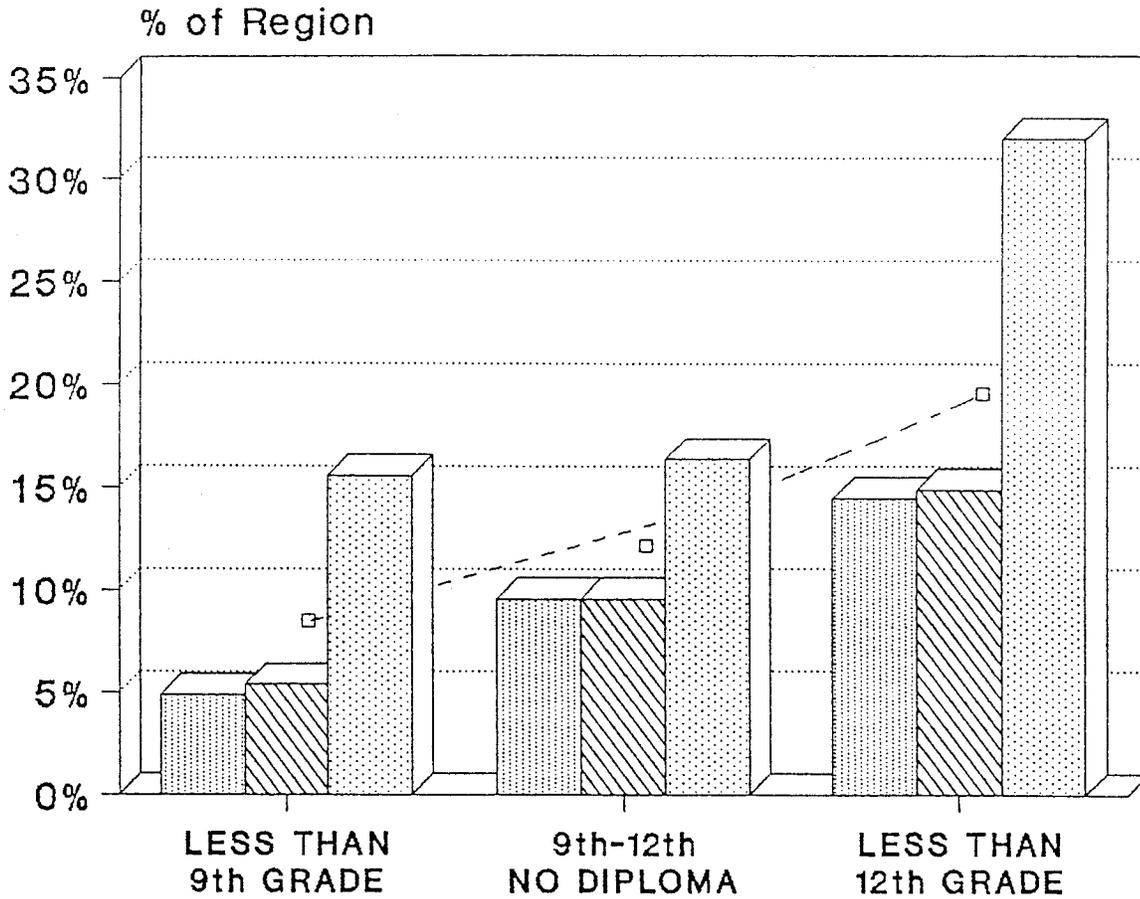
Approximately, 14.9% all persons age 25 or older in the Eastern Region have less than a high school education.

EDUCATIONAL ATTAINMENT GENERAL POPULATION BASE



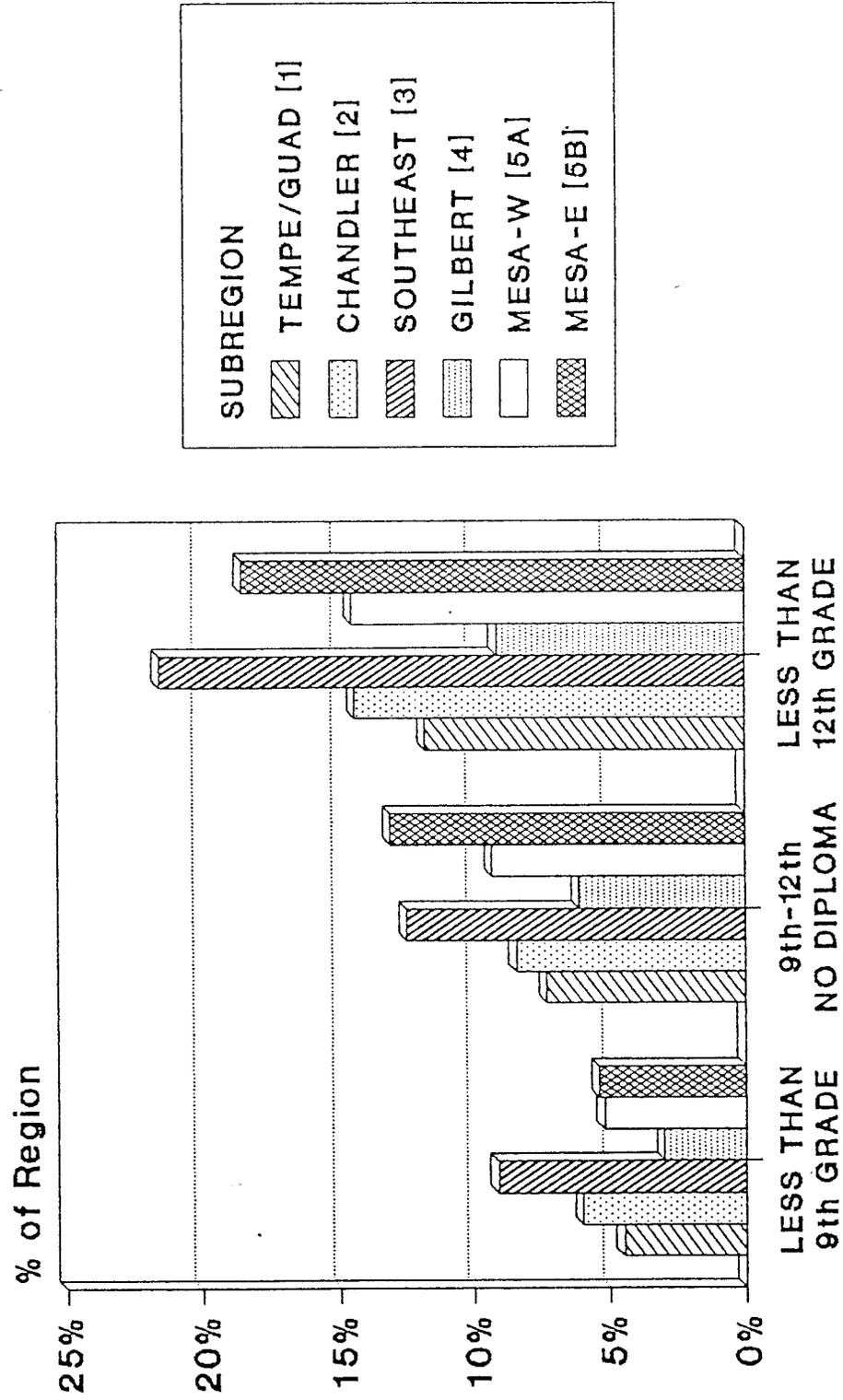
UNIVERSE: Persons Age 25 and Older

EDUCATIONAL ATTAINMENT BY GEOGRAPHIC REGION



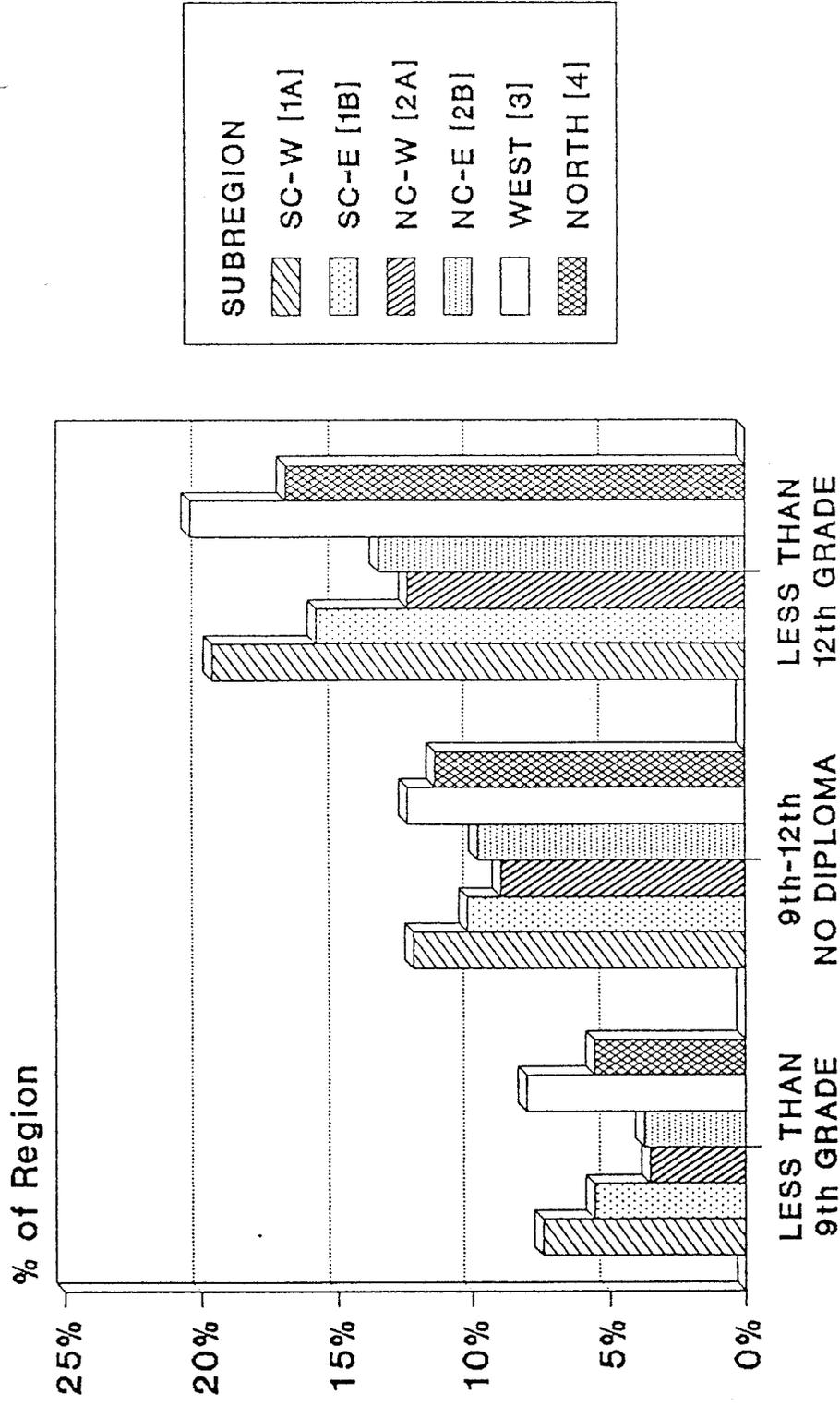
EDUCATIONAL ATTAINMENT

EASTERN REGION



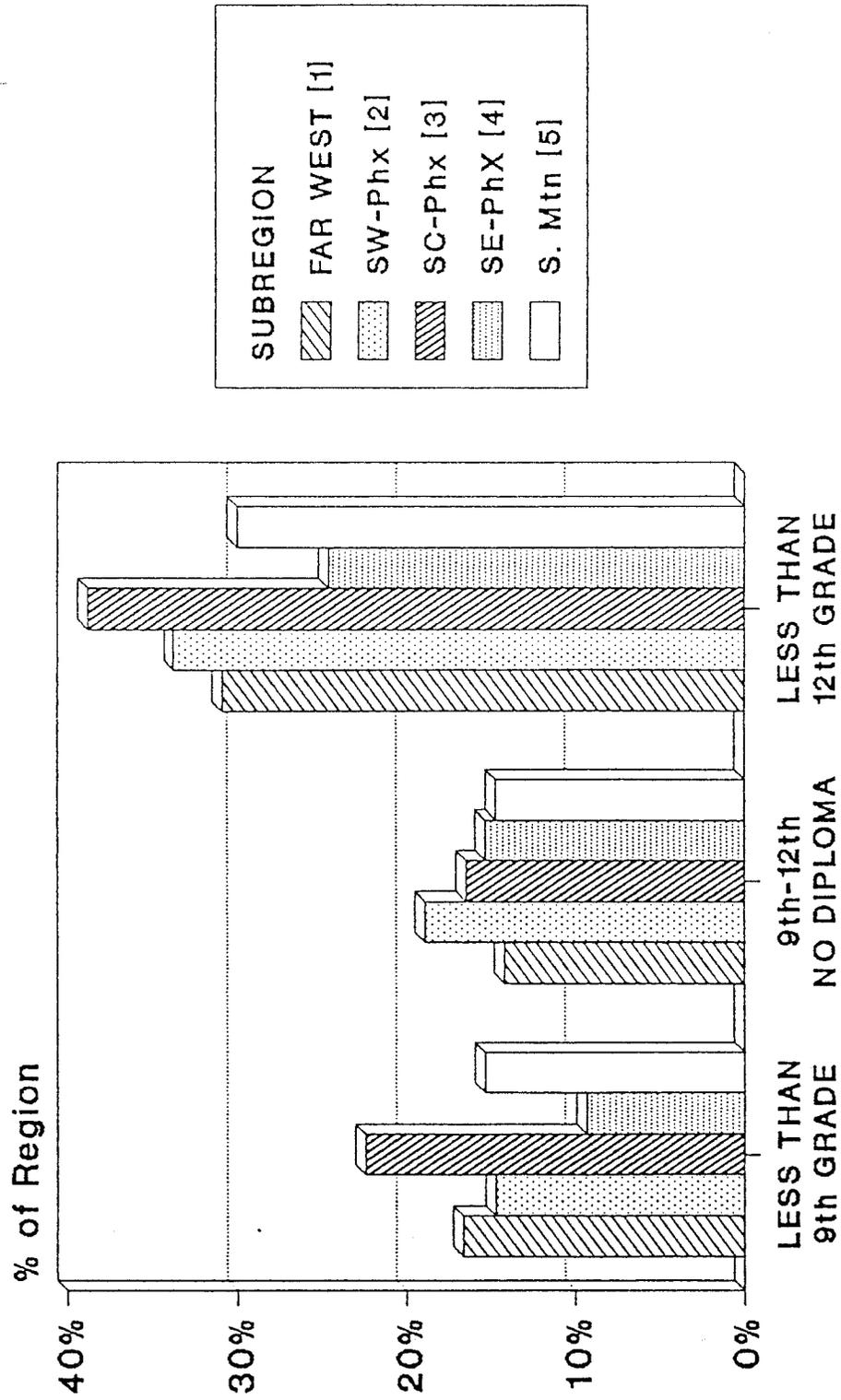
EDUCATIONAL ATTAINMENT

NORTHERN REGION



EDUCATIONAL ATTAINMENT

SOUTHERN REGION



UNEMPLOYMENT

[see charts ***-***]

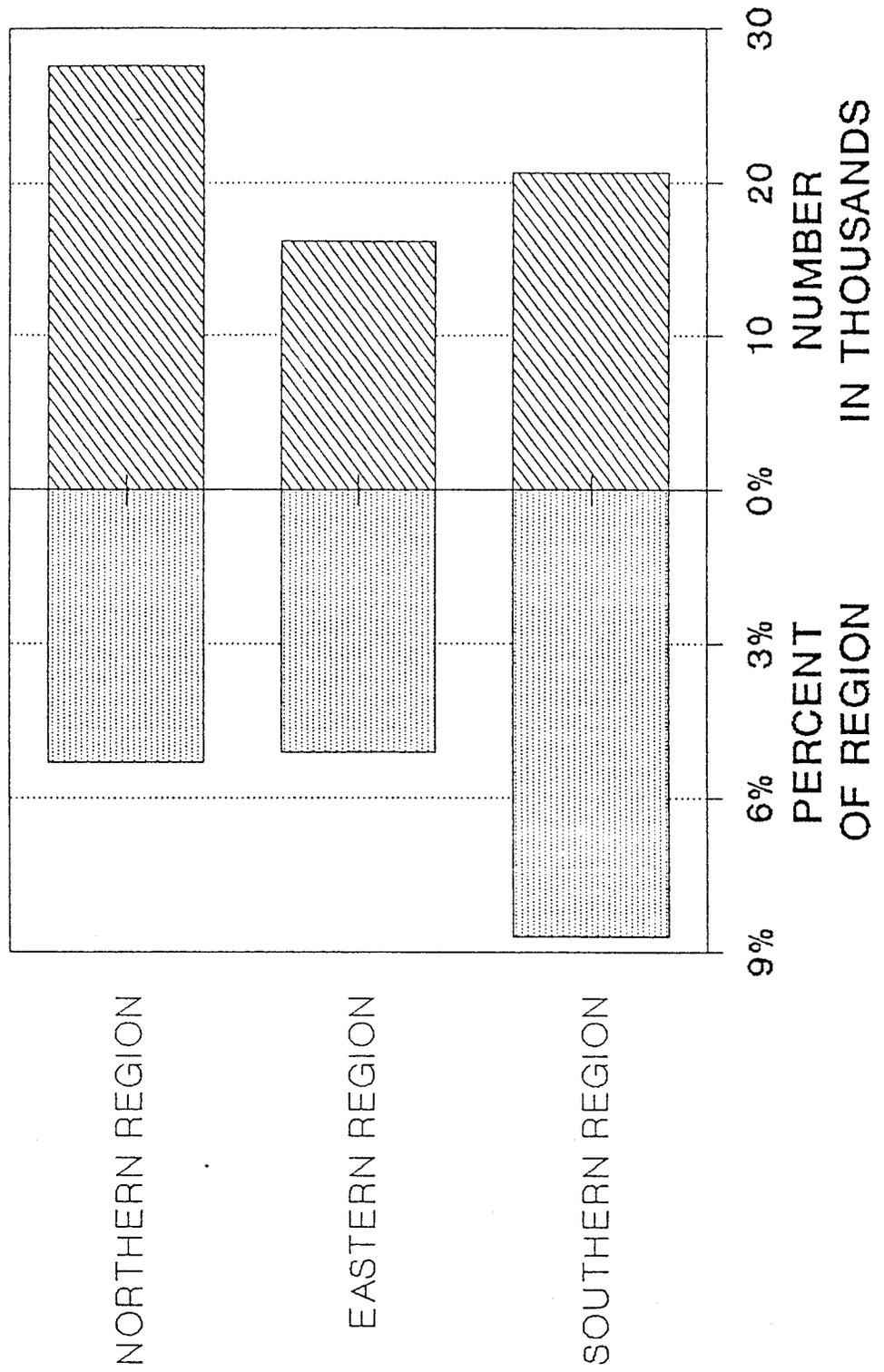
Countywide, of an estimated 1,070,667 individuals age 16 years and older in the civilian labor force, approximately 6% (64,742 persons) were unemployed as compared to 7.2% statewide.

The highest concentration of unemployed individuals is within the Southern Region [n = 20,619; 8.7% of region].

The largest number of unemployed persons is in the Northern Region [n = 27,502; 5.3% of region].

The Eastern Region has both the lowest concentration and absolute number of unemployed persons [n = 16,101; 5.1% of region].

UNEMPLOYMENT BY GEOGRAPHIC REGION



INCOME & POVERTY

[see charts ***-***]

Countywide, the median household income is \$33,474. The lowest median household income level is in the Southern Region (\$25,436). The median household income of the Northern and Eastern Regions is \$37,470 and \$34,166 respectively.

Countywide, an estimated 257,359 individuals or 12.3% of the population base live at or below poverty ⁶. Of this 12.3%, approximately:

- o 3.7% have an income which is 75% - 99% below the established level for poverty;
- o 2.9% have an income which is 50% - 74% below the established level for poverty;
- o 5.7% have an income which is less than one-half of the established level of poverty.

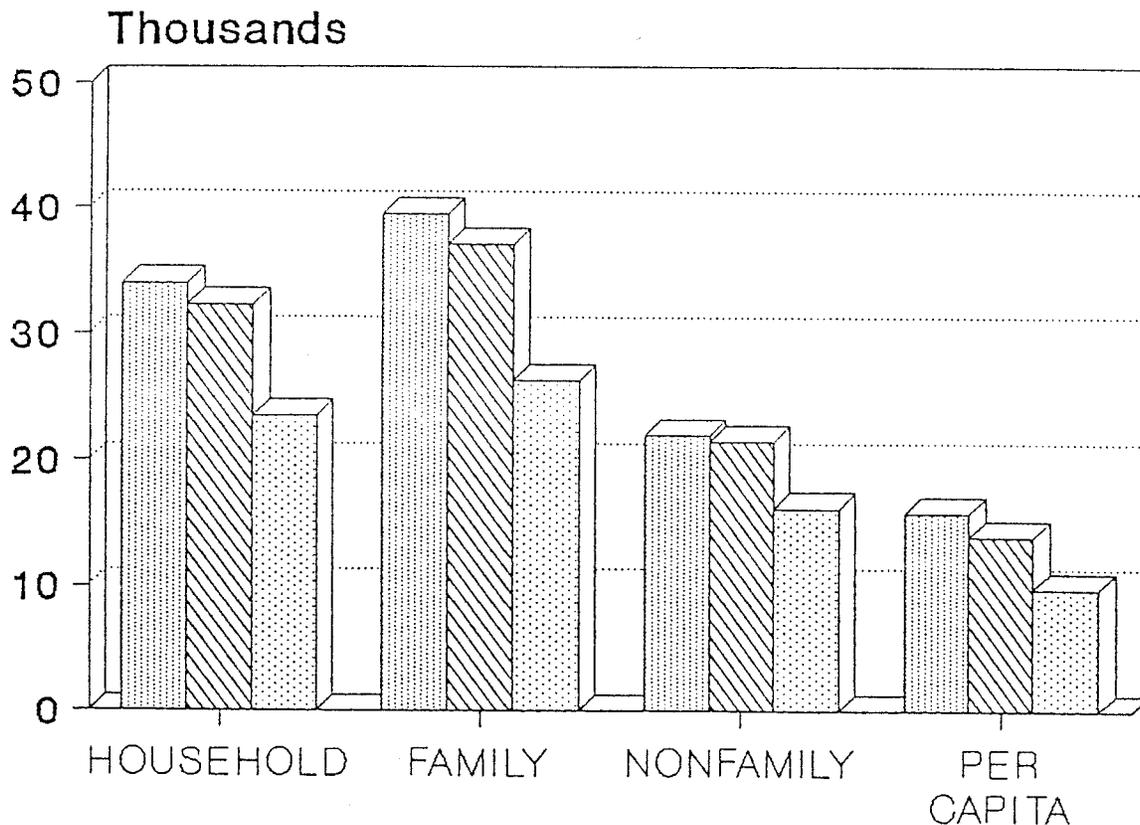
Regionally, the highest concentration of poverty as well as the largest number of individuals living in poverty is in the Southern Region (n = 102,491; 21% of region).

While the Northern Region has the lowest concentration of poverty (8.8%), the number of individuals living in poverty (86,938) rivals the Southern Region.

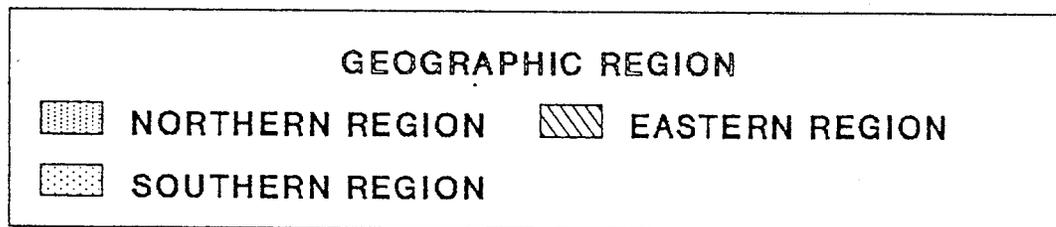
Approximately 64,196 persons or 10.7% of the Eastern Region population base are living in poverty.

⁶Poverty threshold for one person under 65 years was \$6,451; one person 65 & older - \$5,947
Poverty threshold for two persons - \$8,076; two person householder with one child under 18 - \$8,547
Poverty threshold for three persons - \$9,885; three person householder with two children - \$9,990

MEDIAN & PER CAPITA INCOME BY GEOGRAPHIC REGION

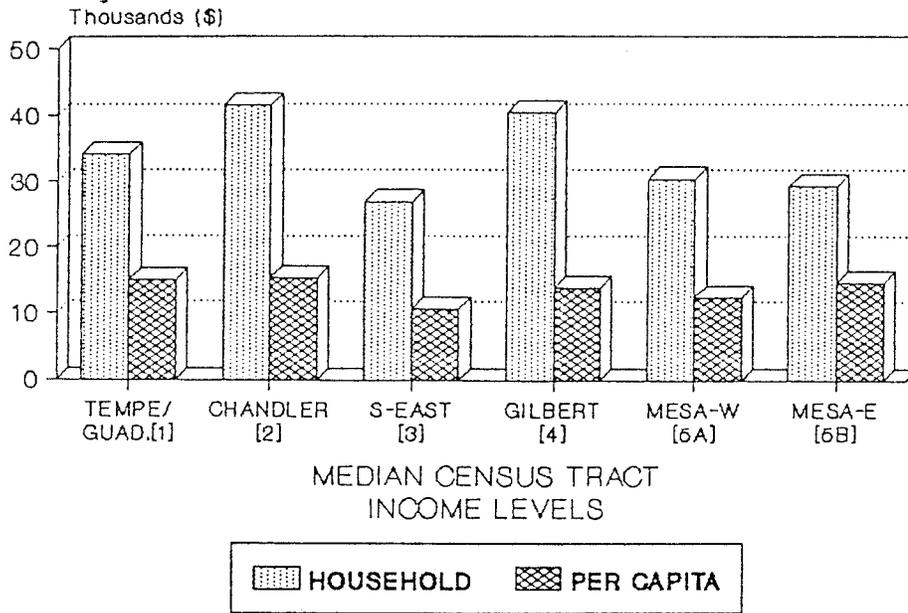


MEDIAN CENSUS TRACT
INCOME LEVELS

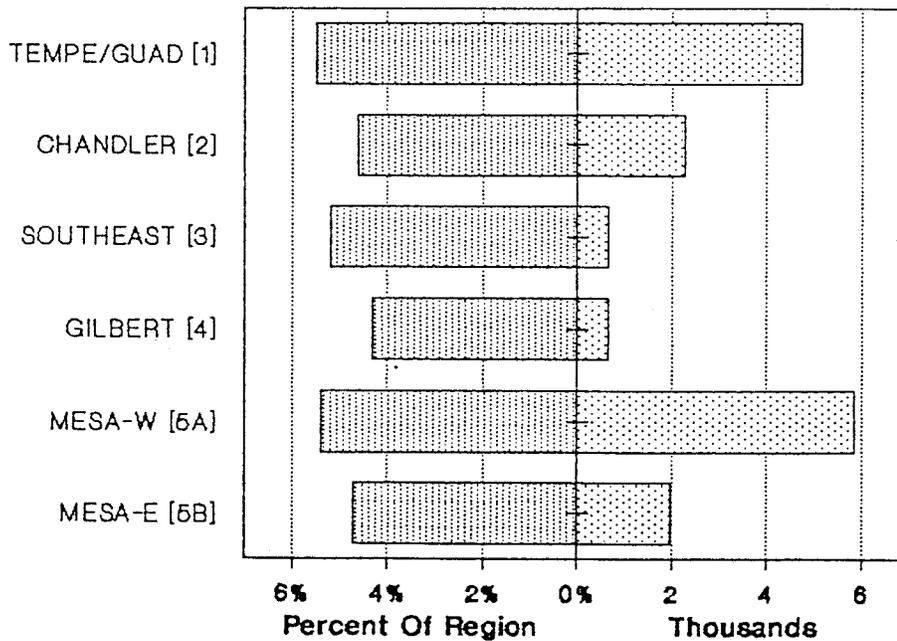


EASTERN SUBREGIONS

MEDIAN AND PER CAPITA INCOME

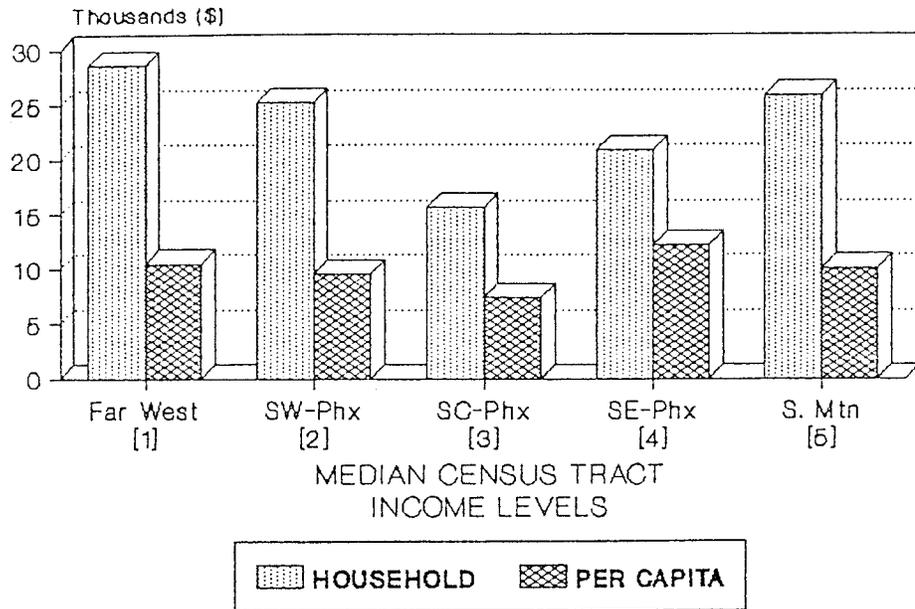


PEOPLE WITHOUT JOBS

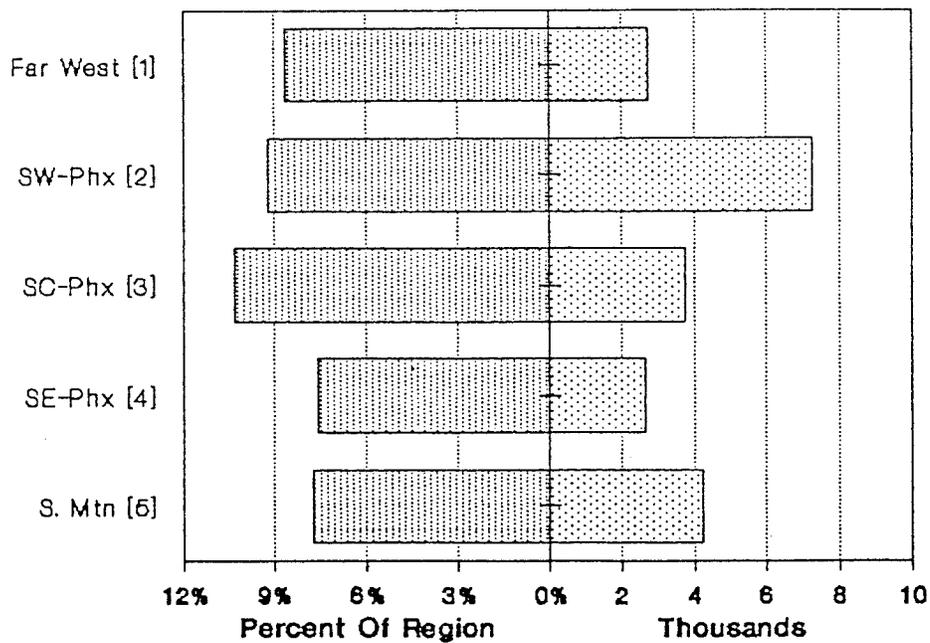


SOUTHERN SUBREGIONS

MEDIAN AND PER CAPITA INCOME

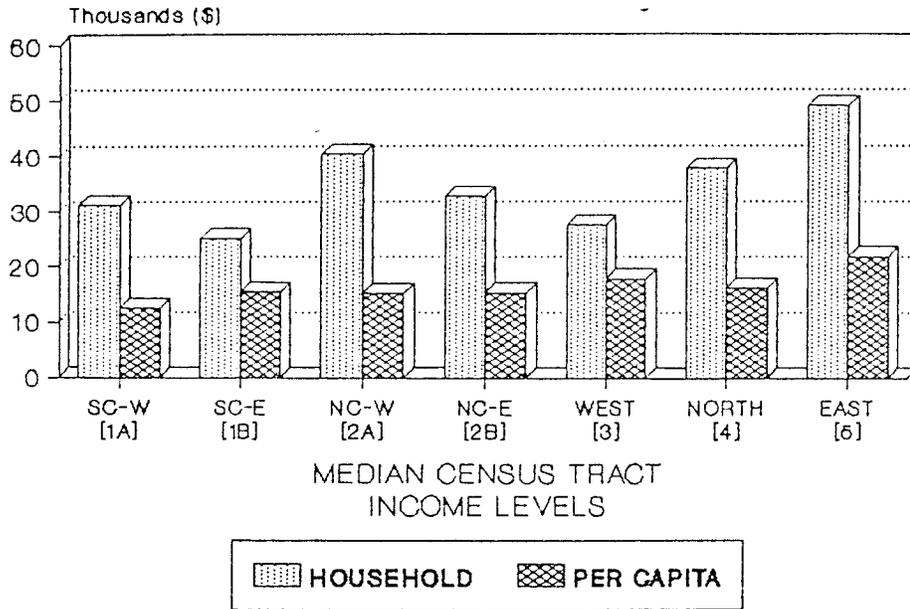


PEOPLE WITHOUT JOBS

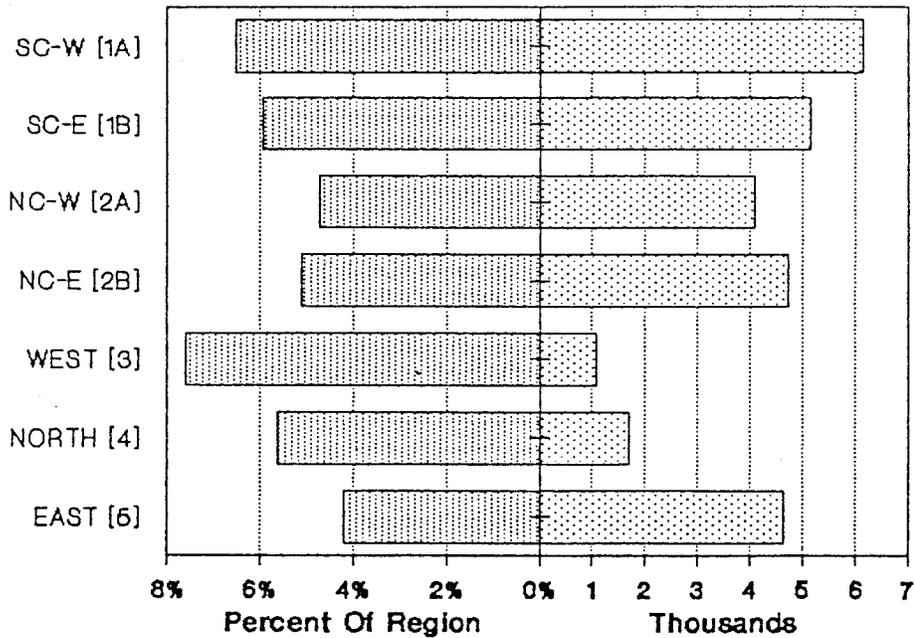


NORTHERN SUBREGIONS

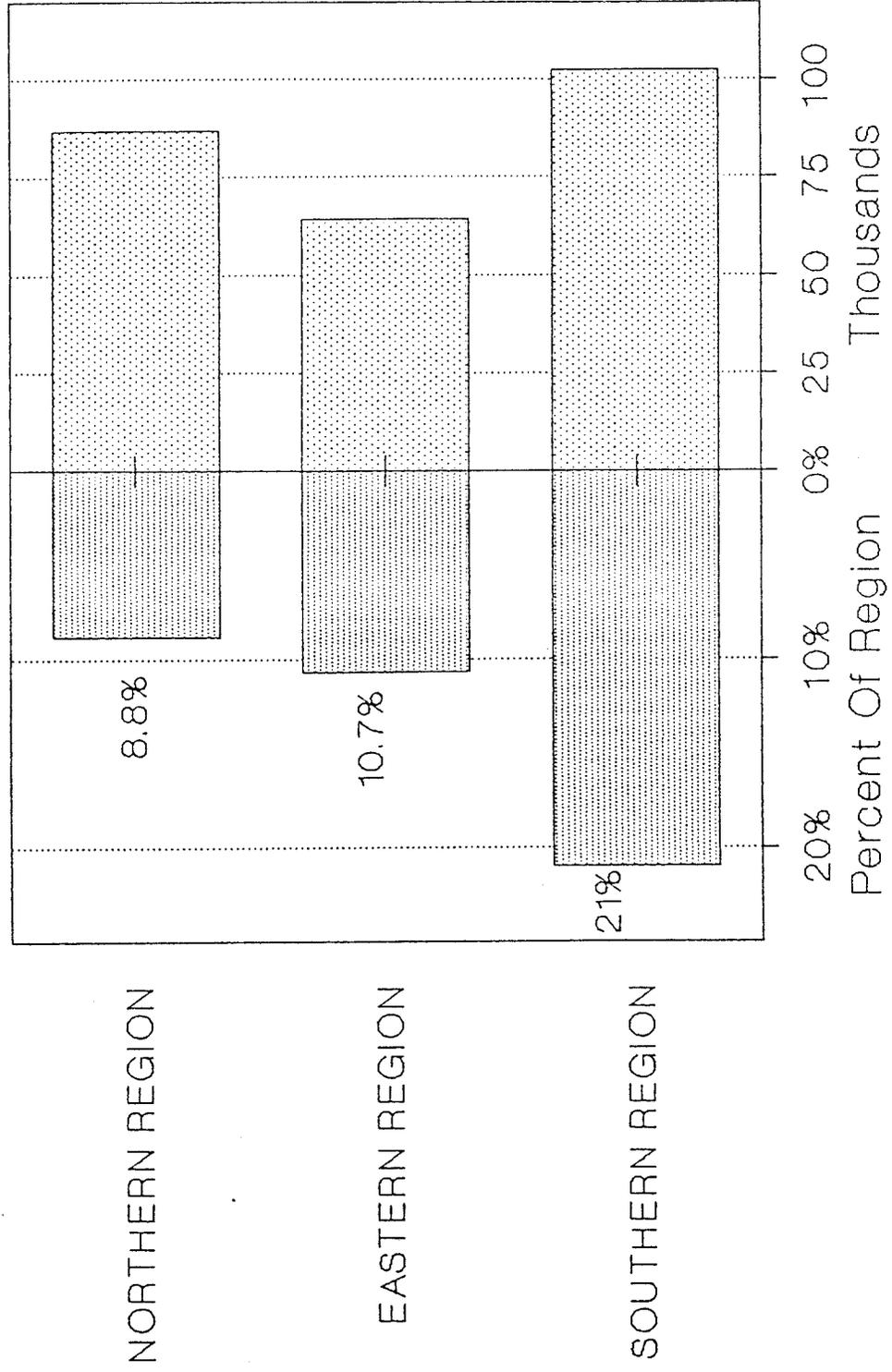
MEDIAN AND PER CAPITA INCOME



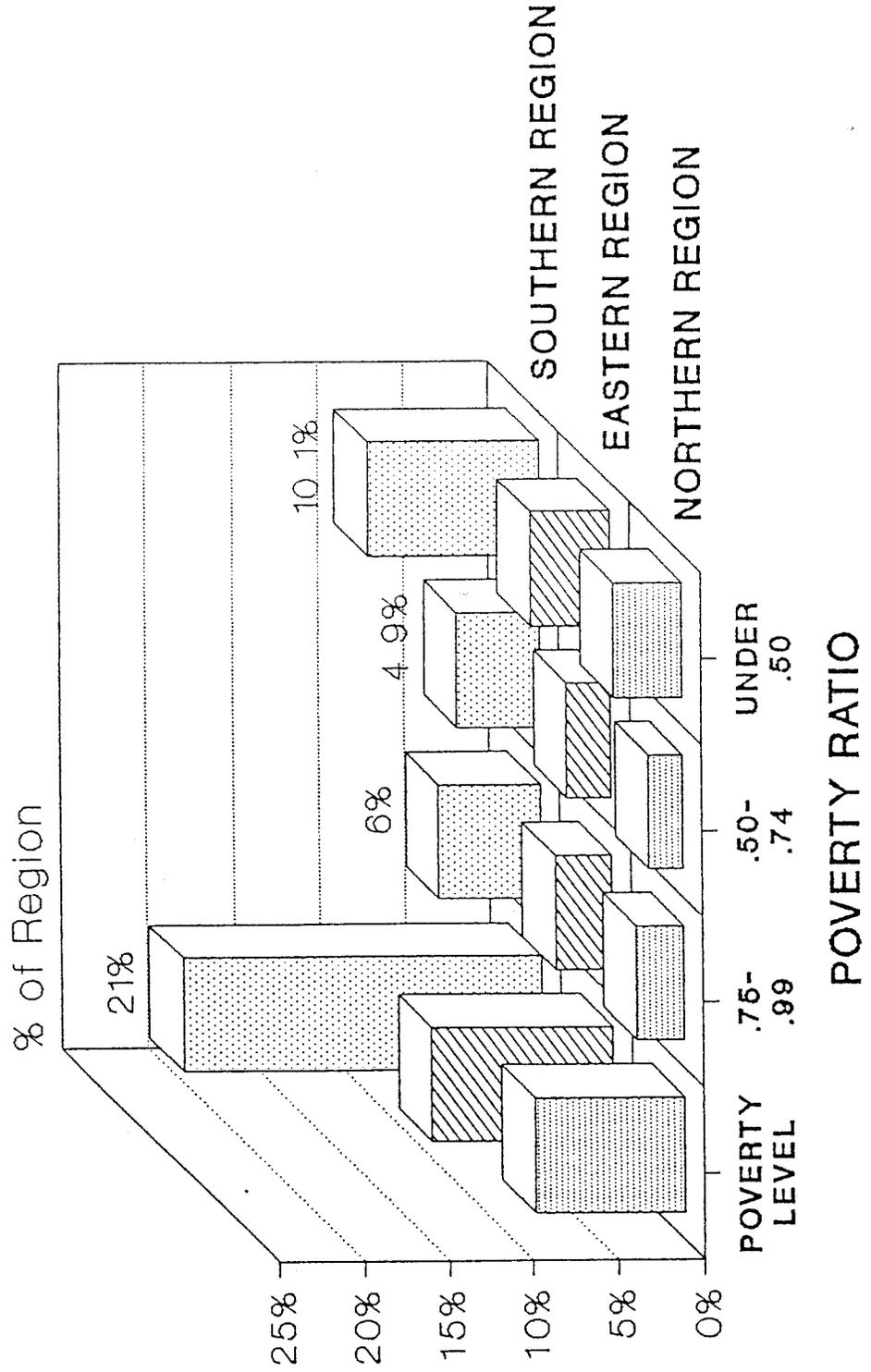
PEOPLE WITHOUT JOBS



BELOW POVERTY BY GEOGRAPHIC REGION



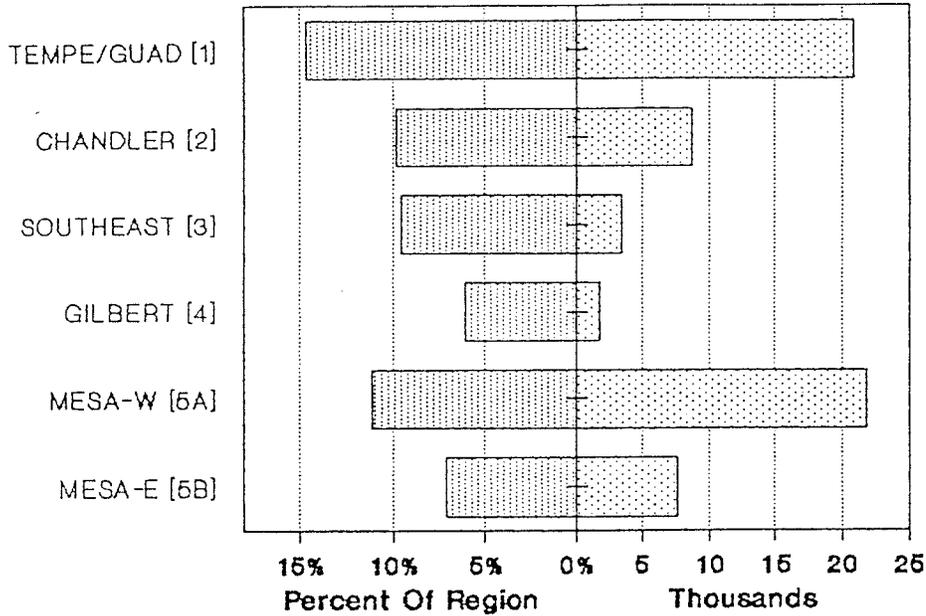
POVERTY LEVEL BY GEOGRAPHIC REGION



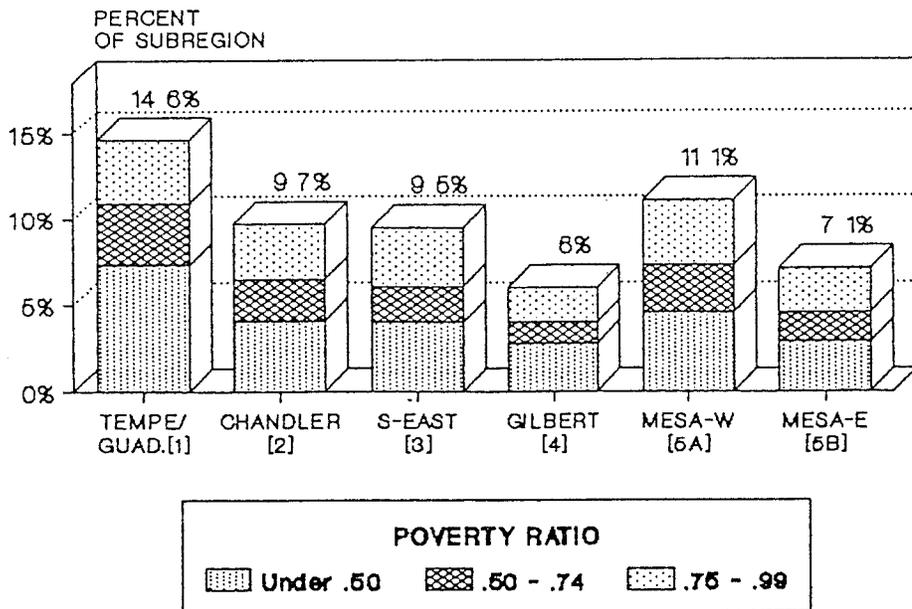
EASTERN SUBREGIONS

PEOPLE LIVING IN POVERTY

Eastern Region Avg = 10.7% (64,196 people)



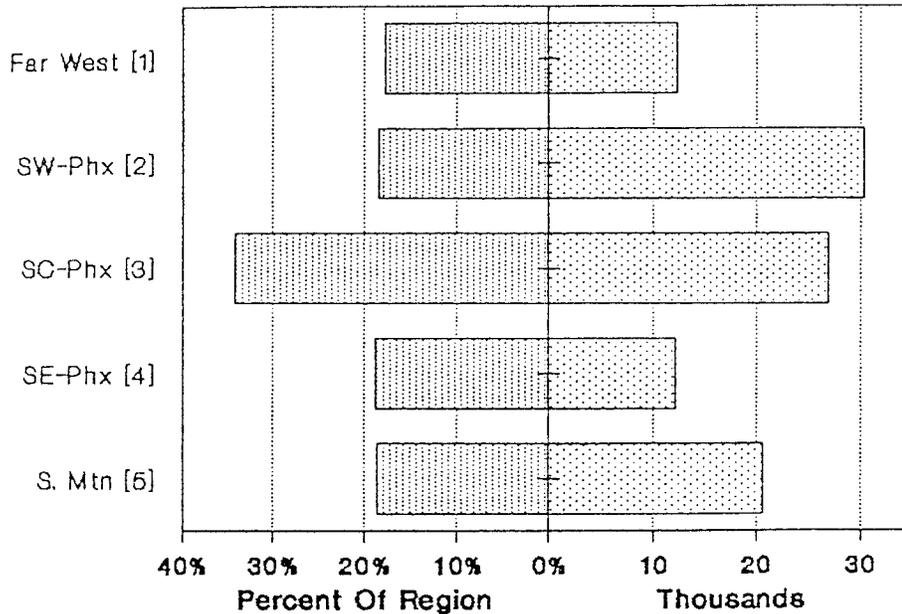
RATIO OF INCOME TO POVERTY LEVEL



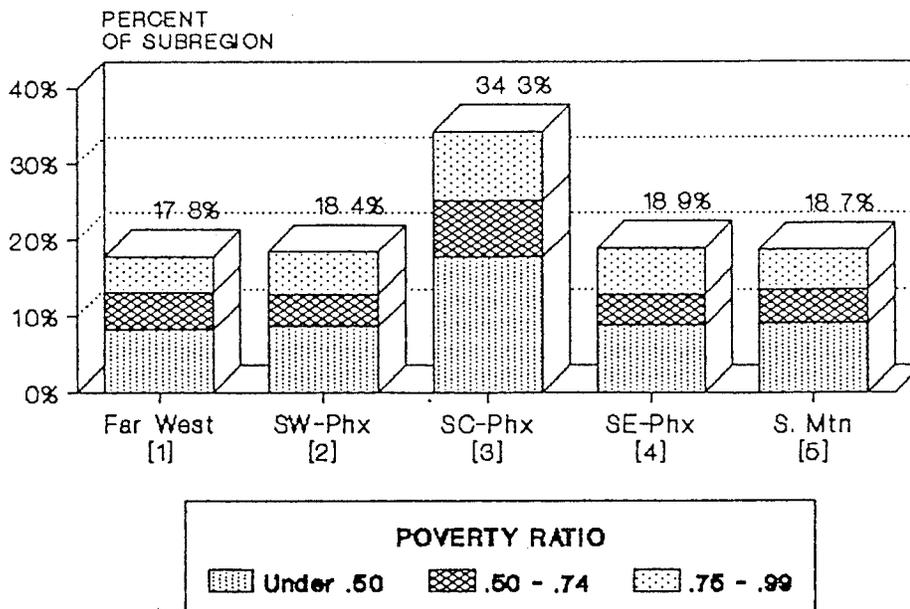
SOUTHERN SUBREGIONS

PEOPLE LIVING IN POVERTY

Southern Region Avg - 21.0% (102,491 people)



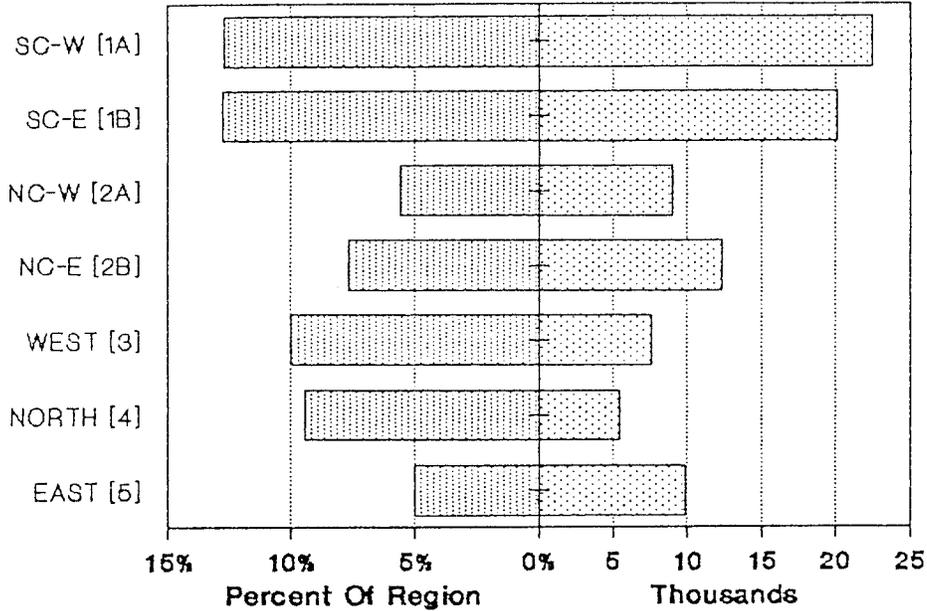
RATIO OF INCOME TO POVERTY LEVEL



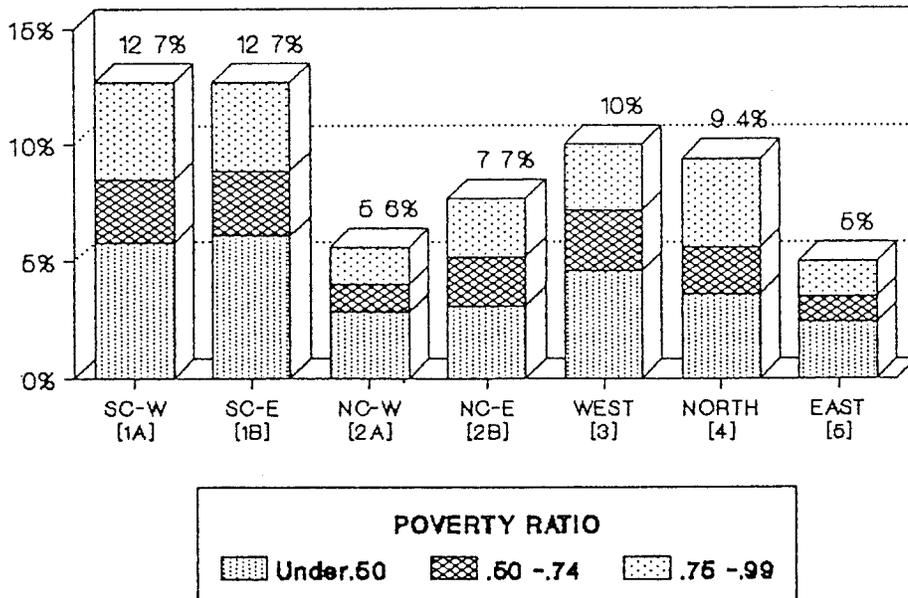
NORTHERN SUBREGIONS

PEOPLE LIVING IN POVERTY

Northern Region Avg = 8.8% (86,938 people)



RATION OF INCOME TO POVERTY LEVE



IV. CLIENT PROFILE - INDIVIDUALS WITH SMI BY COUNTY, GEOGRAPHIC REGION & SUBREGION

SMI POPULATION BASE

Maricopa County

As of mid-March 1993, the estimated total number of CODAMA clients with serious mental illness (SMI) was 11,812.

Of the adjusted adult population age 18 and older in Maricopa County, an estimated 7.6 per thousand individuals were registered SMI CODAMA clients.

Approximately 573 (5%) of this client base were homeless at the time of intake.

Eastern Region

At time of initial intake, approximately 17% of all SMI clients (n=1992) were residents of the Eastern Service Region.

Of this total, approximately 73% were residents of either the West Mesa Subregion (49%; SR-5A) or the Tempe/Guadalupe Subregion (24%; SR-1).

Of the adjusted adult population age 18 and older residing in the Eastern Service Region, approximately 4.7 per thousand individuals were registered SMI CODAMA clients.

Southern Region

At time of initial intake, approximately 46% of all SMI clients (n=5394) were residents of the Southern Service Region.

Of this estimated total, approximately 59% were residents of the South Central Subregion (38%; SR-3) or the South West Subregion (21%; SR-2).

Of the adjusted adult population age 18 and older residing in the Southern Service Region, approximately 16.3 per thousand individuals were registered SMI CODAMA clients. This prevalence figure is approximately three times the estimate for either the East or the North Service Regions.

Northern Region

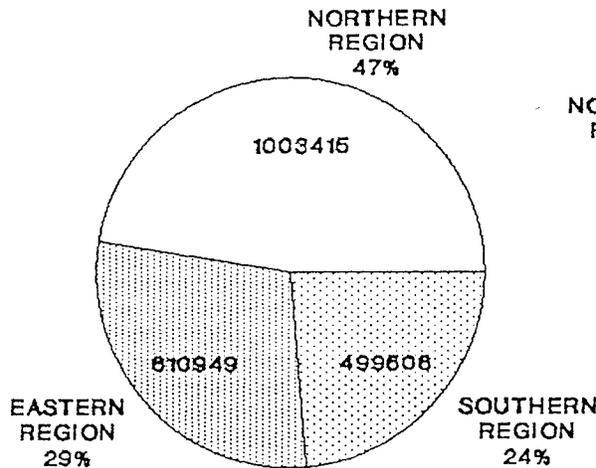
At the time of initial intake, approximately 33% (n=3853) of the SMI client base resided in the Northern Service Region.

Of this estimated total, approximately 57% were residents of the South Central Subregions [West half South Central Subregion (25%; SR-1A); East half South Central Subregion (32%; SR-1B)].

Of the adjusted adult population age 18 and older residing in the Northern Service Region, approximately 5.3 per thousand individuals were registered SMI CODAMA clients.

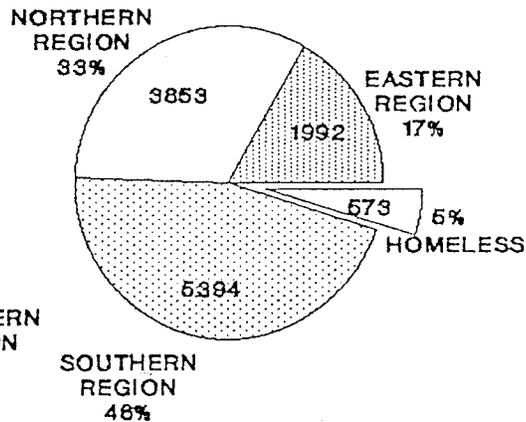
SMI CLIENT POPULATION

Residence By Geographic Region



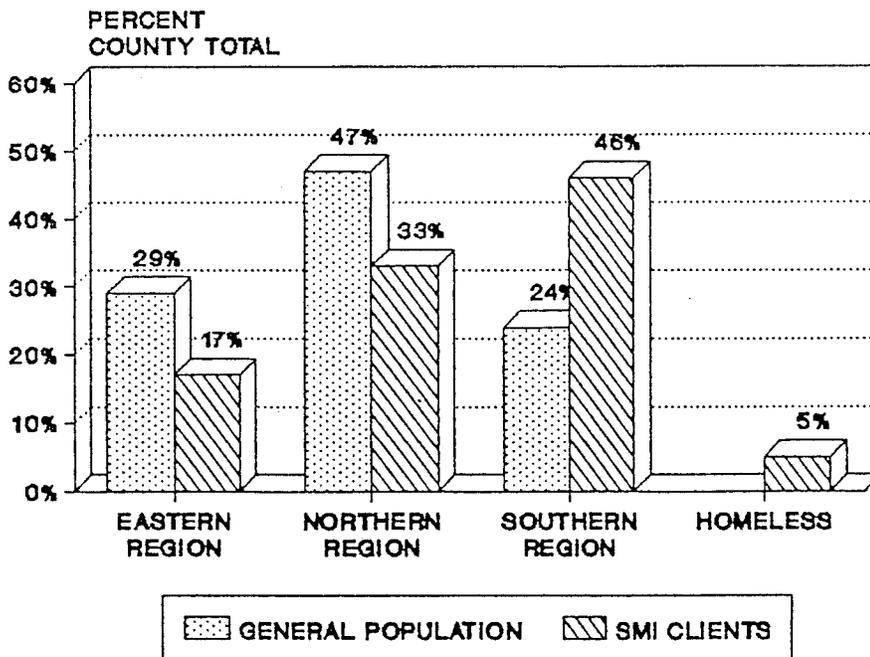
**COUNTY POPULATION
BASE**

Maricopa County Population Estimate
Per 1980 Census = 2,122,101



**CODAMA CLIENTS
WITH SMI**

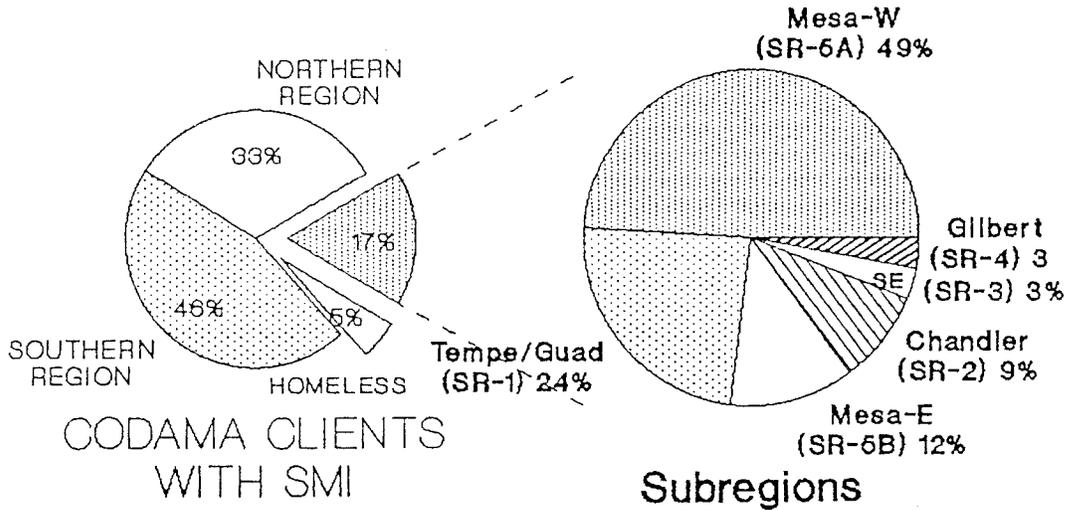
Total SMI Population Estimate
Per EDS (3/83) = 11812



SMI CLIENT POPULATION

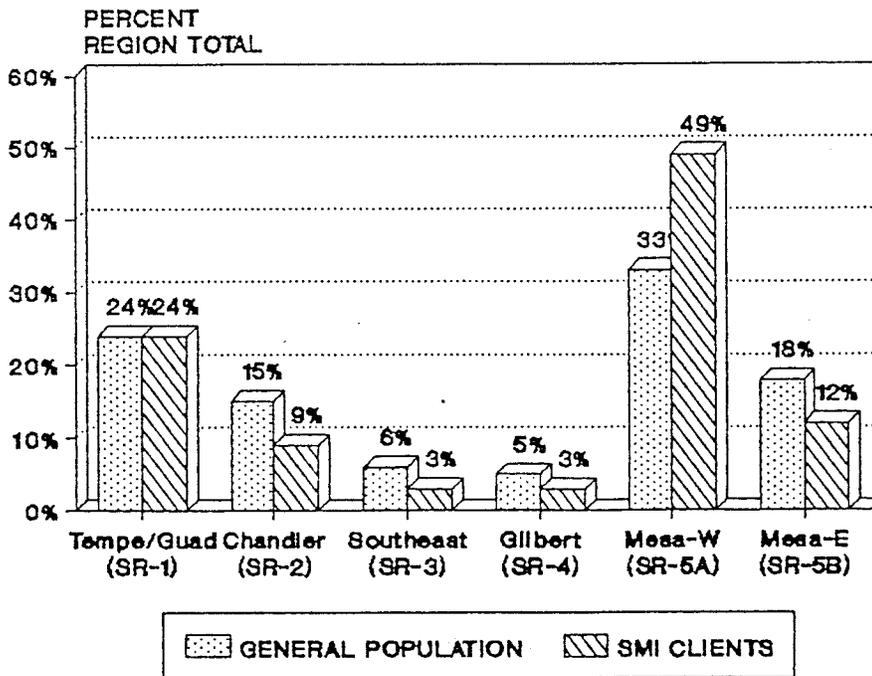
Residence Within Eastern Region

EASTERN REGION



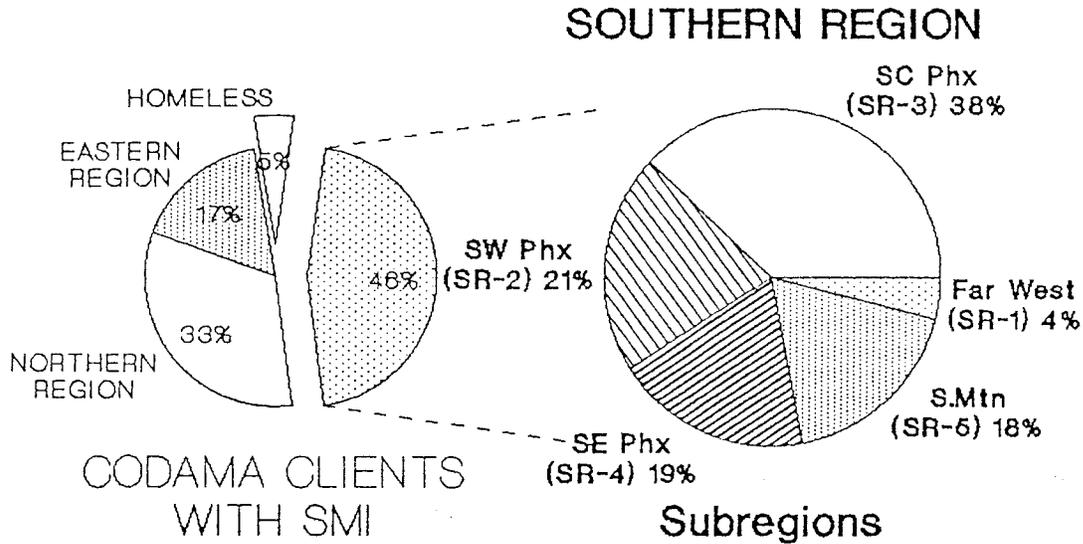
Eastern Region SMI Population
Base Estimate (3/93) = 1992

Eastern Subregion Estimates
Based On Sample Size Of 1612 (81%)



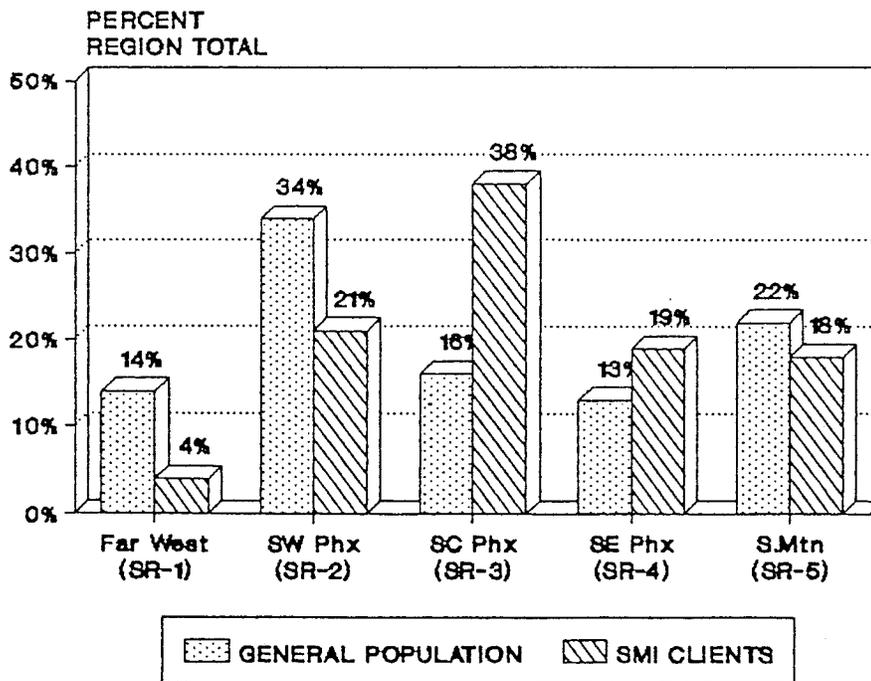
SMI CLIENT POPULATION

Residence Within Southern Region



Southern Region SMI Population
Base Estimate (3/93) = 5394

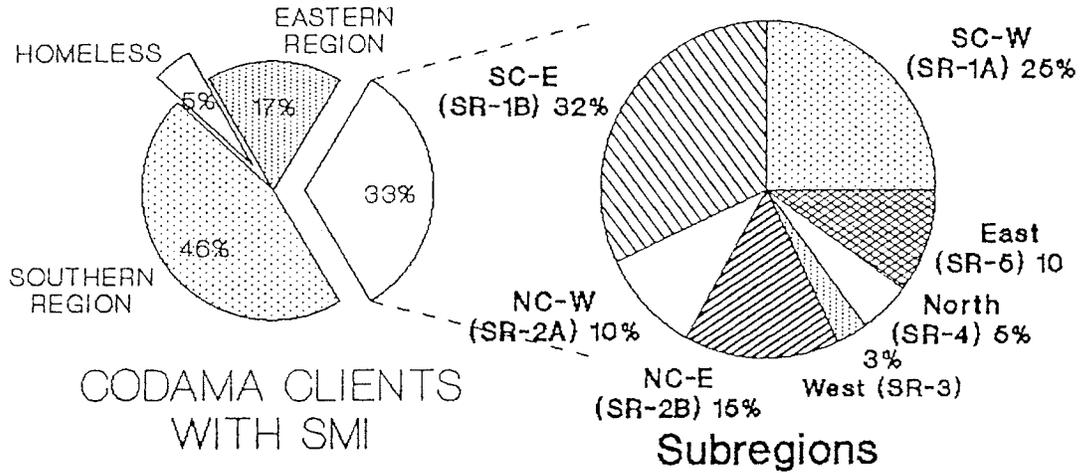
Southern Subregion Estimates
Based On Sample Size Of 4654 (86%)



SMI CLIENT POPULATION

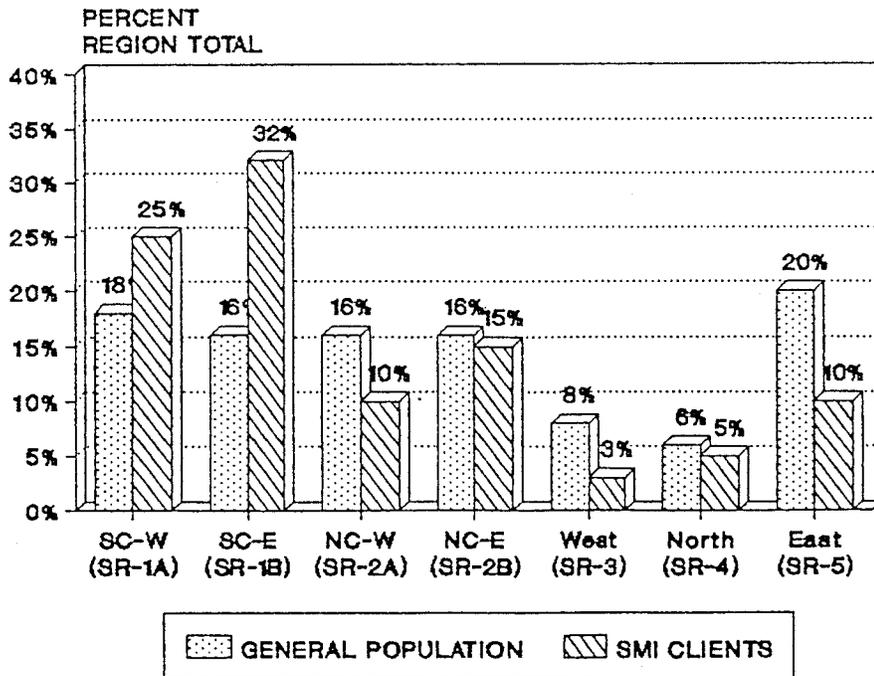
Residence Within Northern Region

NORTHERN REGION

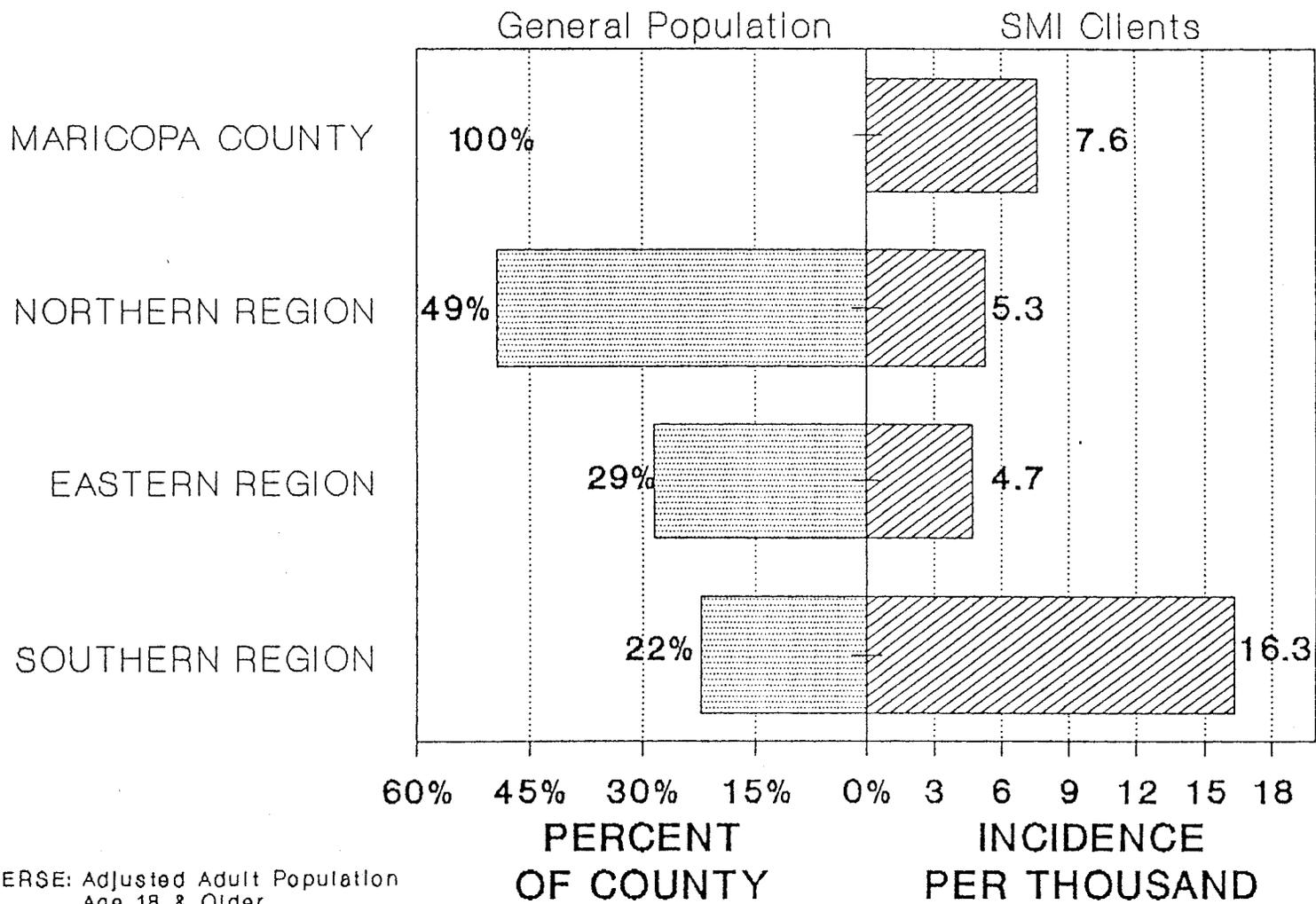


Northern Region SMI Population
Base Estimate (3/93) = 3853

Northern Subregion Estimates
Based On Sample Size Of 3248 (84%)



INCIDENCE SMI CODAMA CLIENTS IN ADULT POPULATION BASE



UNIVERSE: Adjusted Adult Population
Age 18 & Older

PREVALENCE ESTIMATES OF SERIOUS MENTAL ILLNESS

Previous estimates of the number of individuals with seriously mental illness ranged from an average prevalence rate of .41% to .5%.⁷ In an effort to improve the assessment of service needs of SMI clients, additional research has been conducted on prevalence estimates.

The results of this additional study reaffirmed that there is a wide disparity in figures used to estimate the prevalence of serious mental illness [e.g. .6% - 6.8%]. This wide variation in estimates may in part be due to differing definitions of seriously mentally illness, the population targeted for services, and the population demographics of the locale in which the study was conducted. While no one method offers definitive prevalence estimates, the method provided by Goldman *et. al.*⁸ was selected for application to the CODAMA service area.

The Goldman method incorporates a number of epidemiological studies to create a continuum of prevalence rates:

Total severely mentally disabled	1.114%
Less senility without psychosis	0.928%
Less moderately disabled	0.789%
Less both of above	0.603%

Applying these prevalence figures to the adjusted adult population (i.e., age 18 or older; n = 1,561,547) of Maricopa County yields the following estimate range:

Total individuals with SMI (1.114%)	17,396
Less senility without psychosis (.928%) (primary estimate selected for comparison)	14,491
Less moderately disabled (.789%)	12,321
Less both of above (.603%)	9,416

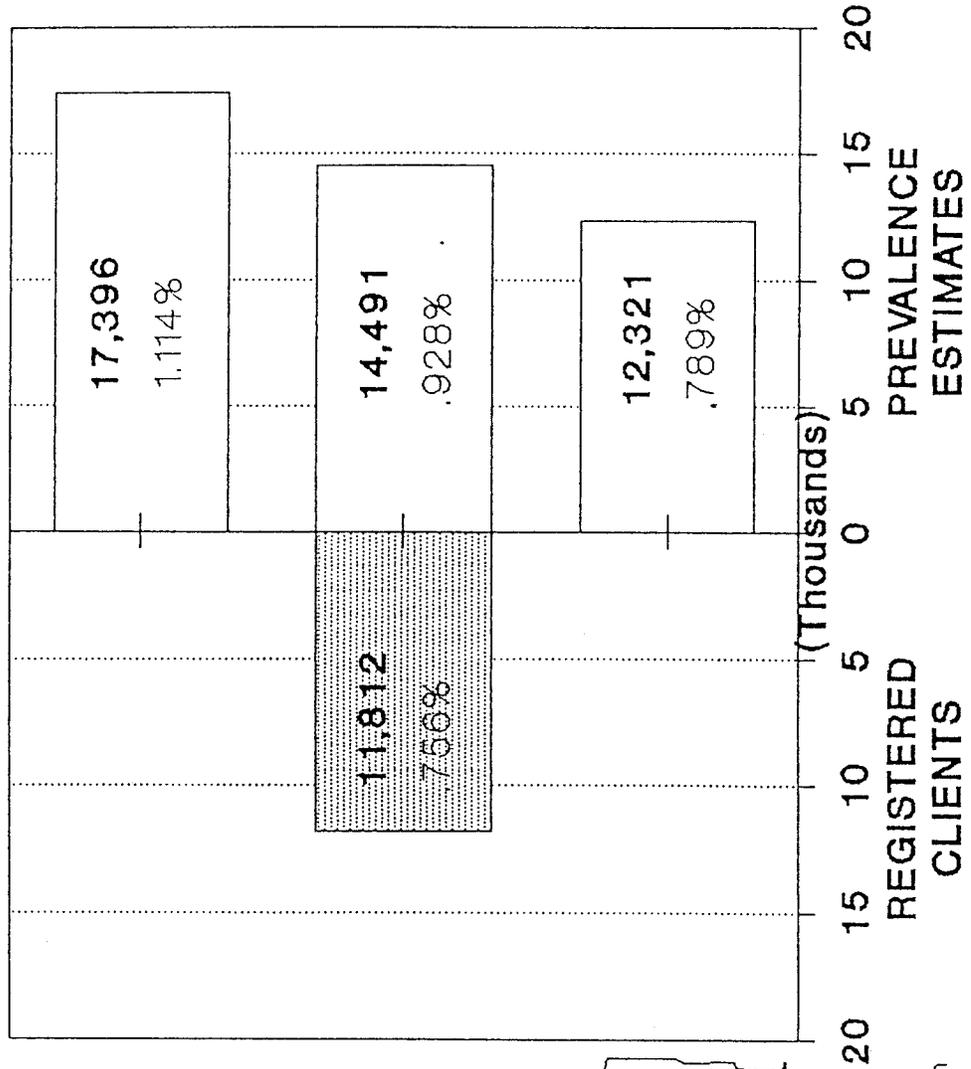
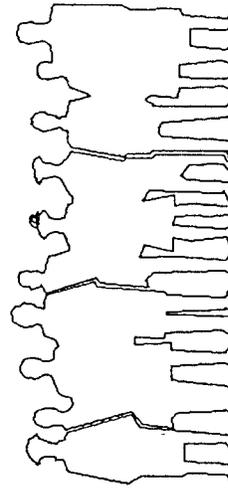
Comparing these figures to the estimated 11,812 persons registered in the CODAMA SMI system, as of the third week in March 1992, an estimated 509 to 5,990 individuals are projected to have been eligible and in need of SMI services and not receiving them.

⁷SOURCE: Arizona Department of Health Services, The Blueprint: Implementing Services to the Seriously Mentally Ill, Phoenix, Arizona, January, 1991. Arizona Department of Health Services, Executive Summary of Needs Assessment Model for Client Service Design Model, Phoenix, Arizona, June, 1992.

⁸Goldman, Gatozzi, and Taube, 1981

SMI PREVALENCE ESTIMATES VS. REGISTERED SMI CLIENTS

MARICOPA COUNTY



UNIVERSE: Adjusted Adult Population
Age 18 & Older

AGE & GENDER PROFILE

The CODAMA client base reflects the incidence of SMI across all adult age groups.

Compared to the general population, the data reflects a disproportionately high representation of clients age 20-44. Countywide, approximately 68% of SMI clients are in the age group of 20-44 vs. approximately 41% in the general population base.

The average age of all SMI clients within Maricopa County was 40 and by geographic region ranged from an average of 38 to 41 [East = 39; South = 41; North = 40; Homeless = 38].

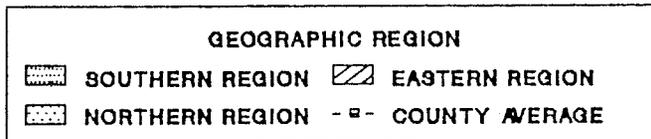
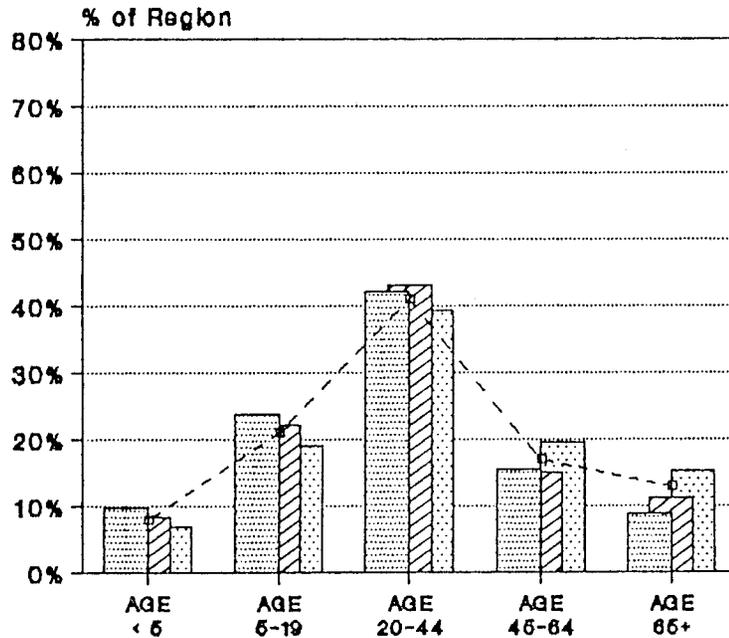
There appears to be a disproportionate representation of elderly clients receiving SMI services. While countywide this age group accounts for 19% of the adjusted adult population, only approximately 5% of all SMI clients were age 65 or older.

In the general population, 57% of all persons are female and 43% are male. Compared to this general population, the distribution of male and female SMI client reflects a higher proportion of males with approximately 49% of SMI clients being male and 51% being female.

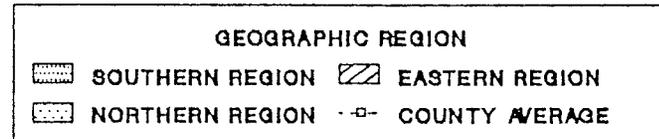
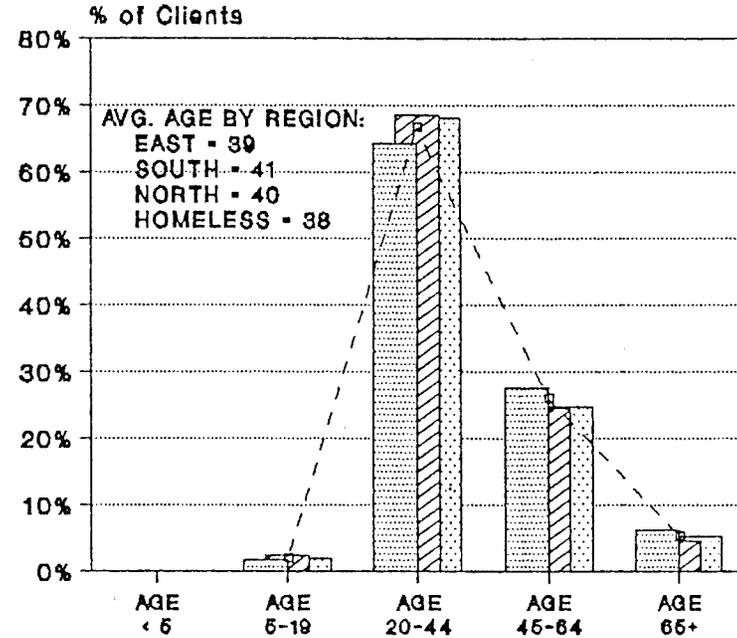
The SMI client profile data reflect fewer females in the SMI population below the age group of 25-34 with a reversing trend of fewer males beyond age 34.

AGE GROUPINGS

GENERAL POPULATION

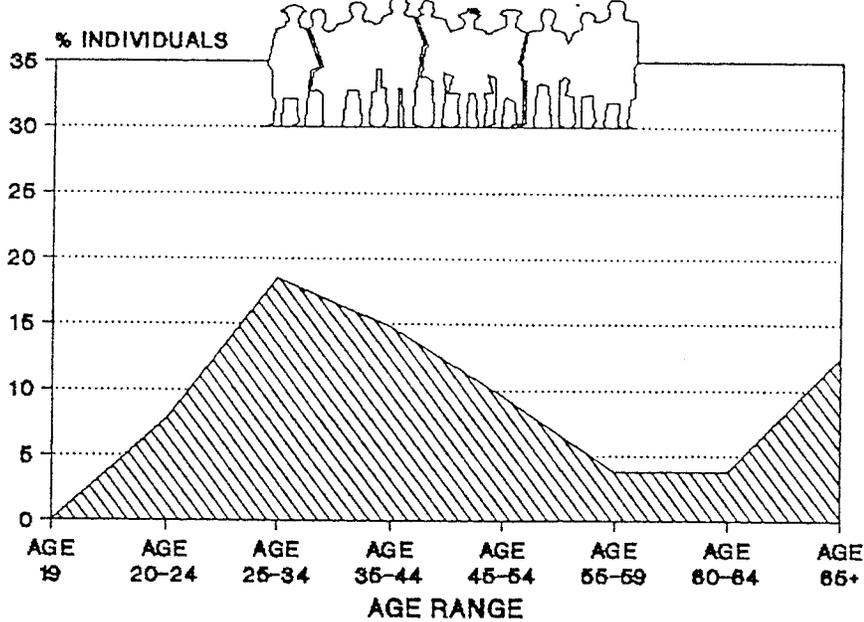


SMI CLIENT POPULATION

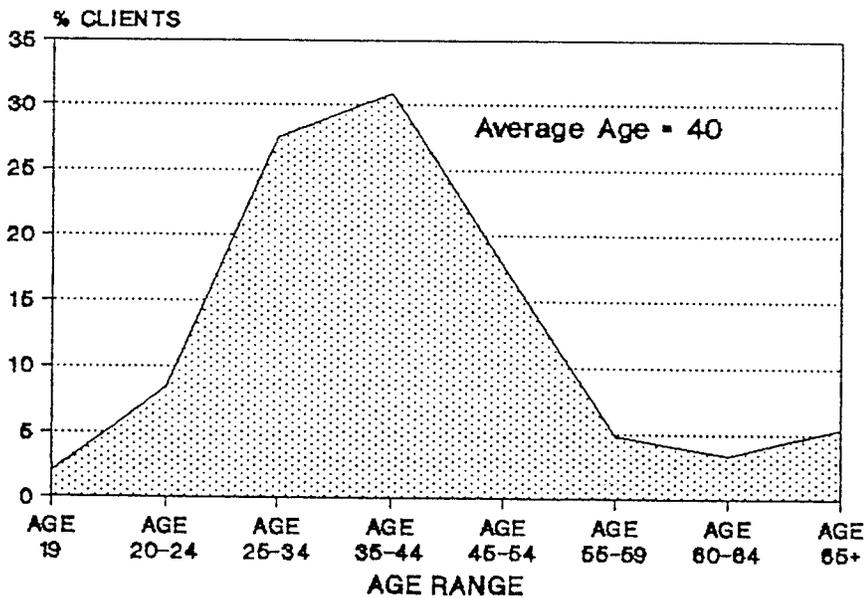


SMI CLIENT POPULATION COMPARATIVE AGE DISTRIBUTION MARICOPA COUNTY

GENERAL POPULATION

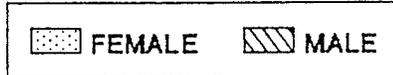
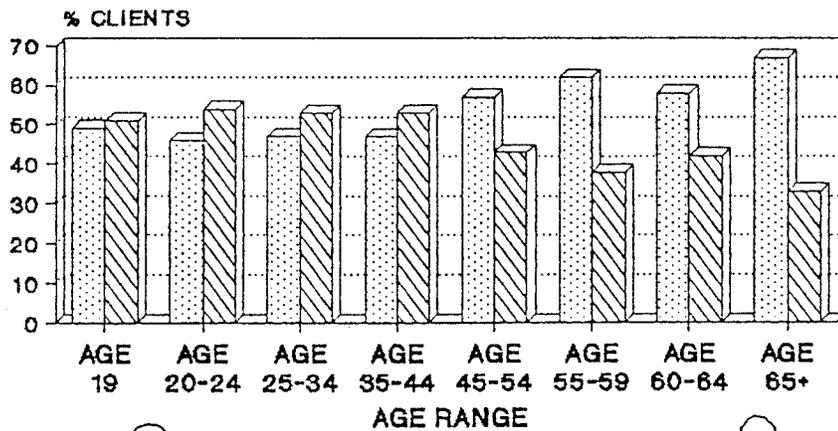


SMI CLIENT POPULATION

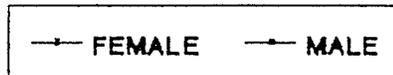
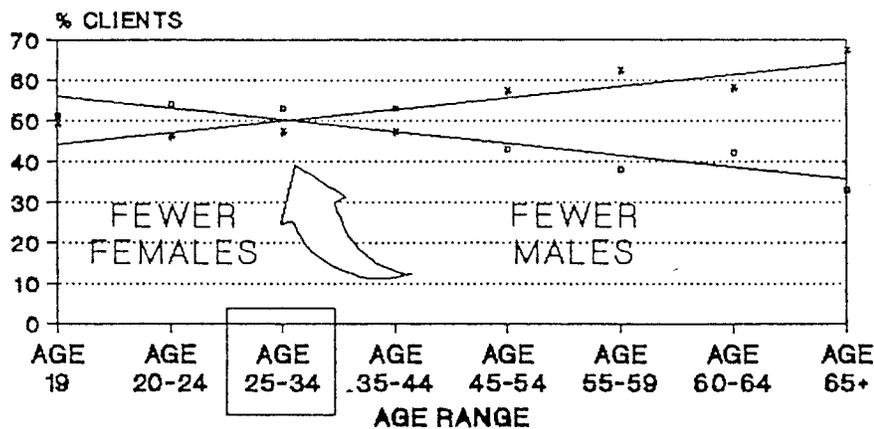


SMI CLIENT POPULATION DISTRIBUTION BY GENDER MARICOPA COUNTY

AGE & GENDER DISTRIBUTION



GENDER TREND LINE



RACE & ETHNICITY

Countywide averages indicate that while the representation of white SMI clients is proportionate to the overall general population base, there appears to be an unequal representation of minority populations in the SMI service system.

Countywide, there is a disproportionately high representation of African American [9.1% SMI population vs. 3.3% general population base] and Asian clients [1.6% SMI population vs. 5.2% general population base].

Conversely, there is a somewhat low representation of Native American [1% SMI population vs. 1.5% general population base] and a significant discrepancy relative to Hispanic clients [7.5% SMI population vs. 16.3% general population base].

The highest concentration of African American and Native American SMI clients countywide is found in the homeless population [African American 15.1%; Native American 2.6%].

Eastern Region

Similar racial/ethnic patterning observed countywide can be seen within the Eastern Region.

The highest discrepancy with respect to Hispanic population can be observed in the Southeastern Subregion (SR-3).

Southern Region

Of the three geographic regions, the disproportionate representation of minorities is most pronounced in the South and there appears to be an over representation of whites in the SMI population [67.7% SMI v. 52.7% general population base].

The highest discrepancy within the Hispanic population is seen in the Southern Region where nearly 36% of the general population base are of Hispanic origin while only approximately 10% of the SMI client population served is of Hispanic origin.

Northern Region

Similar racial/ethnic patterning observed countywide can be seen within the Northern Region with the following exceptions:

Hispanic population more proportionately represented in the East Subregion (SR-5).

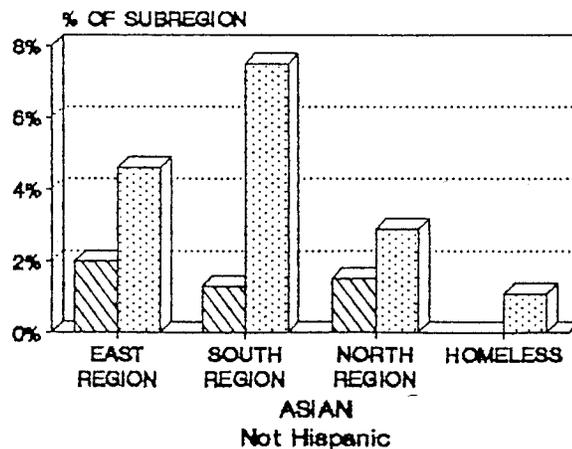
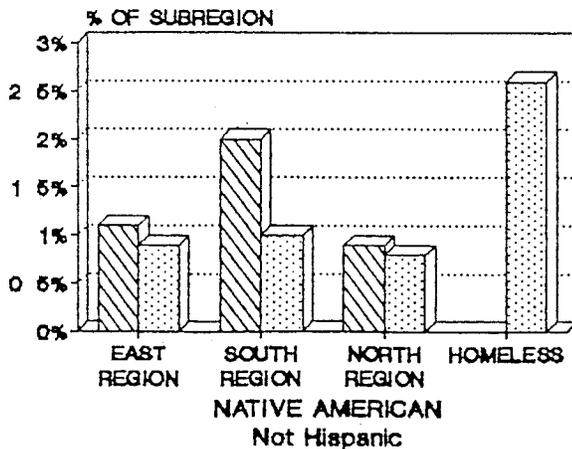
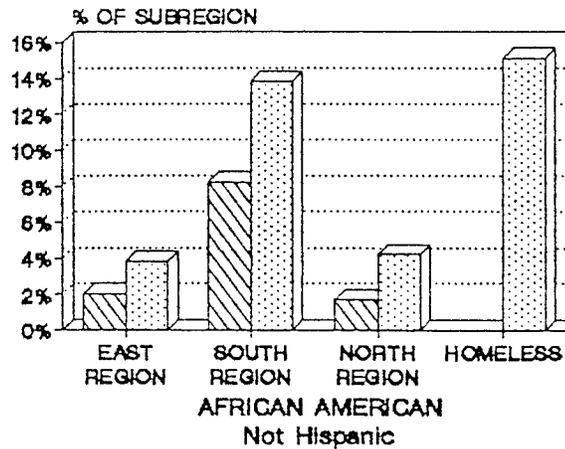
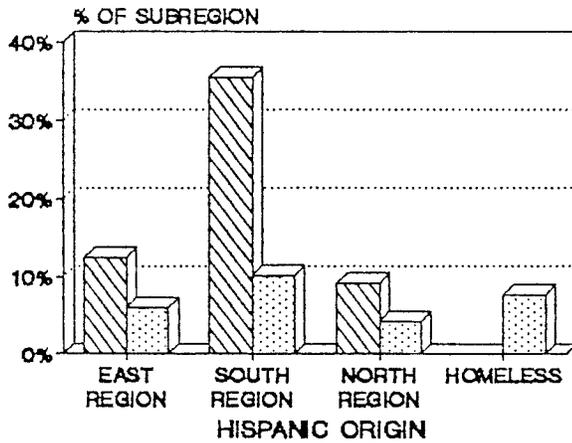
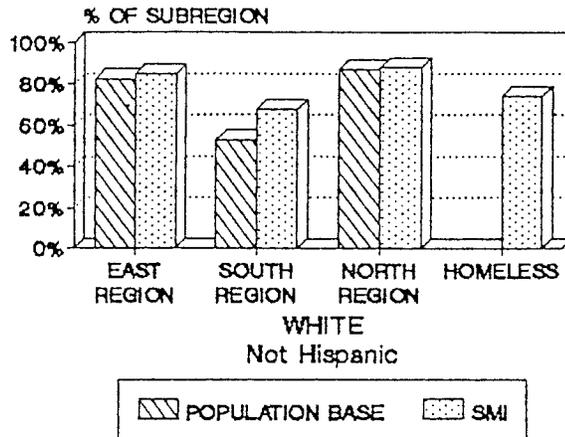
Mixed representation (i.e., over and under) of Native American population across subregions.

As compared to other regions, less pronounced over representation of Asian clients with the exceptions of South-central West (SR-1A) and West (SR-3)

SMI CLIENTS - RACE & ETHNICITY BY COUNTY & REGION

MARICOPA COUNTY Regional Averages

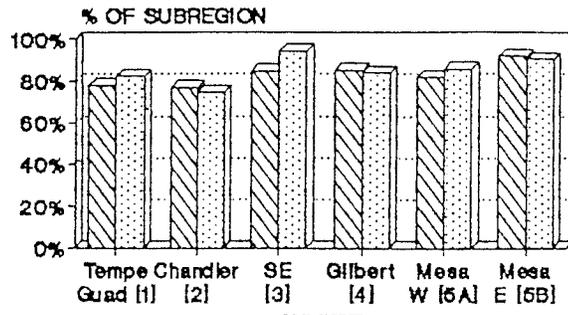
	BASE	SMI
White	77.1%	77.2%
African American	3.3%	9.1%
Native American	1.5%	1.0%
Asian	1.6%	5.2%
Hispanic	16.3%	7.5%



SMI CLIENTS - RACE & ETHNICITY EASTERN REGION & SUBREGIONS

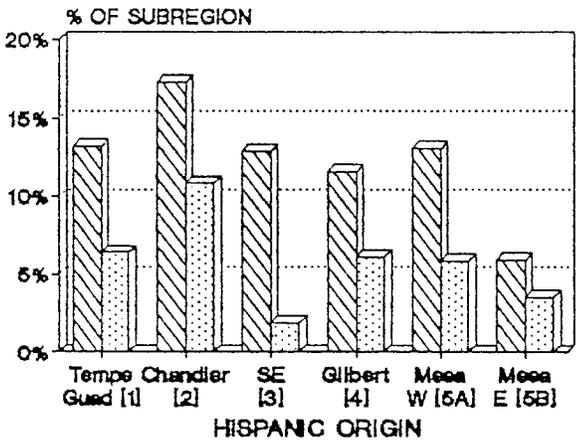
Eastern Region Regional Averages

	BASE	SMI
White	82.3%	84.6%
African American	2.0%	3.8%
Native American	1.1%	.9%
Asian	2.0%	4.6%
Hispanic	12.4%	6.0%

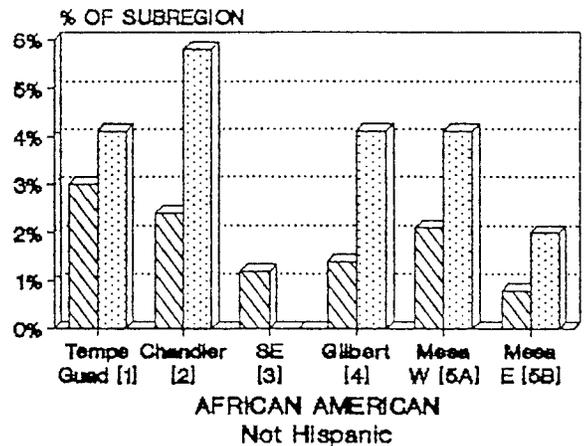


WHITE
Not Hispanic

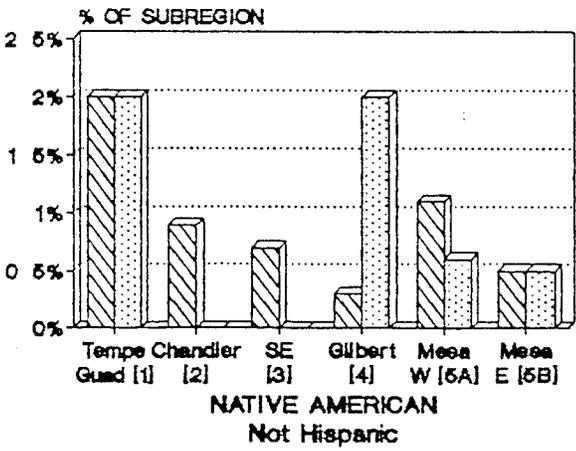
POPULATION BASE SMI



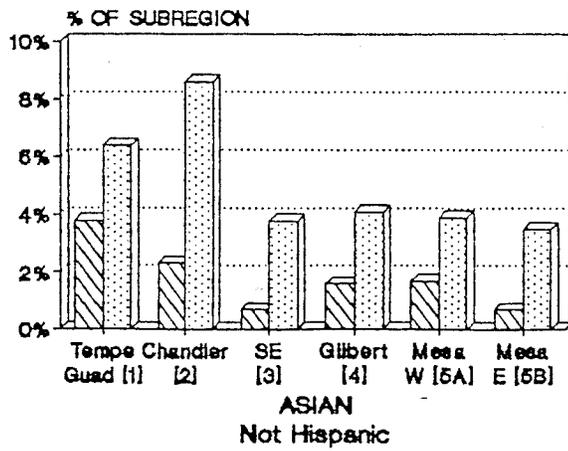
HISPANIC ORIGIN



AFRICAN AMERICAN
Not Hispanic



NATIVE AMERICAN
Not Hispanic



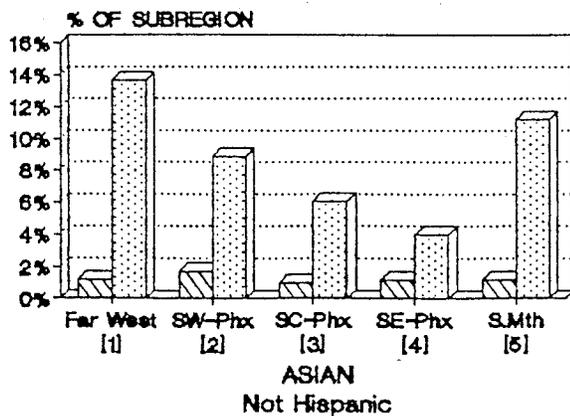
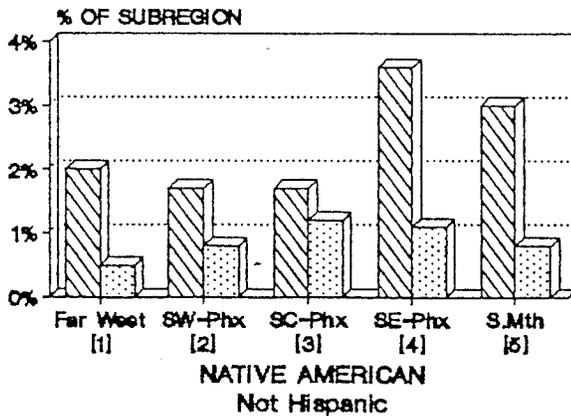
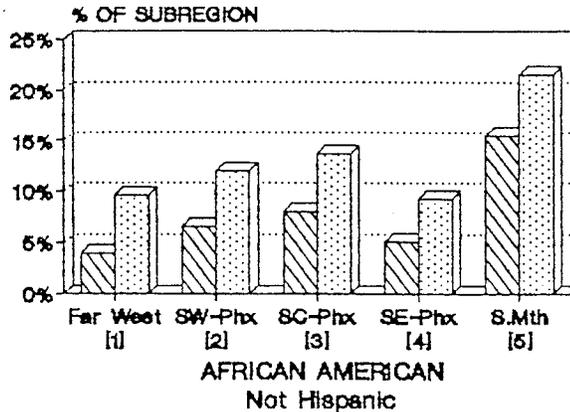
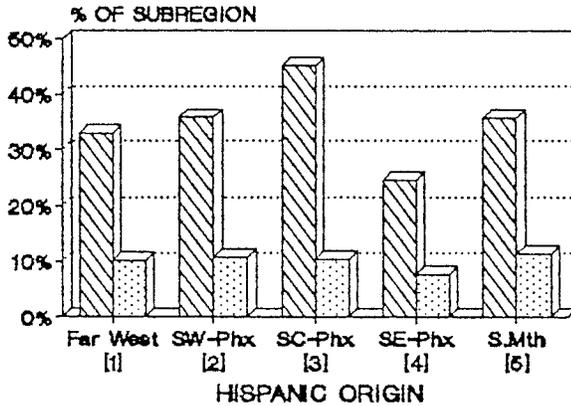
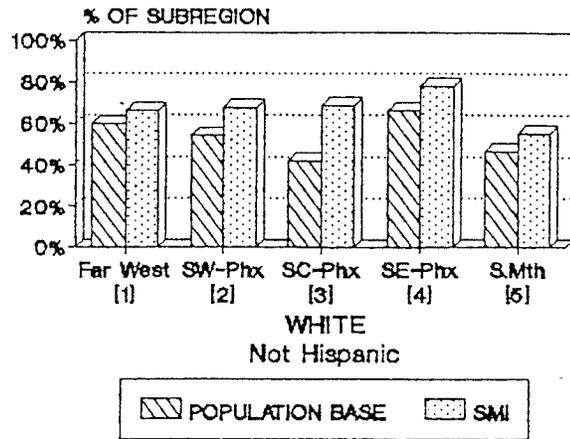
ASIAN
Not Hispanic

SMI CLIENTS - RACE & ETHNICITY

SOUTHERN REGION & SUBREGIONS

Southern Region Regional Averages

	BASE	SMI
White	52.7%	67.7%
African American	8.2%	13.8%
Native American	2.0%	1.0%
Asian	1.3%	7.5%
Hispanic	35.5%	10.1%

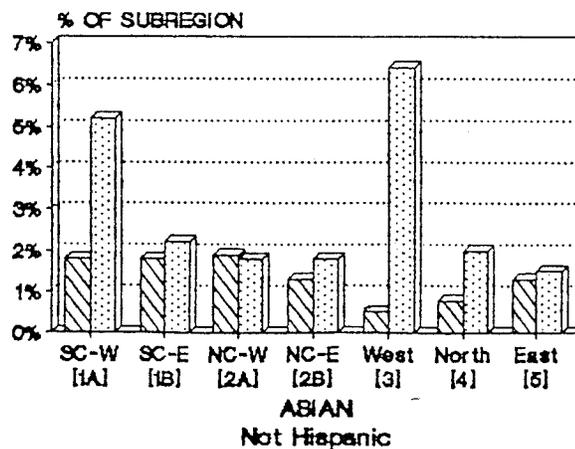
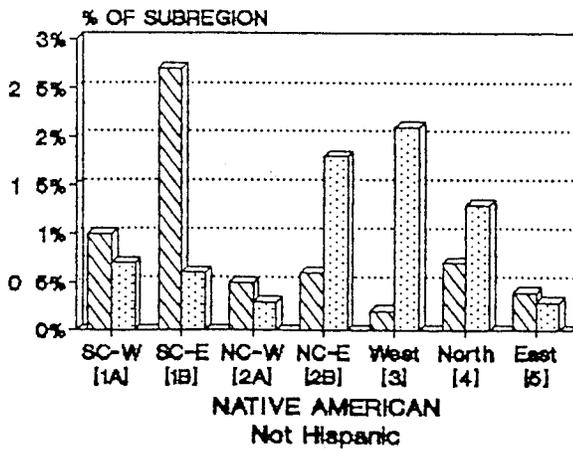
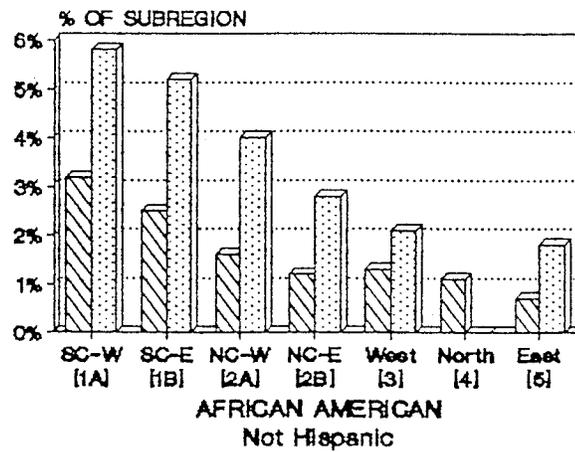
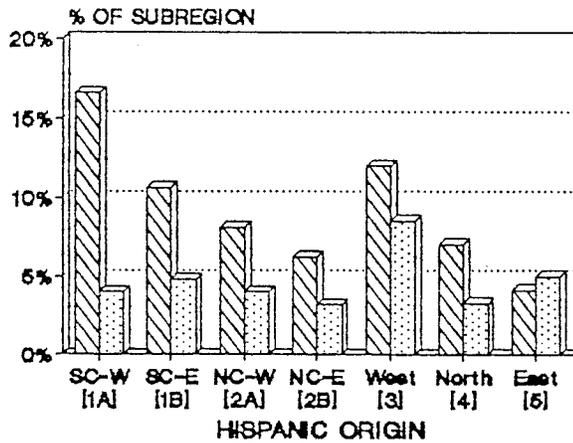
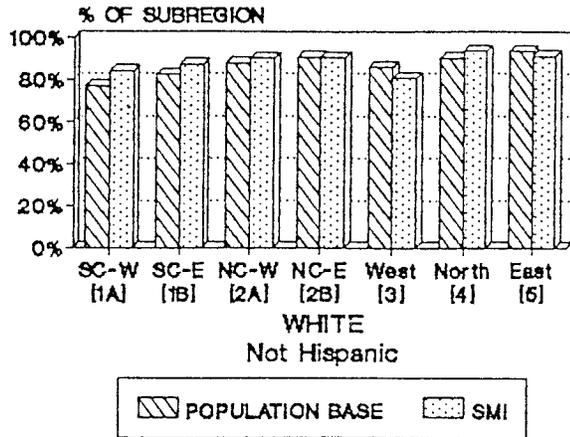


SMI CLIENTS - RACE & ETHNICITY

NORTHERN REGION & SUBREGIONS

Northern Region Regional Averages

	BASE	SMI
White	86.7%	87.7%
African American	1.7%	4.2%
Native American	0.9%	0.8%
Asian	1.5%	2.9%
Hispanic	9.1%	4.3%



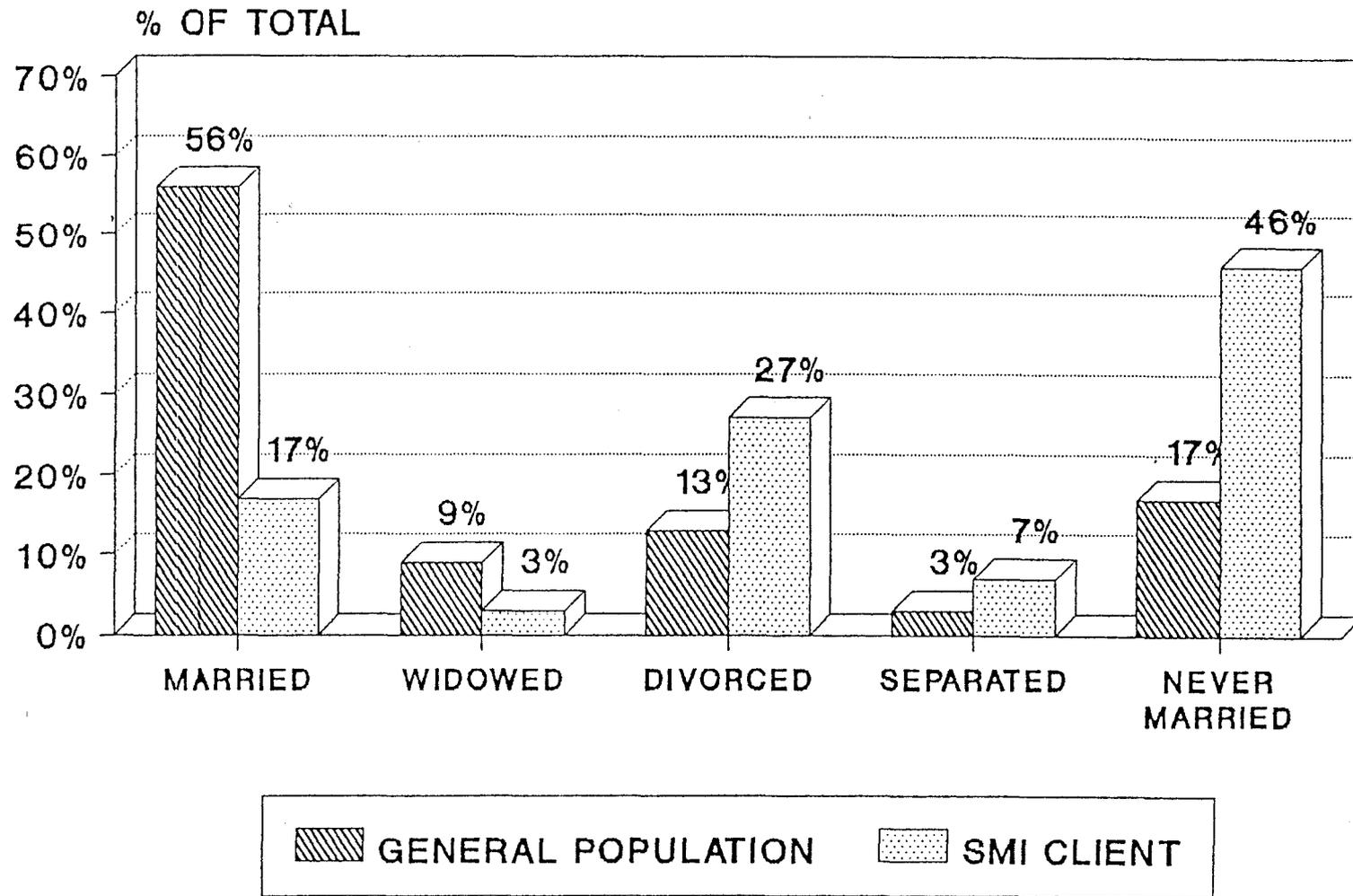
MARITAL STATUS & FAMILY SIZE

Countywide, approximately 80% of SMI clients served are either divorced, separated or have never been married.

Similar patterning was observed across geographic regions with the highest percentage of SMI clients who have never been married being in the homeless population.

As in the general population, family size of SMI clients runs the full range from family size of one to very large families. Overall however, the overwhelming majority of SMI clients report a family size of one.

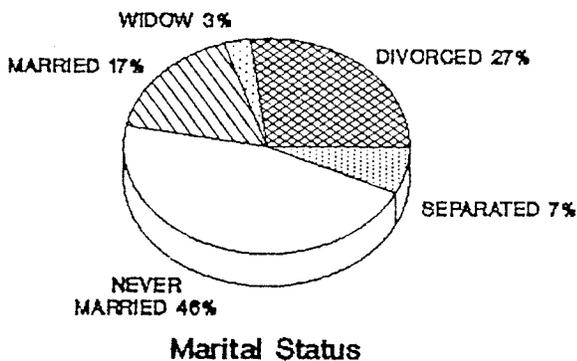
MARITAL STATUS



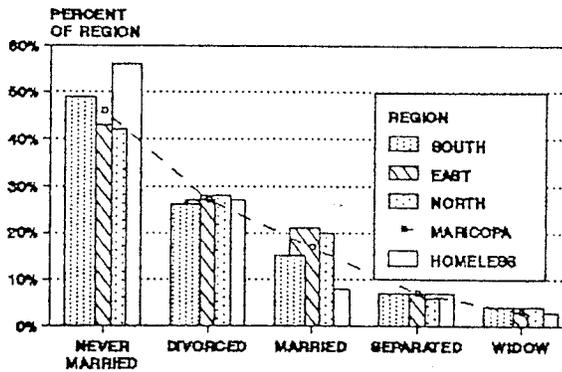
SMI INDIVIDUALS

MARITAL STATUS & FAMILY SIZE

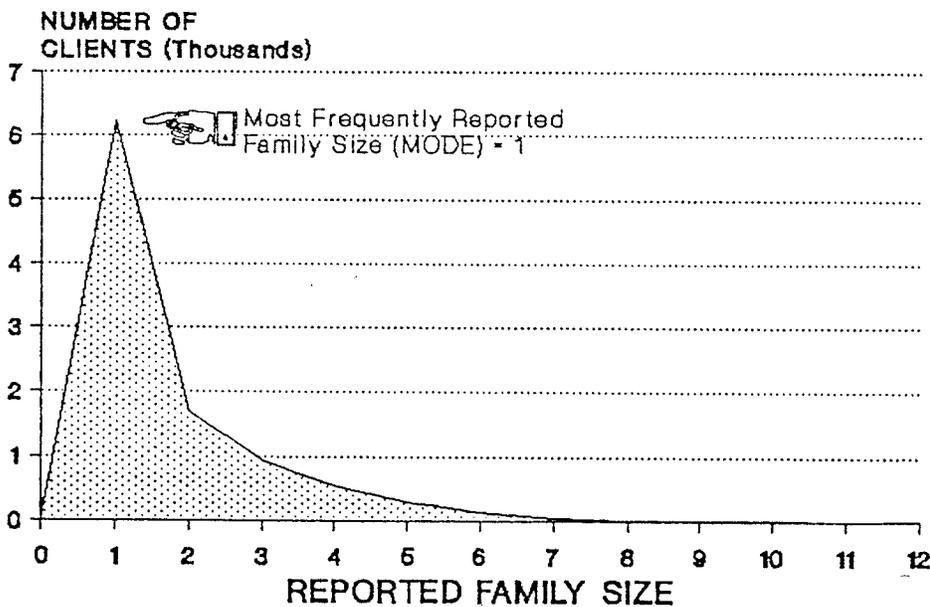
CODAMA SMI CLIENTS
Maricopa County



Marital Status
By Geographic Region



Maricopa County



Estimates based on sample size of 9977 (84%)

EDUCATIONAL ATTAINMENT

As in the general population, the amount of education individual SMI clients have received runs the full range from no formal education to post graduate degrees. Nearly one quarter (23%) of SMI clients have either some college education or earned a college or even post graduate degree.

As a group countywide, the most frequently reported response (i.e., Mode) among SMI clients is having completed 12th grade with the 10th grade being the average grade completed.

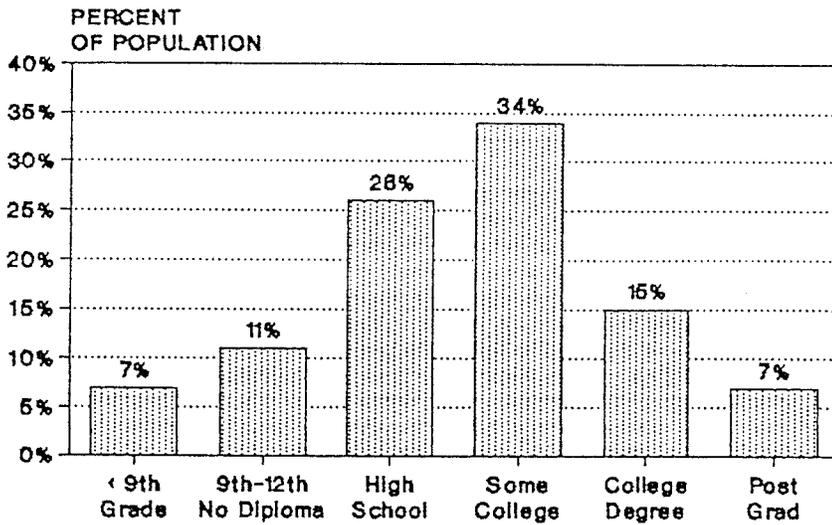
The lowest level of educational attainment is observed in the Southern Region where approximately 54% of clients have less than a high school diploma.

Countywide, approximately 44% of SMI clients have less than a high school diploma.

EDUCATIONAL ATTAINMENT MARICOPA COUNTY

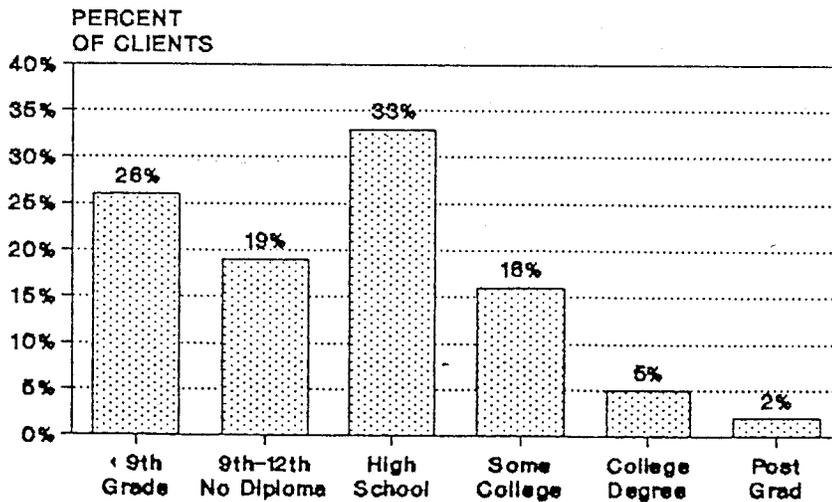


GENERAL POPULATION BASE



UNIVERSE: Persons Age 25 and Older

SMI CLIENT POPULATION

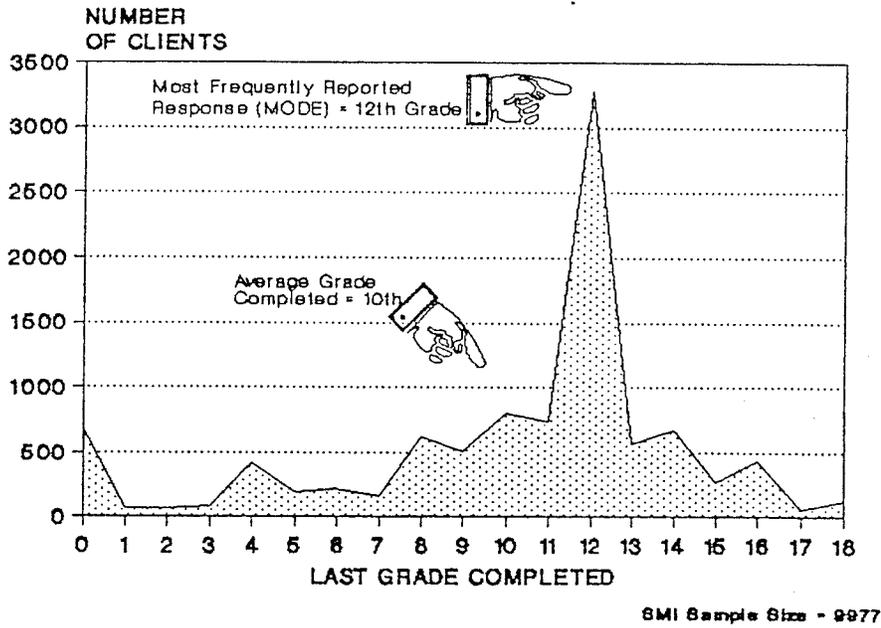


UNIVERSE: Persons Age 25 and Older

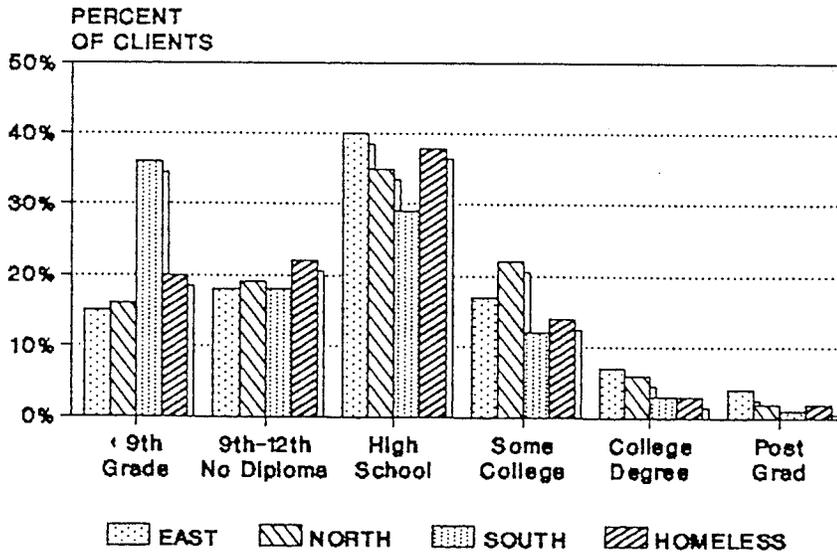
SMI Sample Size - 8940

EDUCATIONAL ATTAINMENT SMI - CLIENT POPULATION

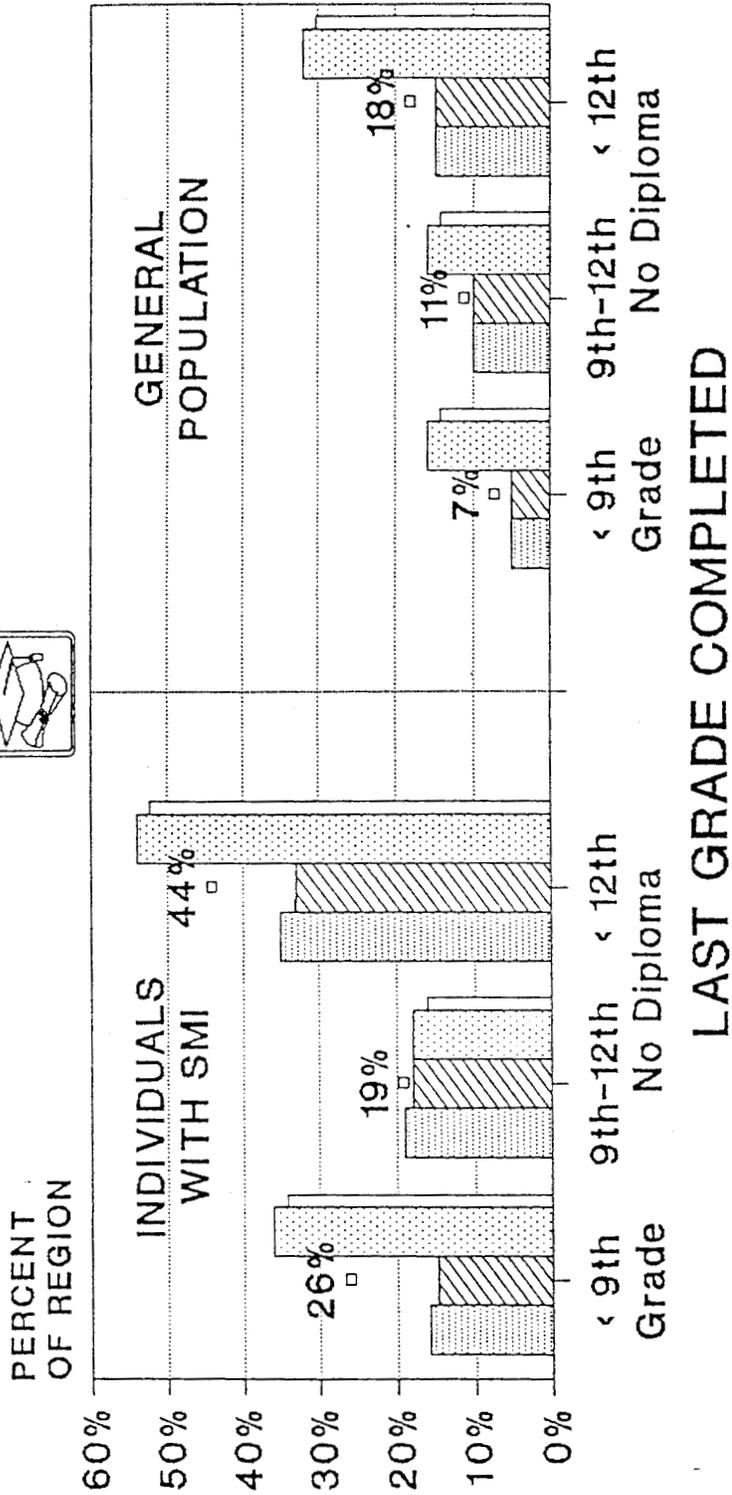
MARICOPA COUNTY



BY GEOGRAPHIC REGION



SMI - EDUCATIONAL ATTAINMENT BY GEOGRAPHIC REGION



GEOGRAPHIC REGION

[North Pattern] NORTH [East Pattern] EAST [South Pattern] SOUTH [County Pattern] COUNTY

INCOME & POVERTY

At the time of intake, three out of four (77%) SMI clients report no income or their only income being through entitlement programs.

Approximately 11% of SMI clients at the time of intake report receiving income through employment.

The highest level of employment at the time of intake is observed in the Northern Region (16%).

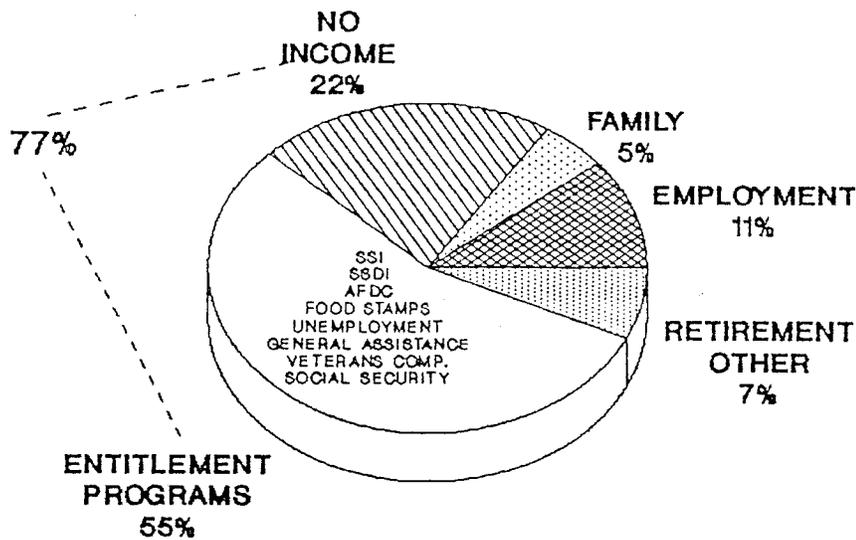
As expected, nearly 60% of homeless SMI clients report no income whatsoever.

As a group countywide, while a range of income was reported by this population, the midpoint income category (i.e., Median) was approximately \$5,000. The most frequently reported income category (i.e., Mode) was \$0.

This pattern of poverty was observed across all geographic regions.

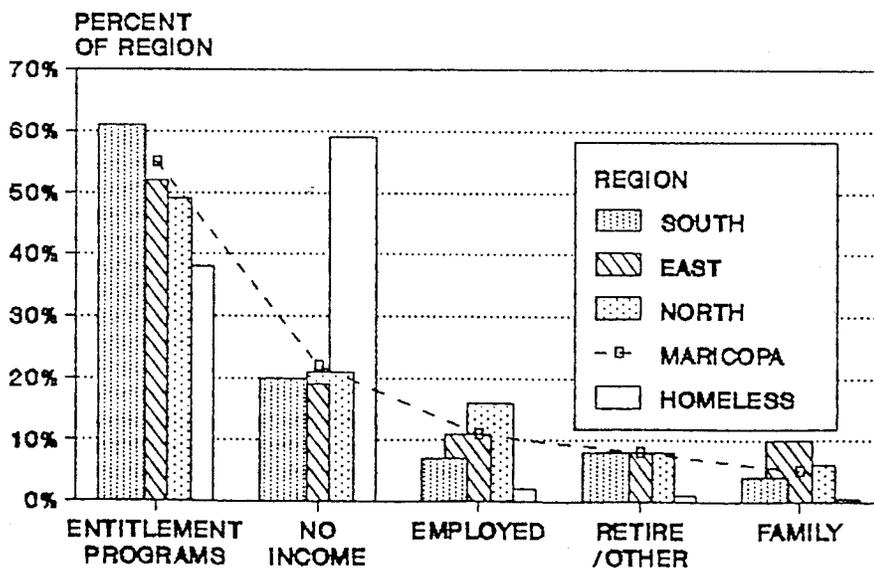
SMI CLIENTS REPORTED SOURCE OF INCOME AT TIME OF INTAKE

Maricopa County



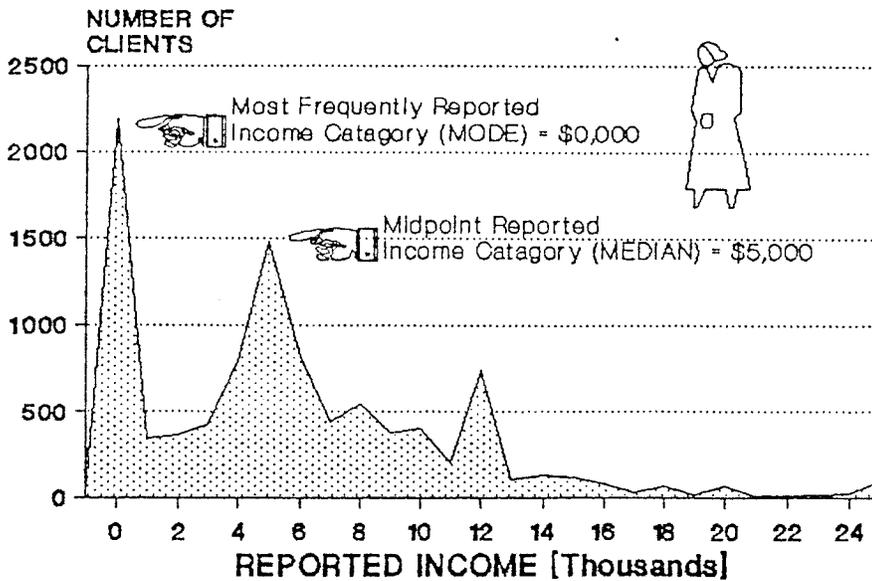
Income Source

By Geographic Region

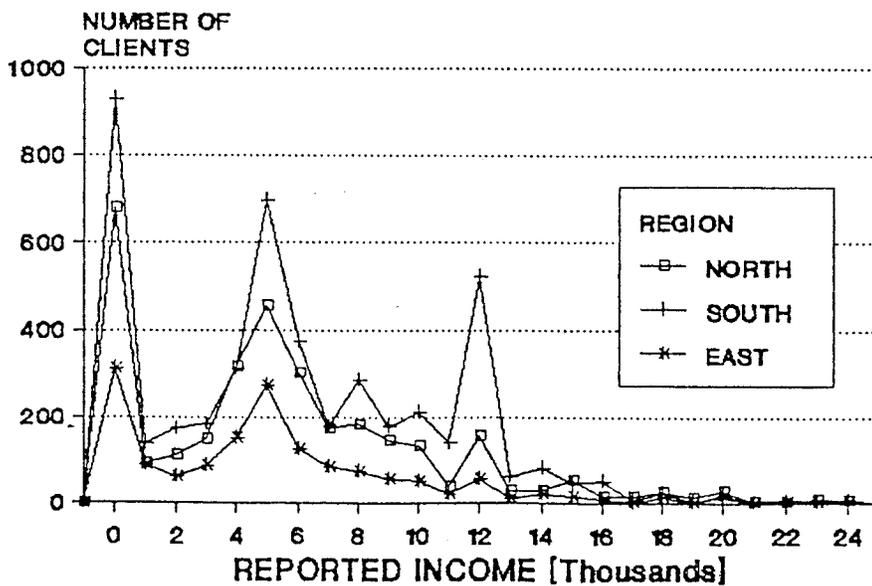


CLIENTS WITH SMI ANNUAL HOUSEHOLD INCOME

Maricopa County



Similar Pattern Of Poverty Across Geographic Regions



V. SERVICES TO CLIENTS WITH SERIOUS MENTAL ILLNESS

Listings of the current and existing service provider network, and provider sites by geographic region, are provided on the following pages of this report.

A review of these documents indicate that the majority of residential SMI service providers are located in the Southern Service Region. There appears to be a need for additional residential service providers located in the Northern Service Region.

Based on a review of current and existing provider sites, there also appears to be a need for the development of residential crisis stabilization providers in the Northern Service Region.

CODAMA PROVIDER NETWORK SERIOUSLY MENTALLY ILL ADULTS

INPATIENT SERVICES

APPROX. CAPACITY: 80 BEDS

Providers:

Camelback Samaritan, Good Samaritan Hospital
Maricopa County Medical Center (Block Purchase under the IGA)

RESIDENTIAL CRISIS STABILIZATION

CAPACITY: 19 BEDS

Providers:

META
Phoenix South CMHC

Region

East
South

CRISIS SERVICES

CAPACITY: 24 HOUR CRISIS LINE
CRISIS MOBILE TEAMS
CRISIS WALK IN

Providers:

Maricopa County
Phoenix South CMHC
Terros

Valley wide
South
North

24 HOUR SUPERVISED RESIDENTIAL LIVING

CAPACITY: 225 BEDS

Providers

Arizona Healthcare Contract Management Services
Community Behavioral Health
Marc Behavioral Health Services
New Arizona Family (Dual Diagnosed)
Phoenix South CMHC
Supersition Mountain CMHC
Toby House
Tri-City Behavioral Health

Region

South, East 24
North 5
East 10
South 16
South 20
East 3
North, South 72
East 12

24 hour sup. res. cont.

Triple R Foundation	South, East	51
Wayland Family Centers	North, South	12

SUPERVISED INDEPENDENT LIVING

CAPACITY: 330 BEDS

Providers:

Community Behavioral Health	North	23
Phoenix South CMHC	South	50
Presbyterian Service Agency	North, East	72
Superstion Mountain CMHC	East	2
Terros	North	22
Toby House	North, South	56
Tri-City Behavioral Health	East	25
Triple R Foundation	South, East	50
Wayland Family Centers	North	30

TENANT, SPONSOR OR PROJECT BASED HOUSING

CAPACITY: 281 UNITS

Providers

Comprehensive Housing Group	Valley wide	273
UMOM	South	8

HOMELESS SHELTER

CAPACITY: 18 BEDS

Provider:

Phoenix South - Haven	South	18
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IN HOME TREATMENT AND SUPPORT SERVICES

APPROX. CURRENT OPEN CASES: 246

Providers:

Advanced Home Health Care	East	0
Arizona Healthcare Contract Management Services	Valley wide	91
Family Service Agency	Valley wide	42
Foundation for Senior Living	Valley wide	10
Phoenix South CMHC	South	32
SureCare	Valley wide	71

PARTIAL CARE

APPROX. CAPACITY: 562 SLOTS

Providers:

Community Behavioral Health	North	50
Community Hospital	North	0
Maricopa County DHS	South	268
Phoenix South CMHC	South	70
Presbyterian Service Agency	North, East	40
Project Arts	South	30
Superstition Mountain CMHC	East	4
Terros	North	20
Toby House	South	40
Wayland Family Centers	North	40

OUTPATIENT COUNSELING

APPROX. CURRENT OPEN CASES: 1,955

Providers:

Arizona Health Care Contract Management Services	South	161
Behavioral Health Systems	South	55
Centro de Amistad	East	43
Community Behavioral Health	North	110
Family Service Agency	Valley wide	160
Jewish Family and Children's Services	Valley wide	282
Living Dynamics	North	311
Maricopa County DHS	South	30
Phoenix Interfaith Counseling	North	217
Phoenix South CMHC	South	86
Presbyterian Service Agency	North, East	136
Superstition Mountain CMHC	East	14
Terros	North	99
Tri-City Behavioral Health	East	189
Wayland Family Centers	North	62

VOCATIONAL PROGRAMS

APPROX. CURRENT OPEN CASES: 444

Providers:

Dorothy Kret and Associates	Valley wide	0
Marc Behavioral Health	East	0

Vocational providers cont.:

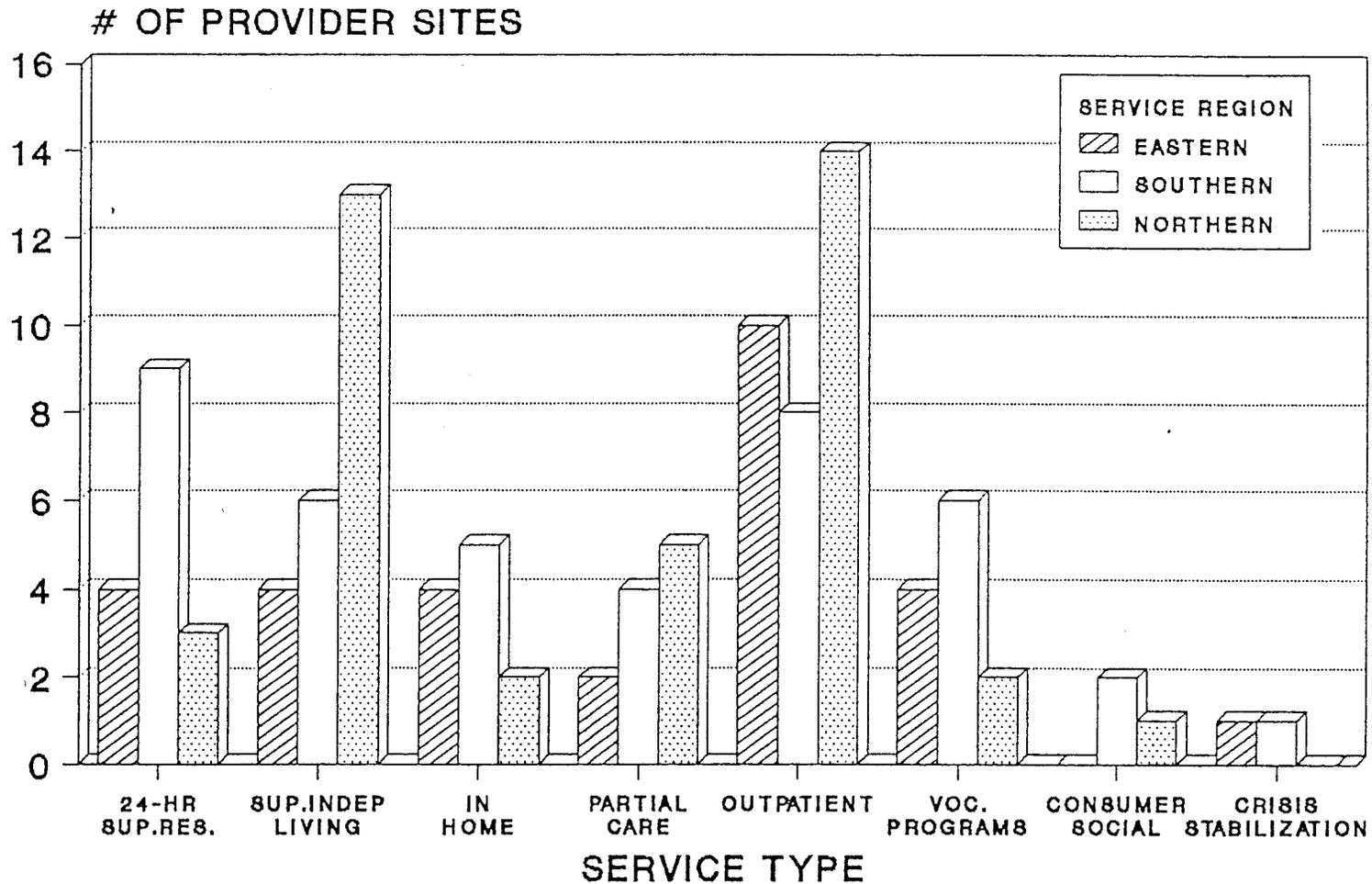
Maricopa County DHS	South	6
Phoenix South CMHC	South	63
Presbyterian Service Agency	North, East	17
Superstition Mountain CMHC	East	4
Toby House	South	46
Triple R Foundation	South, East	300
Wayland Family Centers	North	8

CONSUMER RUN AND OTHER SOCIALIZATION PROGRAMS

Providers:

Survivors On Our Own	South
Survivors United	North
Selff (through META)	East
Mental Health Association (Ok Socialites and Compeer)	Valley wide

PROVIDER SITES BY GEOGRAPHIC REGION



PROVIDER BY SERVICE TYPE	SITE	SERVICE COMPONENTS	SERVICE CODES	LOCATION REGION SUBREG.
24-Hr Sup. Residential			S2009	

MARC Behav. Hlth. Serv.	REF 924 N. County Club	Sup Residential	X	East (5A) - Mesa-W
Supersition Mountain CMHC	525 E. Broadway Apache Junction	Sup Residential	X	East (3) - SE
Tri-City Behav. Hlth	Robson/Mesa 135 S. Robson	Sup Residential	X	East (5A) - Mesa-W
Triple R Foundation	Mailbu/Ref 766 E. Third Ave	Sup Residential	X	East (5A) - Mesa-W

SUP. INDEP. LIVING			S2013	
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Arizona Health Care (Also in South Region)	QUAIL CREEK	Sup Independent living	X	East (5A) Mesa
Presbyterian Svc Agency	TEMPE 3730 S Mill Ave	Sup Independent Living	X	East (1) Tempe
TriCity Behavioral Health	ROBSON/MESA 131 S Robson	Sup Independent Living	X	East (5A) Mesa
Triple R (Also in South Region)	WOODLAKES 2045 E Broadway	Sup Independent Living	X	East (1) Tempe

EASTERN REGION

SMI SERVICE PROVIDERS

PROVIDER BY SERVICE TYPE	SITE	SERVICE COMPONENTS	SERVICE CODES				LOCATION	
							REGION	SUBREG.
HOUSING			S2015					

Comprehensive Housing Grp (Valley wide service delivery)	1241 E. Washington	R&B Housing	X (273 units)					Valley wide
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Triple R Foundation	625 W. Southern	R&B Housing	X (24 units)					East
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IN HOME TREATMENT		W2200	W2210	W2150	W2151			
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Advance Home Health Care	[CONTRACT IN PROCESS]							East
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Family Service Agency (Also in North & South)	TEMPE	Behav. Mgmt	X					East (1) Tempe
	3030 S. Rural Rd	Psychosocial Rehab		X				

MESA/GILBERT 925 S. Gilbert	Behav. Mgmt	X						East (5A) Mesa - W
	Psychosocial Rehab		X					

Foundation for Senior Living	[CONTRACT IN PROCESS]							East
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PARTIAL CARE		W2000	W2001	W2002	W2003	S1008		
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Presbyterian Service Agency (Also in South Region)	Tempe	Partial Care Basic (1/2 day)		X				East (1) - Tempe
	3400 S. Mill	Soc./Recreation Svcs.				X		

Superstition Mountain CMH	SMI Center 1001 N. Idaho Rd	Partial Care Basic (1/2 day)		X				East (3) - SE
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EASTERN REGION

SMI SERVICE PROVIDERS

PROVIDER BY SERVICE TYPE	SITE	SERVICE COMPONENTS	SERVICE CODES						LOCATION	
			W2300	W2301	W2351	W2352	W2350	W2353	REGION	SUBREG.
OUTPATIENT										
Centro de Amistad	Chandler 100 W Boston #5	Individual Counseling	X							East (2) Chandler
		Family Counseling					X			
		Group Counseling			X					
	Mesa 734 E Broadway	Individual Counseling	X							East (5A) Mesa-W
		Family Counseling					X			
		Group Counseling			X					
	Guadalupe 8202 Avenia del Yaqui	Individual Counseling	X							East (1) Guad.
		Family Counseling					X			
		Group Counseling			X					
Family Service Agency	Tempe 3030 S Rural Rd	Individual Counseling	X							East (1) Tempe
		Family Counseling					X			
		Group Therapy			X					
	Mesa/Gilbert 925 S Gilbert #207	Individual Counseling	X							East (5A) Mesa-W
		Family Counseling					X			
		Group Therapy			X					
Jewish Family (Also No. & So. Region)	Mesa 1930 S Alma Sch ,104	Individual Counseling	X							East (5A) Mesa-W
		Family Counseling					X			
		Group Therapy			X					
Presbyterian Service (Also in North Region)	Tempe 3400 S Mill #31	Individual Counseling	X							East (1) Tempe
		Family Counseling					X			
		Group Counseling			X					
TriCity Behavioral Health	Tempe 40 W Baseline #101	Individual Counseling	X							East (1) Tempe
		Family Counseling					X			
		Group Counseling			X					

EASTERN REGION

SMI SERVICE PROVIDERS

PROVIDER BY SERVICE TYPE	SITE	SERVICE COMPONENTS	SERVICE CODES						LOCATION	
			W2300	W2301	W2351	W2352	W2350	W2353	REGION	SUBREG.
OUTPATIENT (cont.)										

Chandler 1331 N Alma Sch#113	Individual Counseling	X							East	(2) Chandler
	Family Counseling						X			
	Group Counseling			X						

Baseline/Mesa 1255 W Baseline#296	Individual Counseling	X							East	(5A) Mesa-W
	Family Counseling						X			
	Group Counseling			X						

VOCATIONAL PROGRAMS			S1013	S1014	S1016	S1017	S1018	S1020		

Presbyterian Svc. Agency (Also see North)	TEMPE 3400 S. Mill Ave., #31	Voc. Screening	X							East	(1) - Tempe/G
		Voc. Evaluation		X							
		Work Adjustment				X					
		Supp. Employment						X			

Superstition Mountain	THRIFT STORE 564 N. Idaho Road	Voc. Screening	X							East	(3) - SE
		Work Adjustment				X					
		TET Supp. Employment							X		

Triple R (Also see South)	CLUBHOUSE 1310 W. University	Voc. Screening	X							East	(5A) - Mesa-W
		Voc. Evaluation		X							
		Work Adjustment				X					
		Supp. Employment						X			

W. UNIVERSITY 1300 W. University	Work Adjustment				X					East	(5A) - Mesa-W
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SOUTHERN REGION

PROVIDER BY SERVICE TYPE	SITE	SERVICE COMPONENTS	SERVICE CODES	LOCATION REGION SUBREG.
24-Hr Sup. Residential			\$2009	
Arizona Health Care	Northwoods 1221 N. 35th St	Sup Residential	X	South (4) - SE
	Six Pines 3612 N. 37th St.	Sup Residential	X	South (4) - SE
New Arizona Family (Dual Diagnosed)	NA F II 302 E.Southern	Sup Residential	X	South (5) - S. Mtn
Phoenix South	Villa Agave 7439 S. 7th St	Sup Residential	X	South (5) - S. Mtn
Toby House	Toby I 303 W Willetta St	Sup Residential	X	South (3) - SE
	Ref Star 313 E. Willetta St	Sup Residential	X	South (3) - SE
Triple R Foundation	Citadel 1725 E. Cambridge	Sup Residential	X	South (3) - SE
	Harvard 3222 E Harvard #1	Sup Residential	X	South (4) - SE
	Fairmont 3105 E. Fairmount #2	Sup Residential	X	South (4) - SE

SOUTHERN REGION

PROVIDER BY SERVICE TYPE	SITE	SERVICE COMPONENTS	SERVICE CODES		LOCATION	
					REGION	SUBREG.
SUP. INDEP. LIVING			\$2013			
Arizona Health Care	WARD MANOR 3605 N 36 Street	Sup Independent Living	X		South	(4) East
Phoenix South	HIL 1704 E Harvard	Sup Independent living	X		South	(3) Central
	PINE RIDGE 2627 N 45 Ave	Sup Independent Living	X		South	(2) West
Toby House	FLEETWOOD 300 W Willetta	Sup Independent Living	X		South	(3) Central
Triple R	FOUNTAIN TREE	Sup Independent Living	X		South	(4) East
Wayland	5454 W Ind Sch	Sup Independent Living	X		South	(2) West

SOUTHERN REGION

PROVIDER BY SERVICE TYPE	SITE	SERVICE COMPONENTS	SERVICE CODES				LOCATION REGION SUBREG.
HOUSING			52015				

Phoenix South CMHC	HAVEN 2313 W. Yuma	[R&B Housing] HOMELESS SHELTER	X (18 beds)				South	West
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UMOM	VAN BUREN	R&B Housing	X (8 units)				South	Central
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IN HOME TREATMENT			W2200	W2210	W2150	W2151		
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Arizona Healthcare	CENTRAL 2600 N. Central	Intensive In Home Home Based Counseling Behav. Mgmt Psychosocial Rehab			X			South	Central
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Family Service Agency	FLOWER 1530 E. Flower	Behav. Mgmt Psychosocial Rehab Home Based Counseling	X		X			South	Central
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Phoenix South CMHC	7TH AVE 1424 S. 7th Ave	Intensive In Home Home Based Counseling Behav. Mgmt Psychosocial Rehab			X		X	South	Central
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	HIL 1704 E. Harvard	Behav. Mgmt	X					South	Central
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Surecare	THOMAS 2710 W. Thomas	Behav. Mgmt	X					South	West
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SOUTHERN REGION

PROVIDER BY SERVICE TYPE	SITE	SERVICE COMPONENTS	SERVICE CODES						LOCATION REGION SUBREG.	
			W2000	W2001	W2002	W2003	S1008			
PARTIAL CARE										
Maricopa County DHS	4420 S. 32nd St	Partial Care Basic (1/2 day) Partial Care Basic (full day) Soc./Recreation Svcs.			X		X			South (5) - Sth. Mtn.
Phoenix South CMHC	SRP 2042 N. 35th Ave.	Partial Care Basic (1/2 day)			X					South (2) - West
Project Arts	CENTRAL 815 N. Central	Partial Care Basic (1/2 day) Partial Care Basic (full day)			X		X			South (3) - Central
Toby House	3602 N 16th St.	Partial Care Basic (1/2 day) Partial Care Basic (full day)			X		X			South (3) Central
OUTPATIENT										
			W2300	W2301	W2351	W2352	W2350	W2353		
Arizona Health Care	Central Office 2600 N Central #970	Individual Counseling Group Therapy	X							South (3) Central
Behav Health Systems	South Phoenix 31 W Carson	Individual Counseling Family Counseling Group Therapy Individual Counsel. PhD Group PhD	X			X		X		South (5)S-Mtn
Family Service Agency	Flower 1530 E Flower	Individual Counseling Family Counseling Group Counseling	X					X		South (3) Central
Jewish Family & Child	7th STREET 2033 N 7thStreet	Individual Counseling Family Counseling Group Counseling	X					X		South (3) Central

SOUTHERN REGION

PROVIDER BY SERVICE TYPE	SITE	SERVICE COMPONENTS	SERVICE CODES						LOCATION	
			W2300	W2301	W2351	W2352	W2350	W2353	REGION	SUBREG.
OUTPATIENT (cont.)										
	THOMAS 7102 W Thomas #101	Individual Counseling Family Counseling Group Counseling	X					X		South (2) West
Maricopa County	CRISIS CLINIC 2601 E Roosevelt	Individual Counseling Family Counseling Group Counseling Group Therapy Family Counseling Individual Counsel PhD	X					X	X	South (4) East
Maricopa County DHS	SOUTH 32 STREET 4420 S 32 Street	Individual Counseling Family Counseling Group Counseling	X					X		South (5) S-Mtn
Phoenix South	7th AVE 1424 S 7th Ave	Individual Counseling Group Therapy	X			X				South (3) Central

VOCATIONAL PROGRAMS			S1013	S1014	S1016	S1017	S1018	S1020	
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Dorothy Kret Assoc.	3336 N. 32nd STREET	Sheltered Employment Supp. Employment			X			X		South (4) - East
Maricopa County	CRISIS CLINIC - O/P 2601 E. Roosevelt	Work Adjustment Voc. Screening Sup. Employment				X			X	South (4) - East
Phoenix South	SRP 2042 N. 35th Avenue	Voc. Screening Voc. Evaluation Work Adjustment Supp. Employment Voc. TET Supp. Empl.	X		X		X		X	South (2) - West

SOUTHERN REGION

PROVIDER BY SERVICE TYPE	SITE	SERVICE COMPONENTS	SERVICE CODES						LOCATION	
			S1013	S1014	S1016	S1017	S1018	S1020	REGION	SUBREG.
VOCATIONAL PROGRAMS (cont.)										
Toby House	16th STREET 3602 N. 16th Street	Sheltered Employment Supp. Employment			X				X	South (3) - Central
Triple R	E. ROOSEVELT 2144 E. Roosevelt	Voc. Screening	X							South (3) - Central
		Voc. Evaluation		X						
		Work Adjustment				X				
		Supp. Employment						X		
		Supp. Employment TET							X	
	CAFETERIA 2601 E. Roosevelt	Work Adjustment				X				South (4) - East
	Thrift Store W. McDowell	Work Adjustment				X				South (3) - Central
		Supp. Employment						X		
		Supp. Employment TET							X	
CONSUMER RUN/SOC.										
			S1009							
Mental Health Assoc.	INDIAN SCHOOL 3627 E. Indian Sc. Rd.	Soc/Rec (Ok Socialites)	X							South (4) - East
SOON	FILLMORE 2533 E. Fillmore	Club House	X							South (4) - East

NORTHERN REGION

SMI SERVICE PROVIDERS

PROVIDER BY SERVICE TYPE	SITE	SERVICE COMPONENTS	SERVICE CODES	LOCATION REGION SUBREG.
24-Hr Sup. Residential			S2009	
Community Behav. Hlth	7626 E. Sheridan Scottsdale	Sup Residential	X	North (5) - East
Toby House	Toby II 1601 W. Desert Cove	Sup Residential	X	North (2B) - NC-E
	Bethany Home 5134 N. 41st St	Sup Residential	X	North (5) - East
SUP. INDEP. LIVING			S2013	
Community Bev Health	7440 E Thomas	Sup Independent Living	X	North (5) East
Presbyterian Svc Agency	LAS PALMER 1922 W Palmeritas	Sup Independent Living	X	North (1B) SC-E
	2339 W Northern	Sup Independent Living	X	North (1B) SC-E
	19TH AVE	Sup Independent Living	X	North (1B) SC-E
Terros	FOOTHILLS 9800 N 14 St #1-4	Sup Independent Living	X	North (2B) NC-E
	LA POSADA	Sup Independent Living	X	North (1B) SC-E
Toby House	GR.H 1512 W Mercer	Sup Independent Living	X	North (2B) NC-E

NORTHERN REGION

SMI SERVICE PROVIDERS

PROVIDER BY SERVICE TYPE	SITE	SERVICE COMPONENTS	SERVICE CODES				LOCATION	
							REGION	SUBREG.
SUP. INDEP. LIVING (cont.)			S2013					

SUMMERHILL 726 W Hatcher	Sup Independent Living	X					North	(1B) SC-E
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REF MSRP 1737 W Desert Cove	Sup Independent Living	X					North	(2B) NC-E
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VILLA SERENA 4221 W Dunlap	Sup Independent Living	X					North	(1A) SC-W
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DIANA HOUSE 502 W Diana	Sup Independent Living	X					North	(1B) SC-E
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Wayland

W. OLIVE 6015 W Olive	Sup Independent Living	X					North	(1A) SC-W
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N. 58TH DR 7213 N 58 Dr	Sup Independent Living	X					North	(1A) SC-W
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HOUSING			S2015					
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Comprehensive Housing Grp (Valley wide service delivery)	1241 E. Washington	R&B Housing	X (273 units)					Valley wide
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IN HOME TREATMENT			W2200	W2210	W2150	W2151		
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Family Service Agency	W. PEORIA 3101 W. Peoria	Behav. Mgmt	X				North	NC-West
		Psychosocial Rehab		X				

	SCOTTSDALE 7375 E. Stetson	Behav. Mgmt	X				North	East
		Psychosocial Rehab		X				

NORTHERN REGION

SMI SERVICE PROVIDERS

PROVIDER ' BY SERVICE TYPE	SITE	SERVICE COMPONENTS	SERVICE CODES						LOCATION	
			W2000	W2001	W2002	W2003	S1008	REGION	SUBREG.	
PARTIAL CARE										

Community Behav. Hlth.	E. THOMAS 6411 E. Thomas	Partial Care Basic (1/2 day)		X					North	(5) East
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Community Hospital	CONTRACT IN PROCESS									
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Presbyterian Service Agency	NORTHERN 2411 W. Northern Ave	Partial Care Basic (1/2 day) Soc./Recreation Svcs.		X			X		North	(1B) SC-East
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Terros	MISSOURI 711 E. Missouri	Partial Care Basic (1/2 day) Soc./Recreation Svcs.		X			X		North	(1B) SC-East
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Wayland Family Centers	55TH AVE. 5021 N. 55th Ave.	Partial Care Basic (1/2 day) Soc./Recreation Svcs.		X			X		North	(1A) SC-West
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OUTPATIENT			W2300	W2301	W2351	W2352	W2350	W2353		

Community Bev Health	7440 E Thomas	Individual Counseling Family Counseling Group Therapy	X					X	North	(5)East
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Family Service Agency	WEST PEORIA 3101 W Peoria	Individual Counseling Family Counseling Group Therapy	X					X	North	(2A)NC-W
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	SCOTTSDALE 7375 E Stetson #105	Individual Counseling Family Counseling Group Therapy	X					X	North	(5) Central
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Jewish Family & Child	SCOTTSDALE 8040 E Morgan Trial#4	Individual Counseling Family Counseling Group Therapy	X					X	North	(5) East
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NORTHERN REGION

SMI SERVICE PROVIDERS

PROVIDER BY SERVICE TYPE	SITE	SERVICE COMPONENTS	SERVICE CODES						LOCATION	
			W2300	W2301	W2351	W2352	W2350	W2353	REGION	SUBREG.
OUTPATIENT (cont.)										
	GLENDALE 6376 W Bell Road	Individual Counseling Family Counseling Group Therapy	X						X	North (2A) NC-W
Living Dynamics	16th STREET 7730 N 16 St. #A-310	Individual Counseling Family Counseling Group Counseling	X						X	North (1B)SC-E
Phoenix Interfaith Cslg	PHOENIX 555 W Glendale	Individual Counsel PhD Individual Counseling Group Counseling Family Counseling PhD Family Counseling		X						North (1B)SC-E
	GLENDALE 8751 N51 Ave	Individual Counseling Individual Counsel PhD Group Counseling Family Counseling PhD Family Counseling	X		X					North (1A)SC-W
	32cnd STREET 12835 N 32 Street	Individual Counseling Individual Counseling Group Counseling Family Counseling PhD Family Counseling	X		X				X	North (2B) NC-E
	SCOTTSDALE 7550 E Mcdonald	Individual Counseling Individual Counsel PhD Group Counseling Family Counseling PhD Family Counseling	X		X				X	North (5) East

NORTHERN REGION

SMI SERVICE PROVIDERS

PROVIDER BY SERVICE TYPE	SITE	SERVICE COMPONENTS	SERVICE CODES						LOCATION	
			W2300	W2301	W2351	W2352	W2350	W2353	REGION	SUBREG.

Presbyterian Svc Agency	2339 W Northern	Individual Counseling	X							North (1B)SC-E
		Group Counseling			X					
		Family Counseling					X			
Terros	MISSOURI 711 E Missouri #317	Individual Counseling	X							North (1B)SC-E
		Group Counseling			X					
		Family Counseling					X			
	GLENDALE 2830 W Glendale#c26	Individual Counseling	X							North (1A)SC-W
		Group Counseling			X					
		Family Counseling					X			
Wayland	55TH AVE 5021 N 55th Ave #5	Individual Counseling	X							North (1A)SC-W
		Group Counseling			X					
		Family Counseling					X			

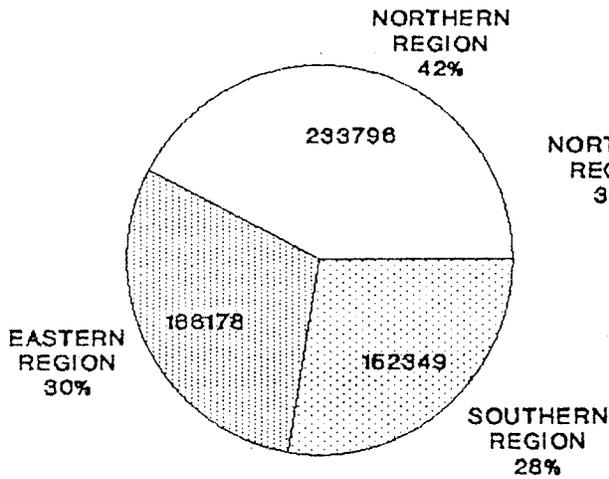
VOCATIONAL PROGRAMS		S1013	S1014	S1016	S1017	S1018	S1020	
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Presbyterian Svc. Agency	NORTHERN 2411 W. Northern Ave.	Voc. Screening	X						North (1B) - SC-E
		Voc. Evaluation		X					
		Work Adjustment				X			
		Supp. Employment					X		
Wayland	55th AVENUE 5021 N. 55th Avenue	Voc. Screening	X						North (1A) - SC-W
		Voc. Evaluation		X					
		Work Adjustment				X			
		Supp. Employment					X		

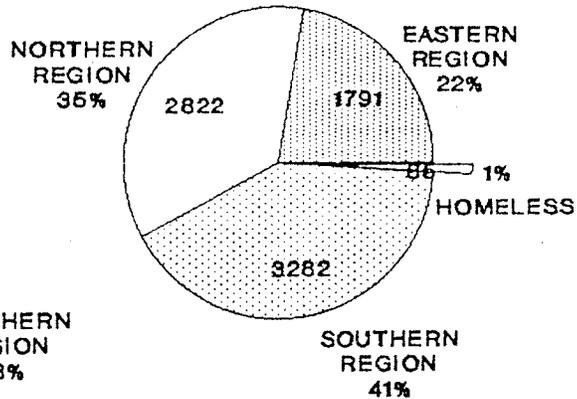
CONSUMER RUN/SOC.		S1009						
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Survivors United	19th AVENUE 5225 N. 19th Ave., #214	Club House	X						North (1B) - SC-E
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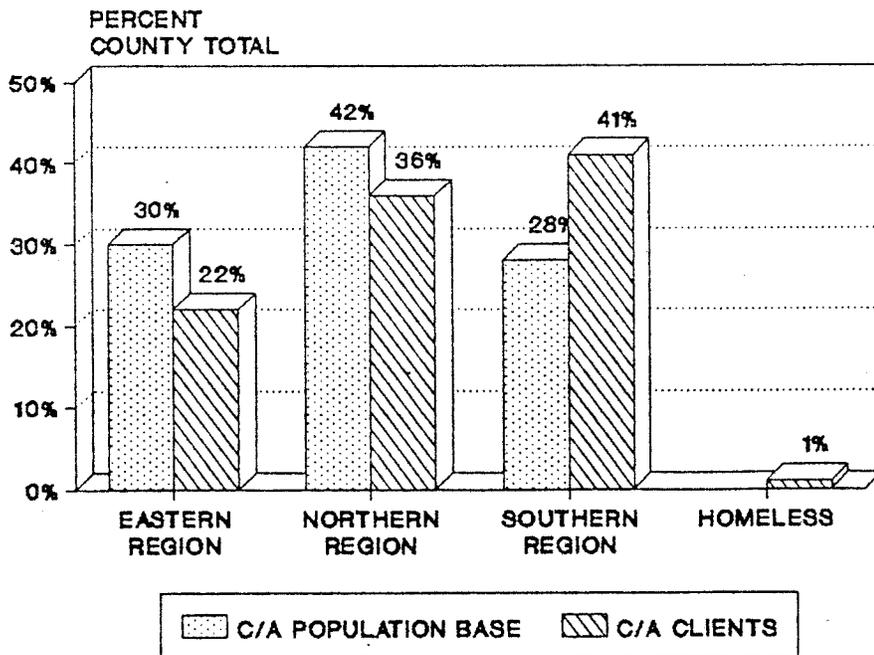
CHILD/ADOLESCENT CLIENT POPULATION Residence By Geographic Region



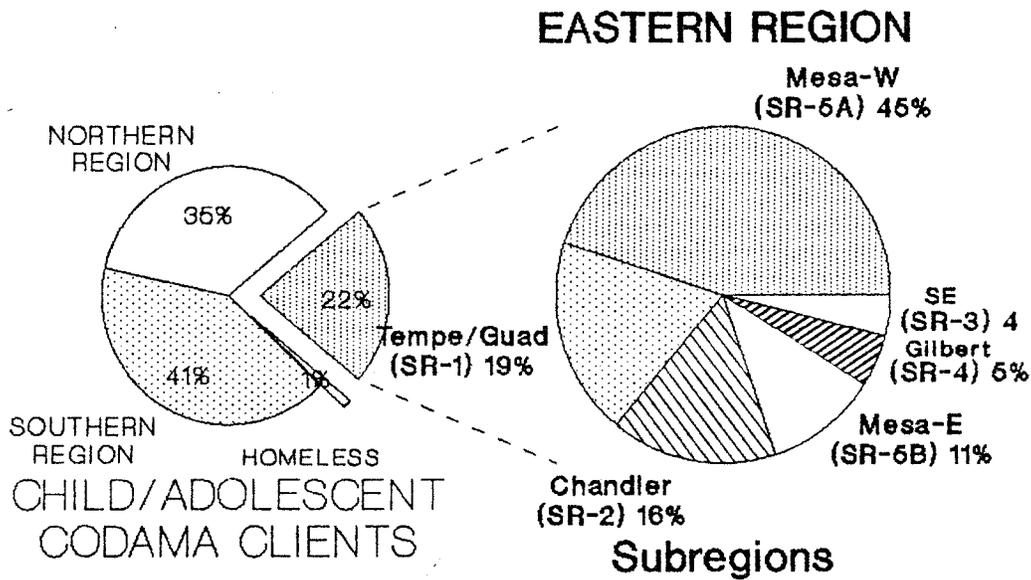
Maricopa County Child/Adolescent
Population Estimate = 552,323



Total Children Population Estimate
Per EDS (3/83) = 7980

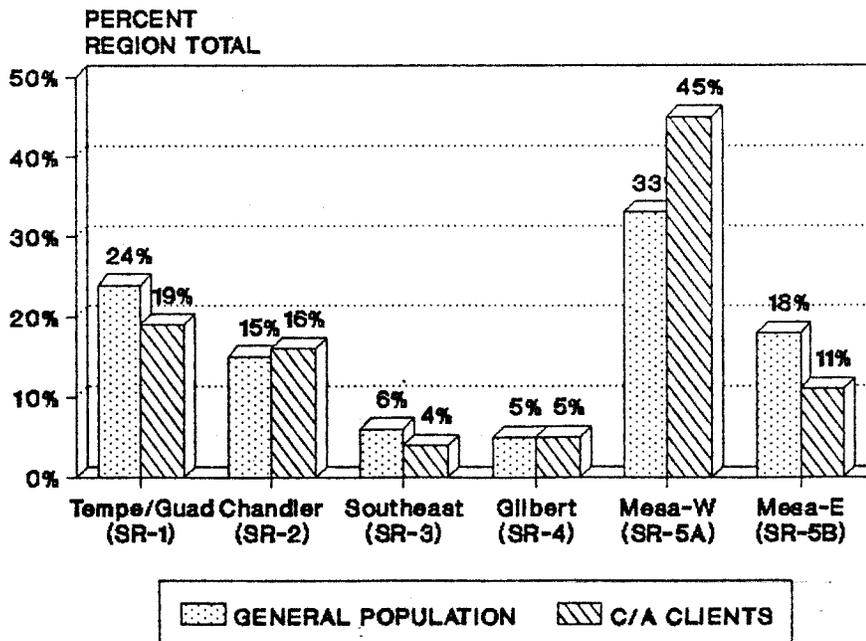


CHILD/ADOLESCENT CLIENT POPULATION Residence Within Eastern Region



Eastern Region C/A Population
Base Estimate (3/93) = 1791

Eastern Subregion Estimates
Based On Sample Size Of 1714 (96%)

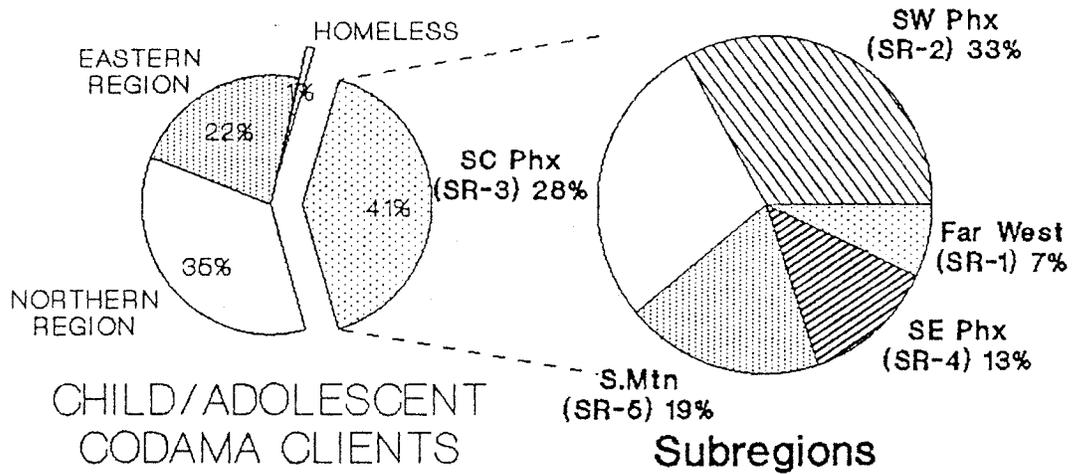


General Population Figures
Includes ALL Ages

CHILD/ADOLESCENT CLIENT POPULATION

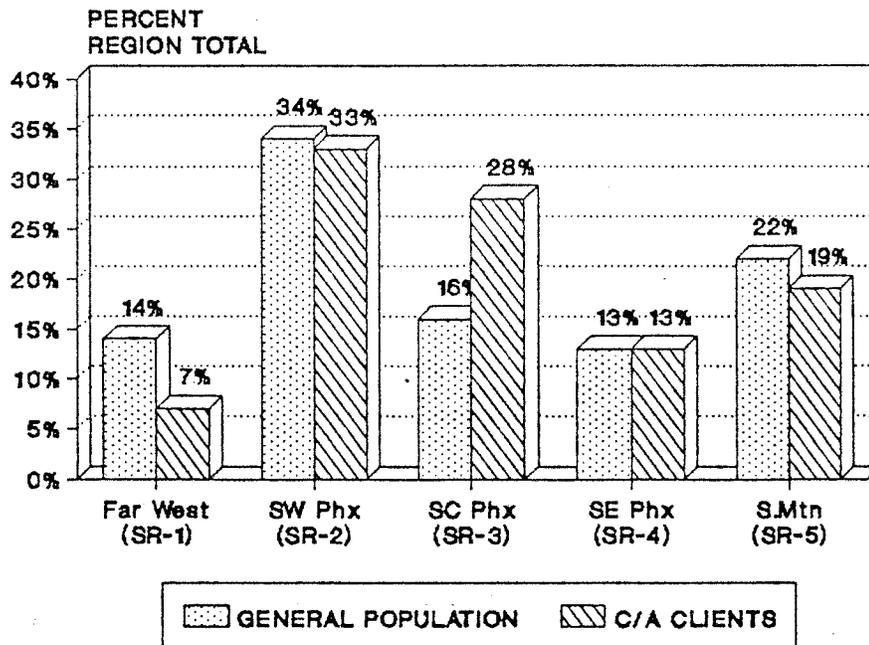
Residence Within Southern Region

SOUTHERN REGION



Southern Region C/A Population
Base Estimate (3/93) = 3282

Southern Subregion Estimates
Based On Sample Size Of 3093 (94%)

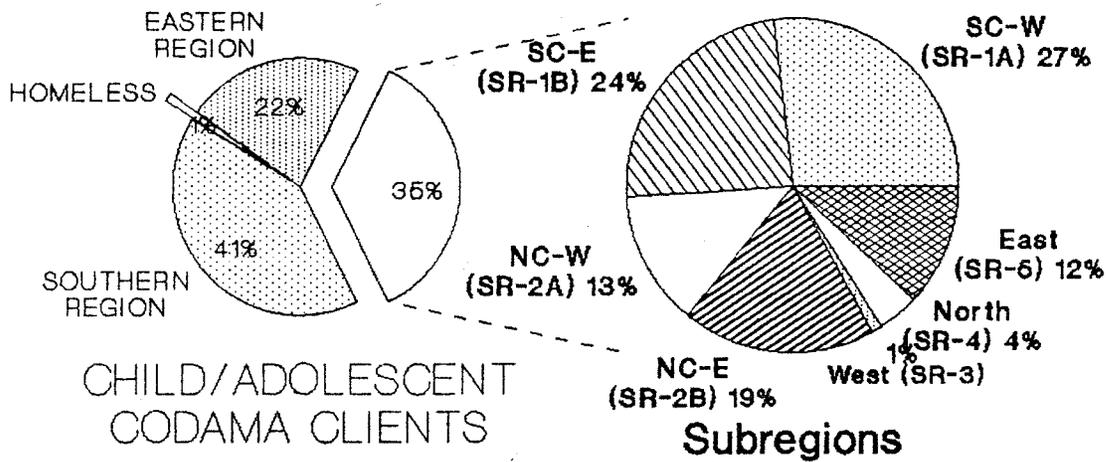


General Population Figures
Include ALL Ages

CHILD/ADOLESCENT CLIENT POPULATION

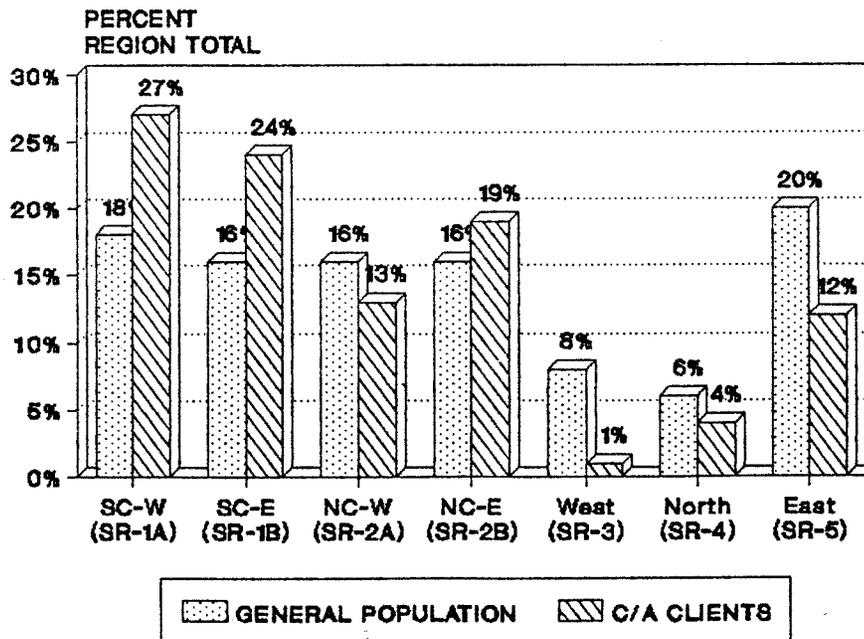
Residence Within Northern Region

NORTHERN REGION



Northern Region SMI Population
Base Estimate (3/93) = 3282

Northern Subregion Estimates
Based On Sample Size Of 3093 (94%)

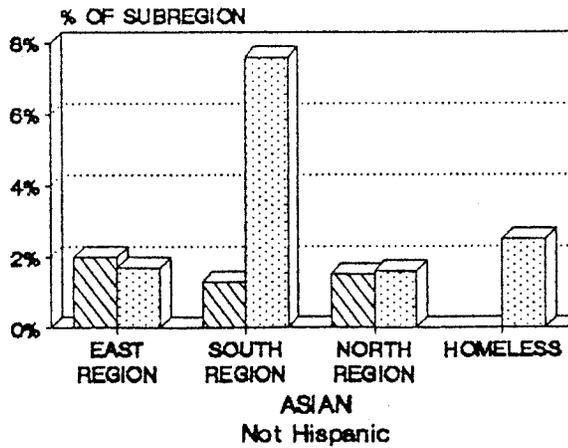
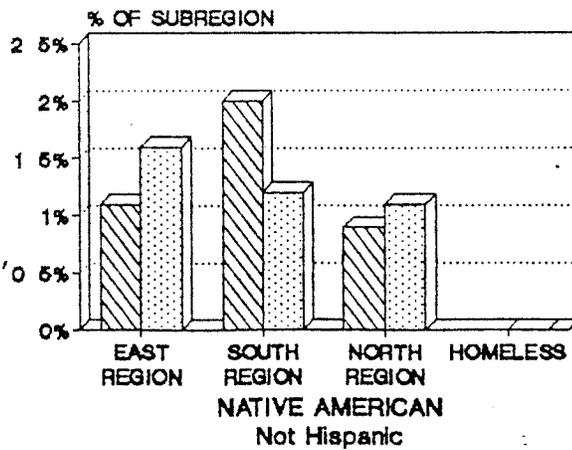
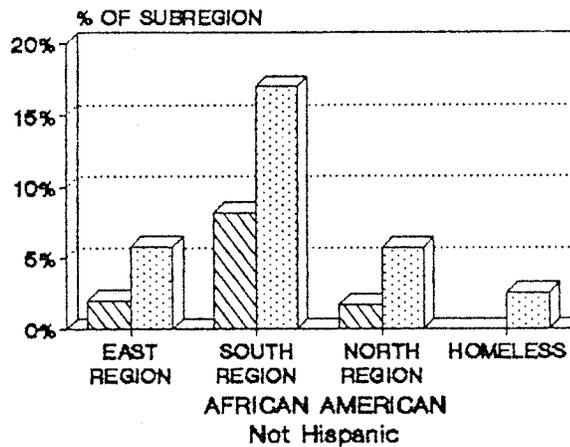
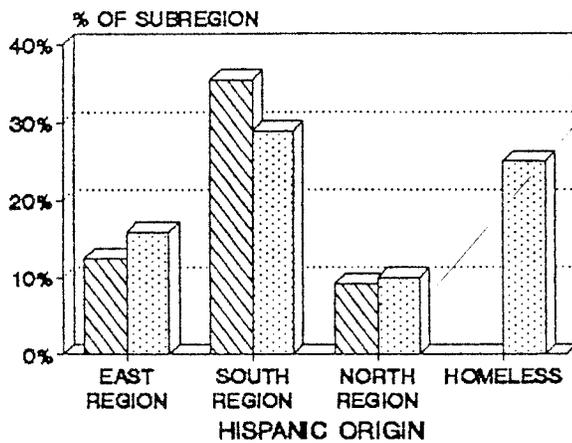
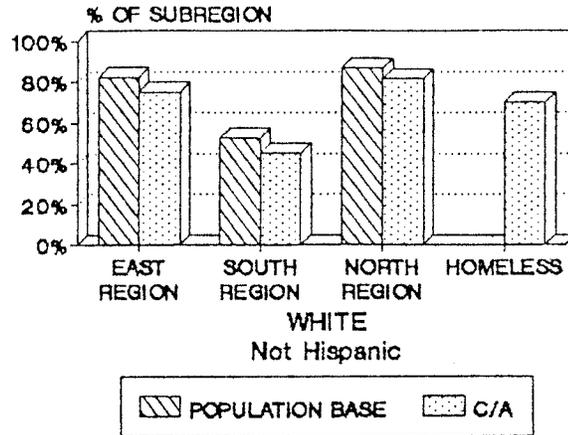


General Population Figures
Include ALL Ages

CHILD/ADOLESCENT CLIENTS RACE & ETHNICITY - BY COUNTY & REGION

MARICOPA COUNTY Regional Averages

	BASE	C/A
White	77.1%	65.1%
African American	3.3%	10.4%
Native American	1.5%	1.2%
Asian	1.6%	4.1%
Hispanic	16.3%	19.1%

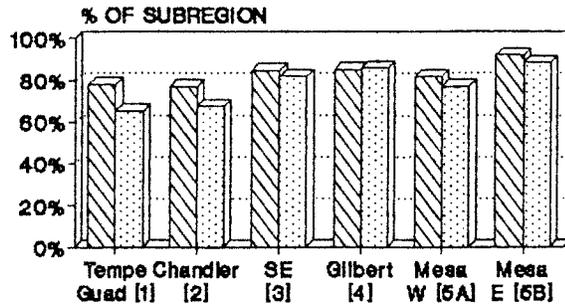


CHILD/ADOLESCENT CLIENTS

RACE & ETHNICITY - EASTERN REGION

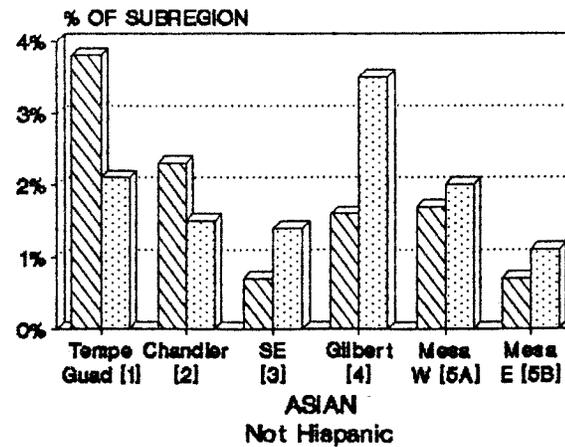
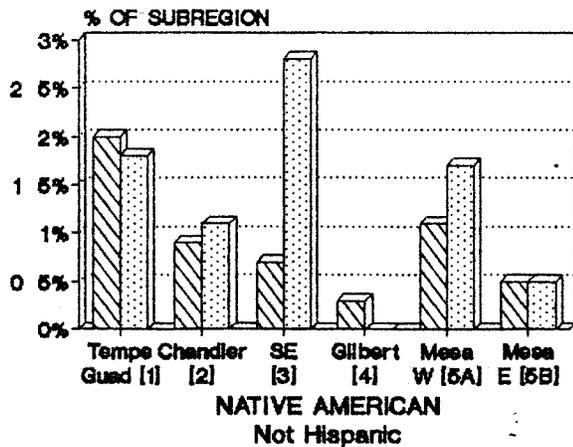
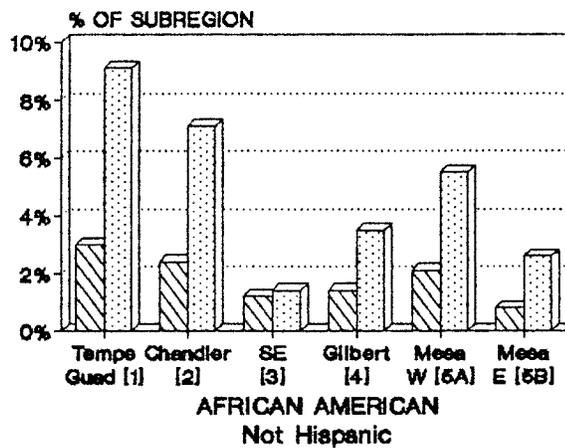
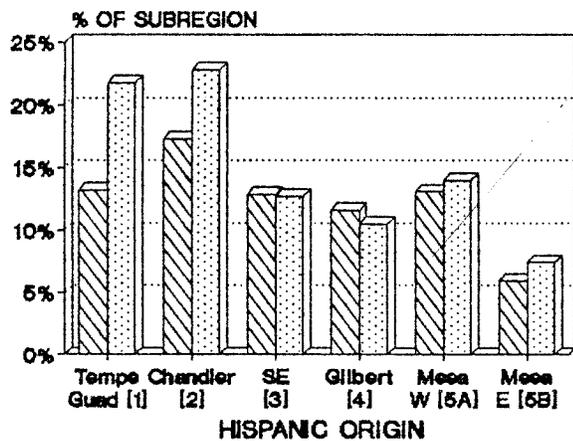
Eastern Region Regional Averages

	BASE	C/A
White	82.3%	75.0%
African American	2.0%	5.8%
Native American	1.1%	1.6%
Asian	2.0%	1.7%
Hispanic	12.4%	15.9%



WHITE
Not Hispanic

POPULATION BASE C/A

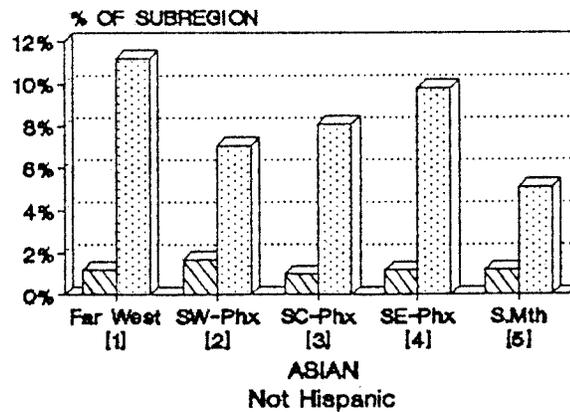
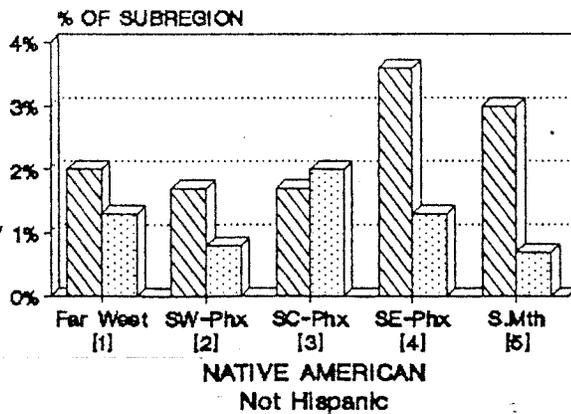
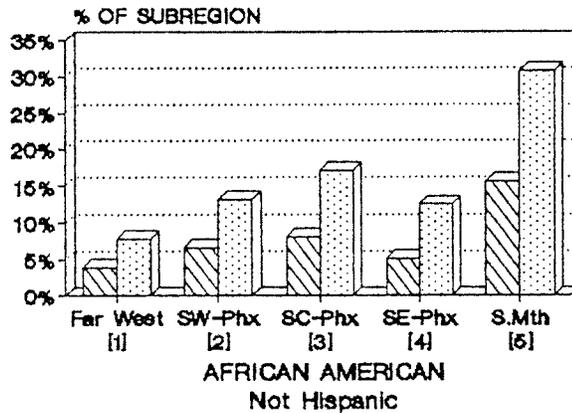
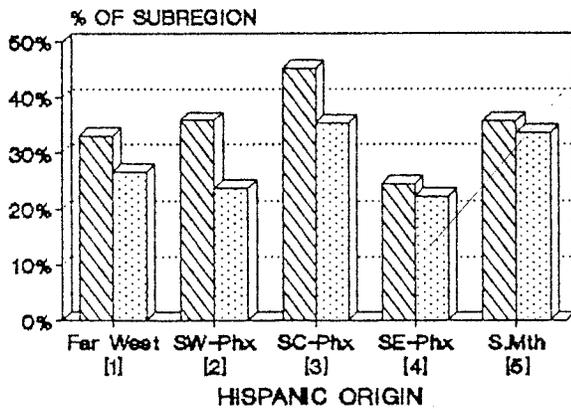
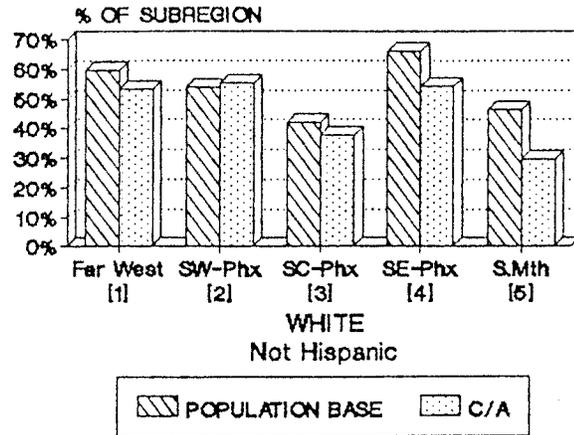


CHILD/ADOLESCENT CLIENTS

RACE & ETHNICITY - SOUTHERN REGION

Southern Region Regional Averages

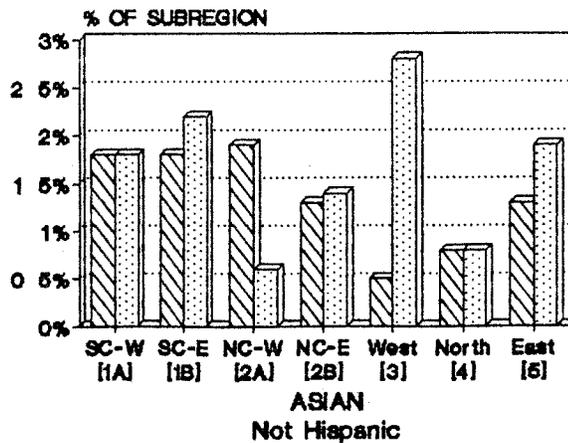
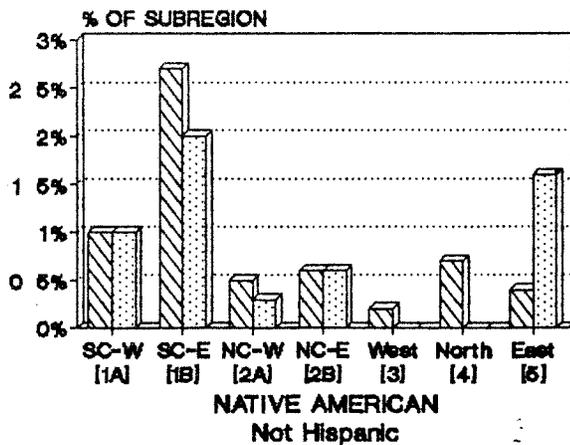
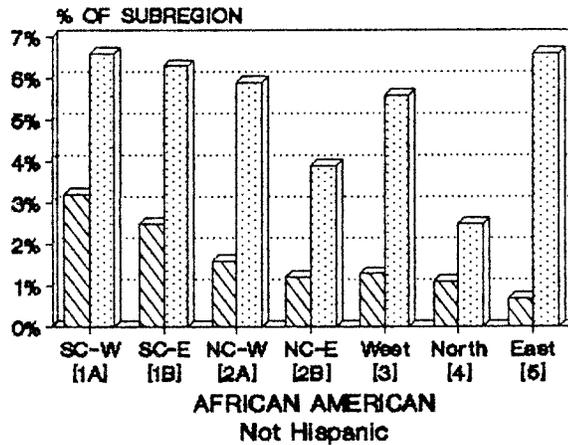
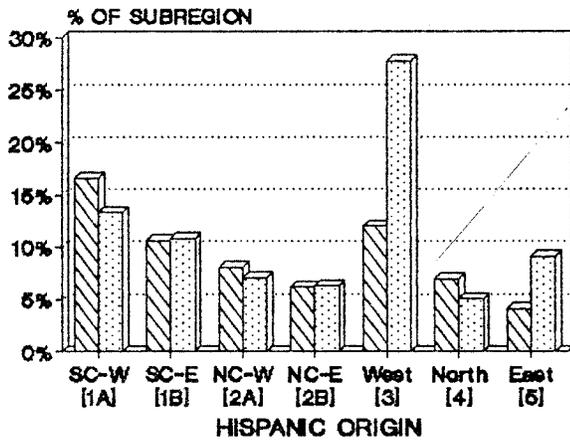
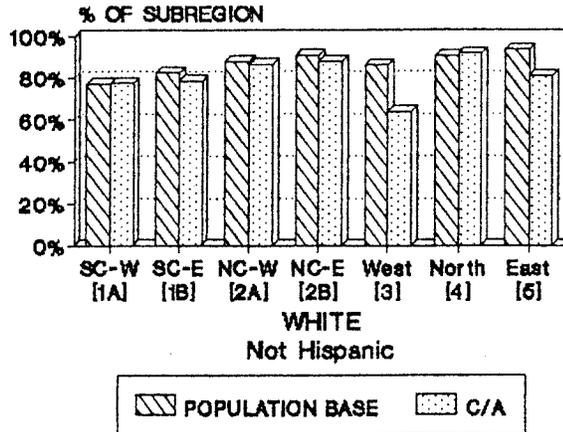
	BASE	C/A
White	52.7%	45.3%
African American	8.2%	17.0%
Native American	2.0%	1.2%
Asian	1.3%	7.6%
Hispanic	35.5%	28.9%



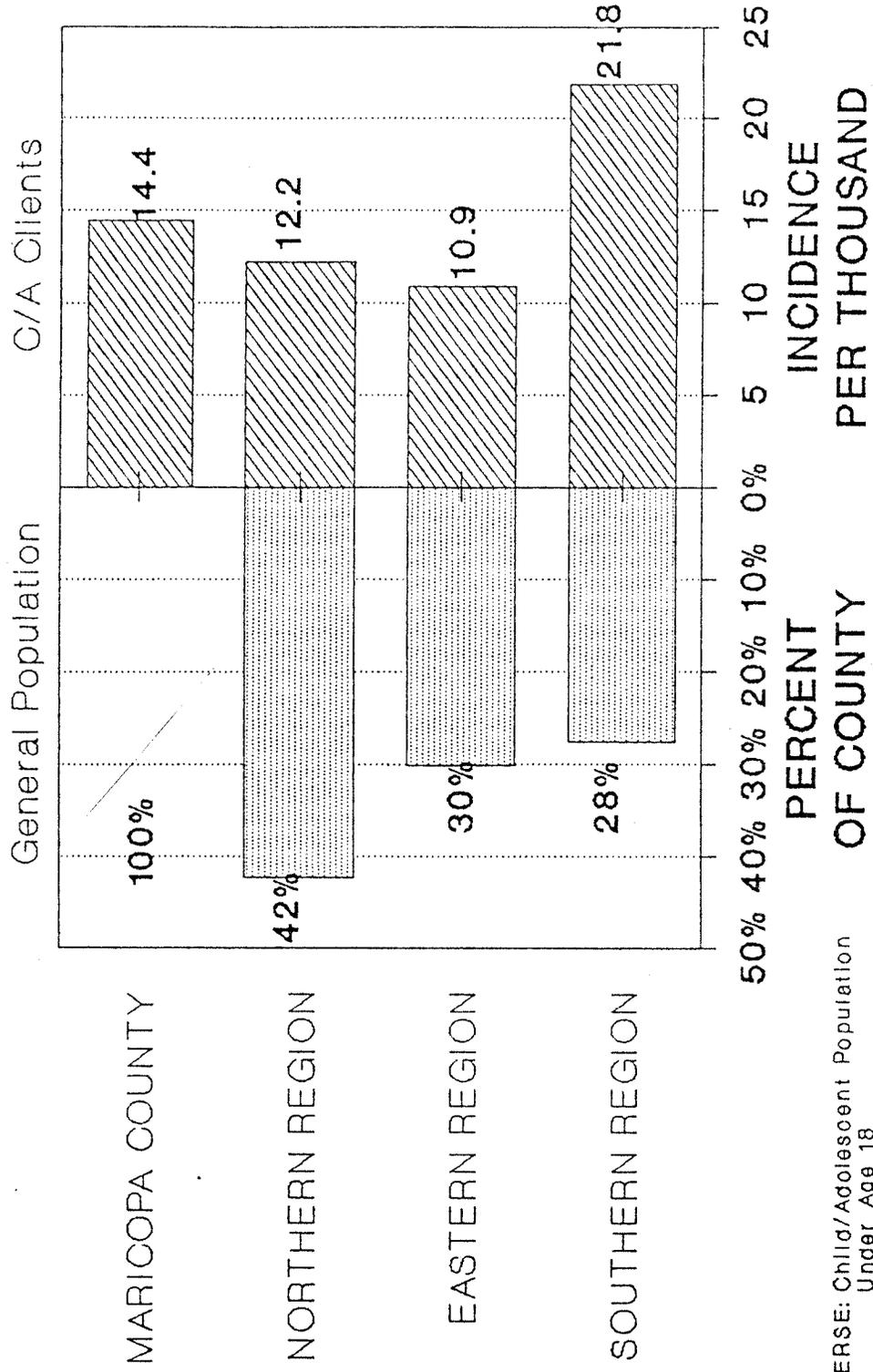
CHILD/ADOLESCENT CLIENTS RACE & ETHNICITY - NORTHERN REGION

Northern Region Regional Averages

	BASE	C/A
White	86.7%	81.6%
African American	1.7%	5.7%
Native American	0.9%	1.1%
Asian	1.5%	1.6%
Hispanic	9.1%	9.9%



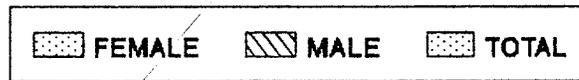
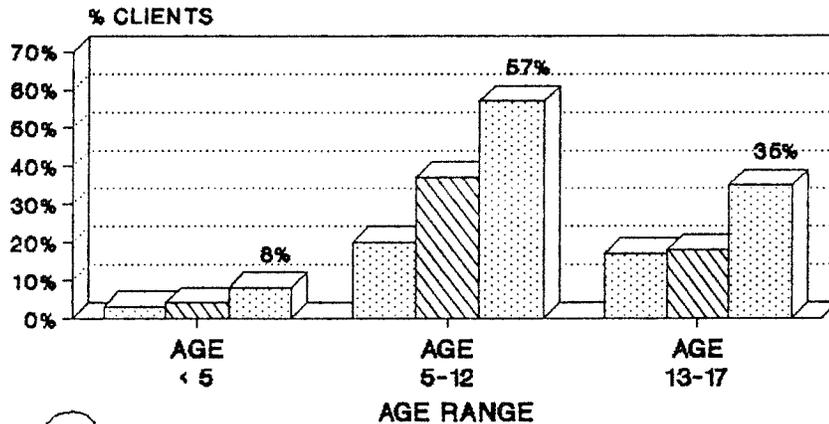
INCIDENCE - CHILD/ADOLESCENT CODAMA CLIENTS IN YOUTH POPULATION BASE



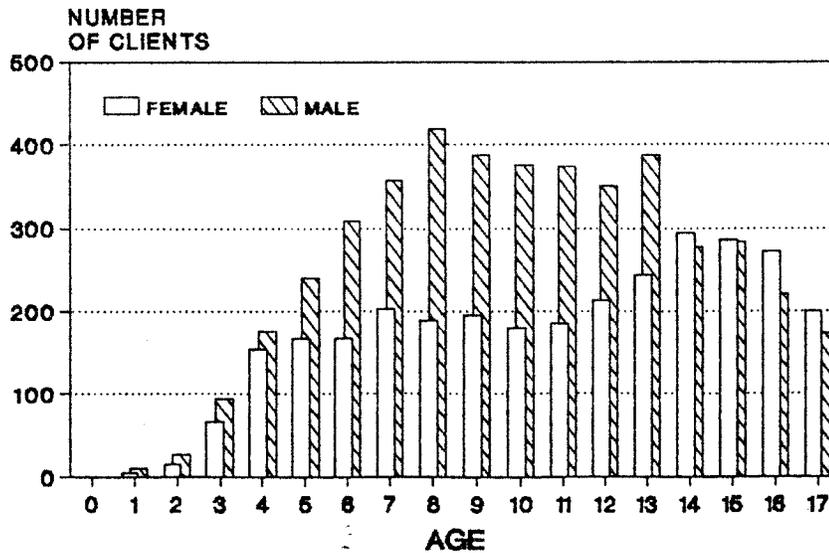
UNIVERSE: Child/Adolescent Population
Under Age 18

CHILD/ADOLESCENT POPULATION DISTRIBUTION BY AGE & GENDER MARICOPA COUNTY

DISTRIBUTION BY AGE GROUP



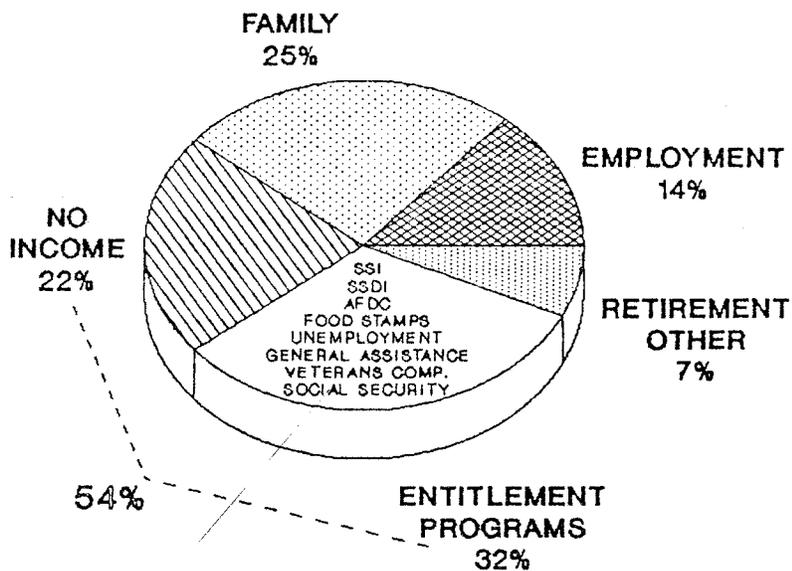
More Males Through Age 13
Moderate Reversing Trend - Age 14 - 17



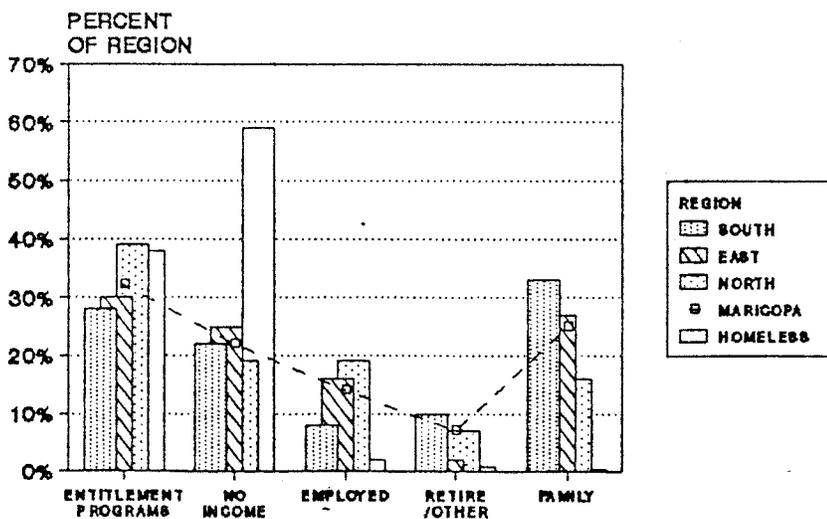
Sample size = 7490 (94% TOTAL)

CHILD/ADOLESCENT REPORTED SOURCE OF INCOME AT TIME OF INTAKE

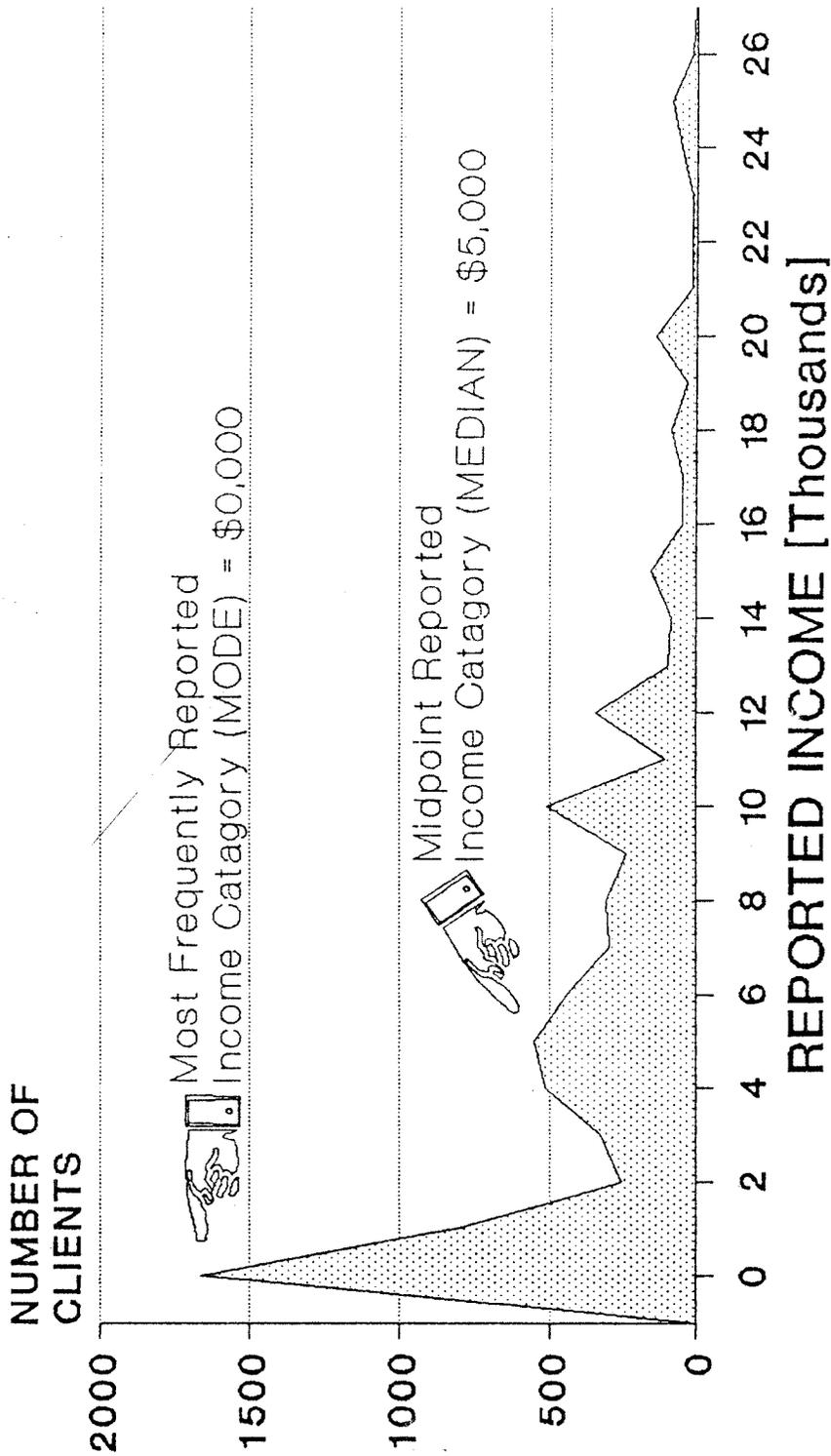
Maricopa County



Reported Client Income Source By Geographic Region

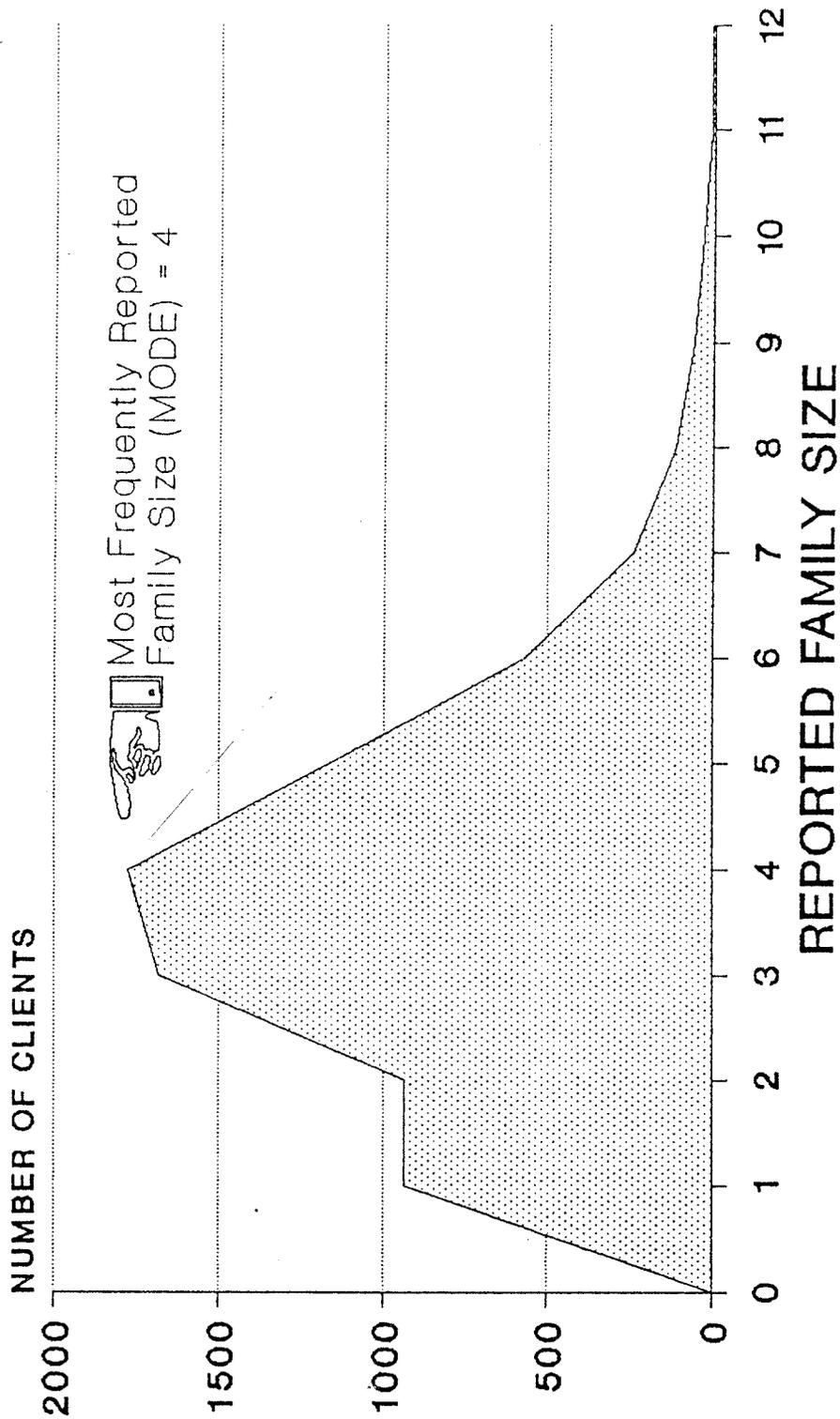


CHILD/ADOLESCENT PROGRAM ANNUAL HOUSEHOLD INCOME Maricopa County



Estimated 3.4% of families had
Income greater than \$27,000

CHILD/ADOLESCENT CLIENTS FAMILY SIZE



Maricopa County

- 1 - ADHS Draft
- 2 - Client Handbook
- 3 - Statement of Client Rights
- 4 - Arnold vs. Sarn

- 5 - Notice of Grievance and Appeal
- 6 - Consent for Care and Treatment
- 7 - Authorization for Release...
- 8 - FIF (page 1)
- - FIF (page 2)
- 9 - Completion Checklist
- 10- Progress Note
- 11- Triage Form (page 1)
- Triage Form (page 2)
- 12 - Psychosocial
- 13 - MSE
- 14 - SMI Checklist (blue)

- 15 - EDS
- 16 - EDS (Part A)
- EDS (Part B)

- 17 - Service Ticket

DRAFT

ARIZONA DEPARTMENT OF HEALTH SERVICES DESCRIPTION OF BEHAVIORAL HEALTH PROGRAM BENEFITS

THE PROVIDER YOU HAVE CONTACTED RECEIVES STATE AND FEDERAL FUNDS FROM THE ARIZONA DEPARTMENT OF HEALTH SERVICES (ADHS) TO MAKE BEHAVIORAL HEALTH CARE MORE AFFORDABLE AND AVAILABLE TO EVERYONE WHO NEEDS IT.

DEPENDING ON YOUR FAMILY SIZE AND INCOME, YOU MAY BE ELIGIBLE FOR PART OR ALL OF YOUR FEE TO BE PAID BY THE ADHS.

ELIGIBILITY

IF YOU HAVE HEALTH INSURANCE THAT MAY COVER BEHAVIORAL HEALTH CARE, YOU SHOULD FIRST MAKE SURE THE PROVIDER KNOWS ABOUT IT AND FILES OR ASSISTS YOU IN FILING APPROPRIATE CLAIMS. IF YOUR INSURANCE POLICY REQUIRES YOU TO PAY PART OF THE BILL AS A DEDUCTIBLE, COINSURANCE OR COPAYMENT, A PORTION OR ALL OF THIS CHARGE MAY BE PAID BY ADHS. YOUR SHARE OF THESE EXPENSES, BASED ON YOUR FAMILY SIZE AND INCOME LEVEL, IS INDICATED AS A PERCENTAGE ON THE ATTACHED SCHEDULE. THE PROVIDER CAN BILL AND BE PAID BY ADHS FOR THE REST.

THE ADHS ALSO ADMINISTERS THE FEDERAL TITLE XIX MEDICAID PROGRAM WHICH PAYS FOR MANY OF THE SERVICES NEEDED BY CERTAIN ELIGIBLE LOW INCOME GROUPS. IF YOUR FAMILY INCOME LEVEL IS BELOW THE INCOME CUTOFF FOR TITLE XIX ELIGIBILITY, YOU MAY BE ENTITLED TO THESE BENEFITS. THE PROVIDER SHOULD PROVIDE YOU FURTHER ASSISTANCE IN OBTAINING NECESSARY ELIGIBILITY DETERMINATION FOR THIS PROGRAM FROM THE STATE DEPARTMENT OF ECONOMIC SECURITY(DES).

IF YOU DO NOT HAVE INSURANCE THAT COVERS BEHAVIORAL HEALTH CARE OR ARE NOT LIKELY TO MEET TITLE XIX MEDICAID REQUIREMENTS, YOU STILL MAY BE ELIGIBLE TO HAVE ALL OR A PORTION OF YOUR FEE PAID BY ADHS. YOUR SHARE OF THE PROVIDER'S FULL FEE, BASED ON YOUR FAMILY SIZE AND INCOME, IS INDICATED AS A PERCENTAGE ON THE ATTACHED SCHEDULE. YOU ARE EXPECTED TO PAY THIS PORTION OF THE FULL FEE AND ADHS WILL PAY THE REST FROM STATE AND FEDERAL TAX DOLLARS. IF YOU ARE UNABLE TO PAY ALL OR A PORTION OF THE CO-PAYMENT, YOU MAY REQUEST THAT ALL OR PART OF THE ASSESSED CO-PAY BE WAIVED.

IN DETERMINING YOUR FAMILY SIZE YOU SHOULD INCLUDE ALL OF YOUR IMMEDIATE FAMILY WHO PRESENTLY LIVE AT HOME WITH YOU. YOUR MONTHLY INCOME SHOULD INCLUDE ALL MONEY YOUR FAMILY RECEIVES FROM ALL SOURCES INCLUDING EARNINGS AFTER TAXES ARE WITHHELD; UNEMPLOYMENT, SOCIAL SECURITY AND OTHER GOVERNMENT PAYMENTS; PRIVATE PENSION, ANNUITY AND RETIREMENT FUND INCOME; CHILD SUPPORT AND ALIMONY; AND OTHER TYPES OF UNEARNED INCOME; ETC. EXTRAORDINARY EXPENSES THAT MAY LIMIT YOUR ABILITY TO PAY YOUR SHARE OF THE COSTS OF THIS TREATMENT MAY BE DEDUCTED FROM YOUR INCOME IN THE CALCULATION OF THE COPAY PERCENTAGE. THE PROVIDER MAY ASK YOU FOR DOCUMENTATION OF BOTH YOUR INCOME AND MEDICAL EXPENSES.

COVERAGE

VARIOUS TYPES OF BEHAVIORAL HEALTH SERVICES ARE COVERED, DEPENDING ON YOUR NEEDS AND THE PROVIDER'S CAPABILITIES. INCLUDED ARE EVALUATION AND DIAGNOSIS; INFORMATION AND REFERRAL; INDIVIDUAL, FAMILY OR GROUP THERAPY; PSYCHOTROPIC MEDICATION, LABORATORY TESTS AND MEDICATION MONITORING. THESE SERVICES ARE OFFERED ON AN OUTPATIENT BASIS BY QUALIFIED COUNSELORS, PSYCHOLOGISTS AND PSYCHIATRISTS. IN-HOME SERVICES AND PARTIAL CARE ARE ALSO COVERED, AS ARE RESIDENTIAL AND INPATIENT HOSPITAL CARE. THESE MORE INTENSIVE AND EXPENSIVE SERVICES REQUIRE PRIOR AUTHORIZATION BY THE REGIONAL BEHAVIORAL HEALTH AUTHORITIES ON CONTRACT WITH ADHS FOR CASE MANAGEMENT AND MANAGED CARE.

LIMITS

IN AN EFFORT TO MANAGE THE CARE AND CONTAIN BOTH YOUR INDIVIDUAL COSTS AND THE COST TO YOU AS A TAXPAYER, THE ADHS HAS ESTABLISHED A LIMIT ON THE AMOUNT YOU WILL BE REQUIRED TO PAY. YOU MAY BE CHARGED NO MORE THAN THE PERCENTAGE INDICATED ON THE ADHS CLIENT COPAYMENT SCHEDULE FOR A MAXIMUM OF \$5,000 IN BILLED CHARGES FOR SERVICES DURING A TWELVE MONTH PERIOD. FOR EXAMPLE, IF YOUR INCOME IS \$600 PER MONTH, YOUR PERCENTAGE FROM THE ATTACHED CHART IS 5%, AND YOUR TOTAL RESPONSIBILITY FOR PAYMENT IN A 12 MONTH PERIOD WOULD BE \$250 OR 5% OF \$5,000.

OPTIONS AND CHOICES

TO RECEIVE THE BENEFITS OF THESE PROGRAMS, YOU WILL HAVE TO ALLOW THE PROVIDER TO REPORT INFORMATION ABOUT YOU TO THE REGIONAL BEHAVIORAL HEALTH AUTHORITY AND ADHS. YOUR NAME, SOCIAL SECURITY NUMBER, DATE OF BIRTH, DIAGNOSIS AND TREATMENT INFORMATION WILL BE PROVIDED. STRICT CONFIDENTIALITY WILL BE MAINTAINED AND NO INFORMATION WILL BE RELEASED OUTSIDE THE TREATMENT SYSTEM UNLESS YOU CONSENT OR UNLESS THERE IS A COURT ORDER TO DO SO. OF COURSE, YOU HAVE A CHOICE OF WHETHER TO PARTICIPATE IN ANY OF THESE PROGRAMS. HOWEVER, IF YOU ARE ELIGIBLE FOR THE TITLE XIX PROGRAM, STATE LAWS PROHIBIT THE PROVIDER FROM SERVING YOU UNLESS YOU PARTICIPATE IN THE TITLE XIX PROGRAM OR PAY THE FULL FEE FOR SERVICES. LIKEWISE, YOU MAY ALSO CHOOSE TO PAY THE FULL FEE INSTEAD OF HAVING THE ADHS PAY A PORTION OF THE COST THROUGH THE NON-TITLE XIX PROGRAM. IT IS YOUR CHOICE.

YOU MAY APPEAL ANY DECISION REGARDING ELIGIBILITY FOR ADHS SUBSIDIZED SERVICES, THE AMOUNT OF FEES CHARGED, AS CO-PAYMENT, THE DENIAL OF A WAIVER OF THESE FEES, AND A CHARGE FOR NO SHOW THROUGH THE RBHA.

CLIENT COPAYMENT SCHEDULE

MONTHLY INCOME		FAMILY SIZE					
		1	2	3	4	5	6
0 - 568		0	0	0	0	0	0
569 - 638		0	0	0	0	0	0
639 - 708		0	0	0	0	0	0
709 - 778		0	0	0	0	0	0
779 - 848		5	0	0	0	0	0
849 - 918		10	0	0	0	0	0
919 - 988		15	0	0	0	0	0
989 - 1,058		15	5	0	0	0	0
1,059 - 1,128		20	5	0	0	0	0
1,129 - 1,198		25	10	5	0	0	0
1,199 - 1,268		30	15	5	0	0	0
1,269 - 1,338		30	15	10	0	0	0
1,339 - 1,408		35	20	10	5	0	0
1,409 - 1,478		40	25	15	5	0	0
1,479 - 1,548		45	25	15	10	0	0
1,549 - 1,618		50	30	20	10	5	0
1,619 - 1,688		50	35	20	10	5	0
1,689 - 1,758		55	35	25	15	10	0
1,759 - 1,828		60	40	25	15	10	0
1,829 - 1,949		65	40	30	20	15	0
1,950 - 2,040		70	45	35	20	15	0
2,041 - 2,131		75	50	40	25	20	0
2,132 - 2,222		80	55	40	30	20	0
2,223 - 2,313		85	60	45	30	25	0
2,314 - 2,404		90	65	50	35	25	0
2,405 - 2,533		100	100	70	55	40	30
2,534 - 2,645		100	100	75	60	45	30
2,646 - 2,757		100	100	80	60	50	35
2,758 - 2,869		100	100	85	65	50	40
2,870 - 2,981		100	100	90	65	55	45
2,982 - 3,025		100	100	100	70	55	45
3,026 - 3,158		100	100	100	75	60	50
3,159 - 3,291		100	100	100	80	65	50
3,292 - 3,424		100	100	100	85	70	55
3,425 - 3,557		100	100	100	90	75	55
3,558 - 3,671		100	100	100	100	75	60
3,672 - 3,825		100	100	100	100	80	65
3,826 - 3,979		100	100	100	100	85	70
3,980 - 4,133		100	100	100	100	90	75
4,134 - 4,360		100	100	100	100	100	80
4,361 - 4,535		100	100	100	100	100	85
4,536 - 4,710		100	100	100	100	100	90
4,711 - UP		100	100	100	100	100	100

CLIENT SHARE = INDICATED PERCENTAGE X PROVIDER'S FULL FEE

ADHS SHARE = (100% - INDICATED PERCENTAGE) X RBHA CONTRACT RATE

CODAMA
CLIENT HANDBOOK

ADULT SERVICES

WELCOME TO CODAMA SERVICES!

As a new or prospective client of CODAMA we would like to take this opportunity to give you information and perhaps answer some questions that you may have about CODAMA and its services.

CODAMA, The Community Organization for Drug Abuse, Mental Health, and Alcoholism Services, Inc., coordinates and develops behavioral health services within our service area. CODAMA is here to:

- provide you with information about behavioral health services;
- help you determine and locate the type of mental health or substance abuse services you may need;
- provide casemanagement, coordination and/or delivery of services and psychiatric care to individuals who have a long-term mental illness;
- provide health evaluations for individuals entering or receiving services from CODAMA funded treatment programs; and
- provide educational information on AIDS and AIDS testing to individuals receiving services from CODAMA funded programs.

CONFIDENTIALITY

ARE CODAMA'S SERVICES CONFIDENTIAL?

CODAMA makes every effort to protect your confidentiality. All services and service records of CODAMA are confidential as mandated under Federal and State laws, rules and regulations. However, client service records information must be released when CODAMA receives a valid court-ordered subpoena with a specific request. Also, CODAMA is legally bound to report to the proper authorities all cases where child abuse or neglect is identified or suspected and in some cases where adult abuse or neglect is identified or suspected. Persons who wish to obtain additional information regarding confidentiality should call CODAMA's Director of Quality Management at 254-6200.

CODAMA Client Handbook
Adult Services

RIGHTS

WHAT RIGHTS DO I HAVE TO TREATMENT AND AS A CLIENT OF CODAMA'S SERVICES?

- You are eligible for services at CODAMA if you reside within our service area.
- you will not be denied services because of age, sex, race, creed, handicap(s) or financial income.
- You have the right to request or refuse treatment to the extent that is permitted by law.
- You have the right to professional treatment. You are encouraged to make suggestions or present complaints when satisfied or dissatisfied with your service.
- You have the right to participate fully in the formulation of your individualized service plan, which will determine the goals, length and type of your treatment.

A complete copy of CODAMA's philosophy regarding client rights is posted at all service delivery sites and will be given to you with this handbook.

RESPONSIBILITIES

WHAT RESPONSIBILITIES DO I HAVE AS A CLIENT OF CODAMA SERVICES?

- You have the responsibility to participate positively in the planning and delivery of your treatment.
- You have the responsibility to keep scheduled appointments or notify the appropriate service unit of your cancellation 24 hours prior to your appointment. It is customary to charge for appointments not kept.
- You have the responsibility to provide full and accurate information as to your ability to pay for services and the availability of insurance coverage, and to contribute to the cost of your service as determined by the financial screening.

SERVICE FEES

HOW MUCH WILL MY SERVICES COST?

CODAMA has a "sliding fee scale" to ensure that no one is denied service because of inability to pay. During your first visit to

CODAMA Client Handbook
Adult Services

CODAMA you will be asked to provide some basic financial information to determine your specific fee for service, if any. Your portion of the fee may be determined by your health insurance coverage, AHCCCS eligibility, eligibility for Medicare, and your family size and income.

QUALITY MANAGEMENT PROGRAM

CODAMA welcomes feedback about your experience with services provided. This includes positive comments, as well as suggestions for improvement or reports of problems and concerns. CODAMA provides a Quality Management Program to review the delivery of quality behavioral health services. Quality Management monitors all consumer suggestions and consumer grievances. You may initiate the grievance process by using the Service Review Form which should be handed to you with this handbook and which is available at all CODAMA service locations.

CODAMA

STATEMENT OF CLIENT RIGHTS

CODAMA supports and protects the fundamental human, civil, constitutional and statutory rights of each client it serves. In recognition of this belief the following client rights are affirmed.

You have the right:

1. To appropriate treatment delivered by courteous and respectful mental health professionals regardless of your source of financial income. Access to treatment shall be impartial and free from discrimination regardless of race, religion, sex, ethnicity, lifestyle, age or handicap.
2. To participate fully in the formulation of your Service Plan which will determine the goals, length, and least restrictive modality for your treatment. Unemancipated children have the right to have parents or guardians participate in their treatment, unless participation is clinically contraindicated.
3. To know by name professional staff members responsible for your care; to obtain current information concerning your diagnosis, treatment and prognosis in terms that you can reasonably understand; to request a review of your service/treatment plan according to agency practice.
4. To refuse or consent to treatment procedures, except in the case of extreme emergency, or to the extent permitted by law; to be advised of risks, side effects, benefits, the duration or alternatives of treatment procedures; to refuse or consent to be photographed, audio recorded, or participate in any research or experimental projects.
5. To privacy when speaking to staff; to confidentiality of treatment. All client information and records are confidential and released only in accordance with Federal and State regulations.
6. To be informed of where, when and how services are available; to be informed of changes concerning your treatment or your treatment service providers; to actively participate in your discharge plan and to be informed of your aftercare needs.
7. To receive service and fee information at the time of admission; to receive notice of service fee changes thirty (30) days prior to the effective date; to look at or have explained your bill regardless of source of payment.
8. To receive your rights in the language you understand; to receive treatment which is sensitive to cultural and language differences. Client rights are posted in both English and Spanish at each service location where client services are provided.
9. To have explained to you, when admitted on court order, the rights and responsibilities applicable to you and your family.
10. To know what agency rules and regulations apply to your conduct.
11. To present and have reviewed your suggestions, complaints and grievances.

CODAMA

LOS DERECHOS DE UN CLIENTE

CODAMA reconoce y protege los derechos fundamentales civiles constitucionales y humanos de cada cliente que sirve. Y en reconocimiento a esto los siguientes derechos de el cliente son afirmados.

Sus derechos como cliente:

1. El cliente tiene derecho a recibir un tratamiento cortez y respetuoso por profesionales en salud mental, sin importar su estado financiero, su raza, religion, sexo, estilo de vida o incapacidad.
2. A participar en el diseno de un plan de tratamiento que determine la meta, duración y la menor restriccion posible en modo y estilo de tratamiento. Los jovenes unemancipados tienen el derecho de tener a sus padres o guardianes participar activamente en el tratamiento a no ser que dicha participación sea clinicamente contraindicada, para su mejoramiento.
3. El cliente tiene derecho a saber y conocer el nombre de todo profesional responsable por su cuidado y tratamiento y a obtener información sobre el tratamiento diagnostico y pronostico en forma que el cliente pueda entiendo razonablemente. A pedir y revisar su plan de tratamiento de acuerdo con la practica de la agencia.
4. El cliente tien derecho a rehusar o consentir a tratamiento exepto en casos de extrema urgencia al grado permitido por la ley. Y de ser instruido y informado de las consecuencias clinicas efectos o beneficios. La duración y alternativas derecho a consentir o rehusar a ser retratado grabado o participar en proyectos experimentales.
5. El cliente tiene derecho a privacidad y confidencialidad en cuanto de refiere a su programa clinico y sus conversaciones con personas profesionales referente a su caso. Toda información y archivos involucados directamente a su caso son confidenciales y protegidos bajo la ley Federal y del Estado y no seran revelados a nadie sin el previo consentiminto de el cliente.
6. El cliente tiene derecho a ser informado de donde, cuando, y como ay servicios disponibles. A ser informado sobre cambios concirnientes al tratamiento clinico o servicios de la agencia. A participar activamente en todos planes sobre cuidado despues que se le de te alta.
7. A recibir información sobre cobros y tarifas al tiempo de admision y recibir aviso verbal o por escrito 30 dias antes que estas entren en efecto. Derecho a mirar leer y pedir explicación sobre la cuenta sin importar el procedimiento del pago.
8. El cliente tiene derecho a un tratamiento sensitivo a lengua y cultura presentados en el idioma que el cliente comprenda o mejor entienda. Las reglas son exhibidas en Ingles y en Espanol en un lugar accesible y a la vista en las agencias que prestan servicio al cliente.
9. Derecho a explicaciones cuando el cliente es admitido por orden de la corte. Sobre derechos y responsabilidades que apliquen al cliente y a su familia.
10. Derecho a saber las reglas y reglamentos que apliquen a su conducta como cliente.
11. Derecho a someter o presentar sugestiones, quejas o agravios.

NOTICE OF LEGAL RIGHTS
FOR PERSONS WITH MENTAL ILLNESS

Under Arnold v. Arizona Department of Health Services,
Arizona State Hospital, Maricopa County
No. C-432355, Maricopa County Superior Court

IF YOU SUFFER FROM A SERIOUS OR CHRONIC MENTAL ILLNESS, ARE
INDIGENT (HAVE A LOW INCOME), AND LIVE IN MARICOPA COUNTY, YOU
HAVE A LEGAL RIGHT TO THE SPECIFIC MENTAL HEALTH SERVICES THAT
YOU NEED.

Some of the mental health services you have a legal right to
receive include:

- Case management
- Housing and residential services
- Crisis services, including mobile crisis services
- Vocational and rehabilitative services
- Socialization and recreation services
- Outpatient counseling
- Medication
- Transportation

You have a right to a case manager to work with you in
obtaining the mental health services you need. You also have a
right to an individual treatment plan listing the services you
need. The State and County must provide to you the services
listed in your plan.

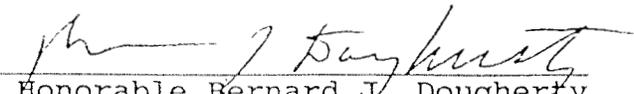
If you would like information about your rights or
assistance, you may call any of the following:

Arizona Center for Law in the Public Interest, 3724 North Third
Street, Suite 300, Phoenix, Arizona 85012, at 274-6287

Arizona Department of Health Services, Office of the Seriously
Mentally Ill, at 255-1025

Maricopa County Department of Health Services at 267-5881.

Dated: 5/28, 1991


The Honorable Bernard J. Dougherty
Maricopa County Superior Court

NOTICE OF GRIEVANCE AND APPEAL PROCEDURE

CODAMA and Maricopa Clinical Management are committed to providing quality behavioral health services for all our clients. To do so, we need your input. Whether you simply wish to provide us with helpful suggestions on how to improve services, or you have stronger concerns, we hope you will contact your case manager, a CODAMA member advocate, or complete a Quality Improvement Form. Should you find the need to request an investigation, file a grievance or an appeal, the following process must be followed.

REQUEST FOR INVESTIGATION/GRIEVANCE

Any person may request an investigation or request to file a grievance regarding any act or omission of MCM, CODAMA or one of its affiliates or subcontractors, alleging that a rights violation or a condition requiring investigation has occurred or currently exists. The request may be verbal or written and must be initiated no later than one year after the date of the alleged violation or condition requiring investigation. Allegations about the need for or appropriateness of mental health services should not be considered a grievance, but should be addressed through the appeal process listed below. Request for Investigation/Grievance forms are available at all CODAMA/MCM and provider sites, but are not required to initiate the request.

All such requests for investigation/grievance must be filed with CODAMA, Department of Quality Management, Grievance and Appeals, 99 E. Virginia, Phoenix, AZ 85004, 602/254-6200.

Within five (5) days of the date received, CODAMA will respond to all requests for investigation/grievances and, if appropriate, assign an investigator to research the matter. A decision will be reached within 30 days from the date the request is received at CODAMA, Quality Management, Grievance and Appeals.

APPEAL

Any person or his/her guardian, or designated representative, may file a formal appeal, or request a fair hearing related to services applied for, or services which the person is receiving. Matters of appeal are specifically related to: a denial of services; disagreement with the findings of an evaluation or assessment; any part of the Individual Service Plan (ISP), recommended services or actual services provided; barriers or unreasonable delay in accessing services under Title XIX; and fee assessment. Appeals must be filed in writing and must be initiated no later than 35 days of the decision or action being appealed. Appeal forms are available at all CODAMA/MCM and provider sites, and will also be mailed to you upon request.

CODAMA will attempt to resolve all appeals and issue a response within ten days from the date of receipt. If the problem cannot be resolved, the matter will be forwarded to the Arizona Department of Health Services, for further appeal.

For both grievances and appeals, to the greatest extent possible, the request must include:

- | | |
|---|--|
| 1. Name of person filing the request | 5. The date of the alleged violation/condition requiring investigation |
| 2. Client's name (if different) | 6. Brief description of the alleged violation/condition requiring investigation. |
| 3. Person/requestor's mailing address | 7. Resolution/solution requested |
| 4. Phone or message number (if available) | |

For both grievances and appeals, any client may represent himself or use legal counsel or other representation. Assistance is available from the Office of Human Rights; Human Rights Committees; the State Protection and Advocacy System; and CODAMA Member Advocates. Any person may also contact the Office of Licensure, Division of Behavioral Health Services, DHS, at 100 W. Clarendon, Suite 700, Phoenix, Arizona 85013, 602/255-1177, regarding grievances and reporting of complaints. For both grievances and appeals, any client who has been determined SMI, or is receiving services under Title XIX, may request to have current services continue pending an appeal decision.

Client Signature - I acknowledge receipt of the notice of grievance/appeal procedure and understand the process.

Date

Legal Guardian Signature

Date

CODAMA Staff Signature - I have met with this person and explained the grievance and appeal process.

Date

CODAMA, INC.
99 East Virginia, Phoenix, AZ 85004 602/254-6200

In English and Spanish

Original/White Copy: CODAMA

Yellow Copy: Provider

Pink Copy: Client

NOTIFICACION DE QUEJA Y PROCEDIMIENTO DE APELACION
(COOAMA Services, Inc./Maricopa Clinical Management Notice of Grievance and Appeal Procedure)

COOAMA y la Gerencia Clínica de Maricopa están decididas a provisionar calidad en funcionamiento y servicios de salud para todos nuestros clientes. Para hacer esto, necesitamos su ayuda. Ya sea que usted quiera solamente darnos algunas ideas en como mejorar nuestros servicios, o si tiene grandes inquietudes, esperamos que se comunique con la persona que atiende su caso, un abogado miembro de COOAMA, o llene un formulario para mejorar la calidad de servicios. Si necesita solicitar una investigación, presentar una queja o una apelación, el siguiente procedimiento se tiene que seguir.

SOLICITUD DE INVESTIGACION DE QUEJA

Cualquier persona puede solicitar una investigación o presentar una queja en referencia a cualquier acto o omisión de MCH, COOAMA o una de sus filiales o subcontratistas, alegando que la violación de derechos o una condición que requiere investigación ha ocurrido o existe actualmente. La solicitud puede ser verbal o por escrito y se tiene que iniciar a mas tardar un año después de la violación que se alega, o de la condición que requiere investigación. Alegaciones sobre la necesidad de servicios mentales de salud adecuados no son considerados como una queja, pero deben de presentarse a través del proceso de apelación indicado a continuación. Los formularios para la solicitud de investigación/queja se pueden obtener en todos los establecimientos de COOAMA/MCH, pero no están obligados a iniciar la solicitud.

Todas las solicitudes de investigación/queja se tienen que presentar en COOAMA, Departamento de Gerencia de Calidad, Quejas y Apelaciones, 99 E. Virginia, Phoenix, AZ 85004, 602/254-6200.

COOAMA responderá a todas las solicitudes de investigaciones/quejas dentro de cinco (5) días después de la fecha de recibo de la solicitud, y si es el caso se asigna un investigador para cada asunto. La decisión se tomará dentro de los 30 días siguientes a la fecha en que COOAMA, Departamento de Gerencia de Calidad, Quejas y Apelaciones reciba la solicitud.

APELACION

Cualquier persona, guardián, o representante, puede presentar una apelación formal, o solicitar una audiencia justa en relación a los servicios que se ofrecen, o en relación con los servicios que la persona recibe. Los asuntos que tienen lugar a apelación son: negación de servicios; desacuerdo con la decisión de una evaluación; cualquier parte del plan de servicio individual (ISP), de servicios recomendados o de los servicios que se proveen actualmente; barreras o demoras injustas en obtener los servicios bajo el título XIX; y costos de evaluación. Las apelaciones se tienen que presentar por escrito y se tienen que iniciar a mas tardar 35 días después de la decisión o de la acción que se apeló. Los formularios para la apelación se pueden obtener en todos los establecimientos de COOAMA/MCH, también se les envía por correo si lo solicita.

COOAMA trata de resolver todas las apelaciones y dar una respuesta dentro de diez días después de recibida. Si el problema no se puede resolver, el asunto se enviará al Departamento de Servicios de Salud de Arizona, para otra apelación.

Para quejas y apelaciones, en máxima extensión, la solicitud debe incluir:

1. Nombre de la persona que presenta la solicitud
2. Nombre del cliente (si es diferente)
3. Dirección de la persona/solicitante
4. Número de teléfono o lugar para mensajes (si existe)
5. La fecha de la alegada violación/condición que requiere investigación
6. Una pequeña descripción de la alegada violación/condición que requiere investigación
7. Qué resolución/solución se pide

Para quejas y apelaciones, el cliente puede representarse así mismo o por medio de un abogado o obtener otra clase de representación. Existe ayuda a través de la Oficina de Derechos Humanos, Comités de Derechos Humanos, Protección y Sistema de Abogados del Estado; y Abogados Miembros de COOAMA. Cualquier persona también puede llamar a la Oficina de Licencias, División de Servicios de Salud y Comportamiento, DHS, 100 W. Clarendon, #700 Phoenix, Arizona 85013, 602/255-1127, en relación con quejas y denuncias.

Firma del Cliente- Certifico que recibí y entendí la notificación y el procedimiento de la queja/apelación.

Fecha

Firma del Guardián Legal

Fecha

Firma del Representante de COOAMA- Me entreviste con esta persona y le expliqué el procedimiento de la queja y la apelación.

Fecha

CODAMA SERVICES, INC./MARICOPA CLINICAL MANAGEMENT

Consent for Care and Treatment

I hereby grant permission to CODAMA Services, Inc. and Maricopa Clinical Management (MCM) to provide routine evaluation and treatment services as may be deemed necessary or advisable for the diagnosis and/or care of _____ (name of client).

I understand that all information gathered in the course of my services at CODAMA and MCM is confidential. However, information may be released in cases of medical emergency, abuse or neglect, court order, and where otherwise legally required.

I agree to participate in my treatment planning process to the best of my ability. I understand that there is no guarantee that these treatment services will prove beneficial to me. Furthermore, I have been advised that should medications be prescribed or administered, that such medications may or may not be effective and in a small number of situations, I may have an adverse reaction to such medication, and it is my responsibility to keep those individuals involved in my treatment informed of any medication effects.

I also understand that I am financially responsible for any assessed fees for services I receive. Such fees, if any, will be based on my ability to pay as determined by the sliding fee scale. Payment through third party payers will also be sought as appropriate.

I, the undersigned have read and agree to the above provisions.

Client's Name (Print)

Client's Signature

Date

Parent/Legal Guardian consenting for care and treatment of client

Date

Staff Member (Witness)

Date

I have received (and understand) copies of the following written information:

- Client Handbook with Confidentiality information
- Client Rights/Grievance and Appeals Procedure
- Release of Information (copy)

- Arnold v. Sarn Class Notice
(applicable to class members only)
- Hodges v. Bishop Class Notice
(applicable to class members only)

Client's Name (Print)

Client's Signature

Date

Parent/Legal Guardian consenting for care and treatment of client

Date

Staff Member (Witness)

Date

CODAMA SERVICES, INC./MARICOPA CLINICAL MANAGEMENT
AUTHORIZATION FOR RELEASE OF INFORMATION

A separate form must be completed and signed for each agency and/or individual from whom information is being requested and/or to whom information is being released.

I, _____
(Client's Name) _____ D.O.B. _____
hereby authorize _____

Address _____
to release the information described below to:

Person and Agency _____

Address _____

- | | | |
|--|---|---|
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Psychosocial History | <input type="checkbox"/> Summary of Involvement |
| <input type="checkbox"/> Medical (excluding HIV) | <input type="checkbox"/> Diagnosis | <input type="checkbox"/> School Records |
| <input type="checkbox"/> Medical History (excluding HIV) | <input type="checkbox"/> Test Results | <input type="checkbox"/> Discharge Summary |
| <input type="checkbox"/> AIDS/HIV Related Information | <input type="checkbox"/> Substance Abuse (alcohol/drug) | |
| <input type="checkbox"/> Other (Specify) _____ | | |

Purpose for which the information is to be used _____

Expiration Date _____ Other condition of Expiration _____

I understand that my records are protected under the Federal Confidentiality Regulations and cannot be disclosed without my written consent. I certify that this consent has been given freely and voluntarily. I understand that services are not contingent upon my consent for Release of Information. I may revoke this authorization at any time, except to the extent that action has already been taken on this consent and will automatically expire on the date and/or under the conditions specified above.

Witness

● Signature of Client

Date (this release is valid for six (6) months from this date or as otherwise specified above.)

Other required signature (if applicable)

Relationship to Client

● If client is 12-18 years of age, both his/her signature is preferred along with required signature of authorized parent/legal guardian.

Notice to Recipient: This information has been disclosed to you from records whose confidentiality is protected by Federal law. Federal Regulations (42CFR Part 2) prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose.

Client Name _____

Date Completed _____

Client ID _____

Intake agent/Site _____

The following information is required to determine your share of the cost of treatment. The copay amount is based on your income. The maximum copay for one year for a family is \$5,000 in services. It is important to list all members of your household in order to identify when that maximum is reached.

HEAD OF HOUSEHOLD OR OTHER FINANCIALLY RESPONSIBLE PARTY

Name _____	Legal Relationship (to client) _____
Address _____	Home Telephone _____
_____	Work Telephone _____
Soc Sec # _____	Date of Birth _____

DEPENDENTS LIVING IN HOME (Do Not Include Head of Household Stated Above)

NAME	DOB	AGE	SS#	RELATIONSHIP

MONTHLY INCOME FROM ALL SOURCES (see notes below for type of verification required)

SOURCE	CLIENT	MOTHER	FATHER	OTHER	TOTAL	RESOURCES
Net Wages, Salary	1					Savings Account Bal
Child Supt/Alimony	2					
Social Security	1					Checking Account Bal
VA /other retirement	1					
AFDC/Food Stamps/SSI	3					Securities, CD's, etc.
Unemployment, Wkrs Comp	3					
Rents, Annuities, Interest	1					Gifts, Loans (4)
Other						

OFFSETS TO INCOME

Child/spousal support	2				
med bills, med ins	2				
other AOC suppt	2				

DETERMINATION OF COPAY PERCENTAGE - *Total all sources of income, subtract the monthly cost of income offsets and place this figure in the box below. Consider any resources reported in the section above before reducing monthly income.*

TOTAL INCOME	TOTAL FAMILY MEMBERS	COPAY PERCENTAGE
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>

To the Intake Worker: Some form of verification must be on file at the Intake Agency for each source of income noted in section three above. The following types are recommended: 1 - check stub or pay statement; 2 - court order or copy of divorce decree; 3 - benefit letter or check stub; 4 - letter from giver stating terms of repayment; 5 - copy of bills, loans, etc.

Client Name/ID # _____

Date Completed _____

WAIVER OF COPAY - Intake Worker's recommendation or comments regarding client's ability to pay share of cost. If client needs payment terms, please state amount and interval. If client is enrolled in AHCCCS, no copay is collected for AHCCCS covered services.

Please list and explain any extraordinary expenses that limit your ability to meet your share of cost. (5)

TYPE	EXPLANATION	AMOUNT OWED

BENEFITS/ELIGIBILITY REVIEW

Copy of Insurance Card MUST be attached.

STATE	FEDERAL	CITY/COUNTY	OTHER
<input type="checkbox"/> DD-ALTCS	<input type="checkbox"/> VA	<input type="checkbox"/> Food Stamps	
<input type="checkbox"/> DES	<input type="checkbox"/> CHAMPUS		
<input type="checkbox"/> AOC	<input type="checkbox"/> AFDC		
<input type="checkbox"/> SSI	<input type="checkbox"/> Medicare		
<input type="checkbox"/> AHCCCS ID # _____	Health Plan _____		

Recent applicant for AHCCCS or DES Medical Benefits ? YES NO

Agency/Location & Date Application submitted _____

THIRD PARTY COVERAGE Your treatment may be covered by conventional insurance. Please indicate all possible sources (i.e., Employer, Spouse's Employer, Guardian or non custodial parent Employer, Liability, Retirement, school)

Copy of Insurance Card MUST be attached.

INSURANCE CO	INSURED	EMPLOYER	GROUP #	POLICY #

To the Client: By your signature below, you are certifying that the information provided in this document is true and accurate for the purposes of determining your share of cost. Verification of monthly income and extraordinary expenses is required. You are also certifying that you have received a copy of the ADHS Description of Behavioral Program Benefits along with the Copay Percentage Schedule. You are agreeing that the method of calculating your copay percentage has been explained to you. You are agreeing to pay the copay amount at time of service unless you make other arrangements with the provider to whom you are referred. Keep a copy of this form and all receipts given to you by Mental Health providers so that you may determine when you have reached the maximum copay amount of \$5,000 in services for your family.

Client Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Intake Worker Signature _____ Date _____

**CODAMA SERVICES, INC.
E/T ADULT SERVICES INTAKE
COMPLETION CHECKLIST**

CLIENT IDENTIFYING DATA

Client Name: _____ DOB: _____ EDS
ID#: _____ Intake Referral Site: _____

INTAKE PROCEDURE

Referral Source: _____ Referral Date: _____
 Psycho-social completed Yes No Psycho-social Completed on _____
 Psych-Eval scheduled on _____ Psych-Eval completed on _____
 Follow-up App't Sch. Reg. Med's only on _____ With _____

REFERRED TO

Chart Referred to: MCM/ _____ Clinic on: _____ / _____ / _____

CHART CONTENT

Date	Initial	Content
		E/T Adult Serv. Intake Checklist
		Progress Note
		I & R Triage and Referral form
		Psycho-Social Assessment
		Psych-Eval to incl. when appropriate (Med Sheet, Lab Sheets, AIMS assess)
		SMI Checklist
		EDS Intake form
		EDS A&B
		Financial Responsibility Statement
		Consent to Treat form copy given to Client
		Releases of Information (send for records) copy given to Client

INFORMATION GIVEN TO CLIENT ON INTAKE

	Client Rights form given/explained
	Arnold Vs. Sarns form given/explained
	Consumer Communication/Gnevance form given/explained
	Client Handbook given/explained

TITLE XIX ELIGIBILITY ASSESSMENT

- Title XIX Enrolled / AHCCCS# _____ RATE CODE _____
- Title XIX Eligible / Referred To: Social Security for SSI application
 DES for AFDC or S.O.B.R.A. application
- Title XIX Eligible - Has Previously Applied
- Title XIX Not Eligible due to: _____

Diagnosis/Brief Impressions: _____

Special Precautions/ Needs: _____

E/T Intake Specialist _____ Send Date: _____

CLIENT NAME: _____ DOB: _____ REF. DATE: _____ FORM # _____

LEGAL STATUS

OF ARRESTS: _____ TOTAL TIME SERVED: _____ TYPE OF CHARGES: _____

VIOLENT NON-VIOLENT PROBATION/PAROLE: _____ PHONE: _____

SIGNIFICANT ENCOUNTERS WITH LEGAL SYSTEM (PAST OR PRESENT): _____

EMPLOYMENT/SUPPORT

INCOME SOURCE: GA SSI SSD SS AFDC SOBRA VA DES DAY CARE Y N

AHCCCS: Y N PLAN _____ RATE CODE _____ MEMBER # _____

FOOD STAMPS: Y N AMOUNT: _____

EMPLOYER/PHONE #: _____ INSURANCE _____

NUMBER OF PEOPLE IN FAMILY: _____ MONTHLY INCOME: _____

OTHER SOURCES: _____

CLIENT INFORMATION

DESCRIPTION: _____ HEIGHT: _____ WEIGHT: _____ EYES: _____ HAIR: _____

SEX _____ ETHNICITY _____ PRIMARY LANGUAGES _____ MARITAL STATUS _____

IDENTIFYING MARKS _____

DES CASE WORKER NAME/PHONE #: _____ SCHOOL NAME: _____

PARENT/GUARDIAN NAME: _____ GUARDIAN TYPE: _____

ADDRESS & PHONE _____

DISPOSITION

EMERGENCY 911 CRISIS LINE MOBILE TEAM RBHA INTAKE PROVIDER INTAKE

PROVIDER REFERRAL GENERAL REFERRAL CSA COMMENTS: _____

APPT. DATE: _____ TIME: _____ LOCATION: _____

TRANSPORTATION NEEDS: _____

STAFF SIGNATURE: _____ DATE: _____

CODAMA
PSYCHOSOCIAL SUMMARY AND ASSESSMENT

I. IDENTIFYING INFORMATION

DATE TAKEN: _____

NAME: _____ D.O.B. ____ / ____ / ____

SOURCES OF INFORMATION: _____

REFERRAL SOURCE: _____

II. PRESENTING PROBLEM: _____

III. HISTORY OF PRESENTING PROBLEM: _____

IV. PREVIOUS PSYCHIATRIC TREATMENT (Include hospitalization, residential, outpatient tx, partial care, etc.; location, reason) _____

V. SUBSTANCE USE/ABUSE (Alcohol, Drug, Prescription and frequency of use/abuse) _____

VI. MEDICAL HISTORY

A. ALLERGIES: _____

B. MAJOR MEDICAL PROBLEMS (Include current medications) _____

C. HISTORY OF PAST NON-PSYCHIATRIC ILLNESS/HOSPITALIZATIONS: _____

VII. PERSONAL DEVELOPMENT/FAMILY HISTORY

A. ORIGIN/SIGNIFICANT DEVELOPMENTAL HX/SPECIFIC FAMILY ISSUES (e.g., parenting skills, custodial issues, etc.) _____

B. FAMILY HISTORY: (Include psychiatric, medical, substance abuse) _____

C. EDUCATION: HIGHEST GRADE COMPLETED: _____ SPECIAL EDUCATION: YES NO
ACADEMIC LIMITATIONS: _____

DEV DISABILITY (DD) SERVICES: YES NO DD CASE MANAGER _____

D. MARITAL, RELATIONSHIP AND SEXUAL HISTORY: _____

E. LEGAL INVOLVEMENT (Include Guardianship): _____

F. EMPLOYMENT, MILITARY HISTORY (Include vocational training, volunteer work) _____

G. RELIGION: _____

VIII. SOCIAL SUPPORT/COMMUNITY RESOURCES (Include Family): _____

IX. OTHER INFORMATION:

A. HX OF PAST SELF-HARM: _____

B. HX OF VIOLENCE: _____

C. OTHER: _____

X. COMMENTS/IMPRESSIONS (Impressions, client's strengths and weaknesses, clinical issues for consideration in developing the initial treatment plan):

XI. DIAGNOSIS

AXIS I: _____

AXIS II: _____

AXIS III: _____

AXIS IV: _____

AXIS V: _____

XII. INITIAL PLAN: _____

SIGNATURE

DATE

MENTAL STATUS EXAM (NAME _____ DATE _____)

Mental status unchanged from Mental Status Exam dated _____.

APPEARANCE: Neat Disheveled Casual _____

SOCIABILITY: Average Engaging Friendly Aloof Negative _____

EYE CONTACT: Good Fair Poor Variable _____

ORIENTATION: Time _____ Place _____ Person _____ Situation _____

MOTOR ACTIVITY: Normal Hyperactive Agitated Restless Hypoactive Tics Mannersims Posturing

SPEECH: Coherent Incoherent _____

Quantity _____ Volume _____ Speed _____ Impediments _____

AFFECT: Appropriate Inappropriate Labile Blunted Flat Intense Constricted _____

MOOD: Appropriate Relaxed Anxious Agitated Angry Depressed Euphoric Guarded Suspicious

Manic Indifferent Demanding Labile Passive-aggressive _____

IMPULSE CONTROL: Adequate Inadequate _____

SELF-CONCEPT: Adequate Poor Unrealistic _____

THOUGHT:

ASSOCIATIONS Logical Loose Incomprehensible Neologisms Clang Tight Blocking _____

CONTENT Obsessions Phobias Somatic Complaints Delusions Hallucinations Grandiosity

Ideas of Persecution/Reference Self-depreciation Depreciation of Others Non-Psychotic

PERCEPTION Normal Hallucinations (Auditory, Visual, Olfactory, Tactile, Other) _____

CONCENTRATION Good Fair Poor _____

MEMORY: Intact (___ Recent ___ Remote) Not Intact (___ Recent ___ Remote) Selective _____

JUDGMENT: Good Fair Poor-but-Intact Not Intact _____

INSIGHT: Good Fair Poor None _____

EATING PATTERN: Appropriate Appetite loss Binge _____

SLEEP PATTERN: Appropriate Excessive Sleeplessness _____

SUICIDE RISK: Ideation: ___ Past ___ Present _____

Current intent? ___ No ___ Yes (Plan ? ___ No ___ Yes: _____)

Prior attempts? ___ No ___ Yes (Circumstances: _____)

HARM TO OTHERS: Ideation: ___ Past ___ Present _____

Current intent? ___ No ___ Yes (Plan ? ___ No ___ Yes: _____)

Prior attempts? ___ No ___ Yes (Circumstances: _____)

SIGNATURE/TITLE _____ DATE _____

Effective Date: 10/01/91

PATIENT NAME _____ Birthdate _____

ARIZONA DEPARTMENT OF HEALTH SERVICES/ DIVISION OF BEHAVIORAL HEALTH SERVICES
CHECKLIST FOR SERIOUSLY MENTALLY ILL DETERMINATION

I. DEFINITION OF SERIOUSLY MENTALLY ILL

The seriously mentally ill are defined as those adult persons whose emotional or behavioral functioning is impaired as to interfere with their capacity to remain in the community without supportive treatment. The mental impairment is severe and persistent and may result in a limitation of their functional capacities for primary activities of daily living, inter-personal relationships, homemaking, self-care, employment, or recreation. The mental impairment may limit their ability to seek or receive local, state or federal assistance such as housing, medical and dental care, rehabilitation services, income assistance and food stamps, or protective services. Although persons with primary diagnoses of mental retardation, head injuries or Alzheimer's Disease frequently have similar problems or limitations, they are not to be included in this definition.

II. CHECKLIST FOR CRITERIA

The client must meet ONE of Part A and TWO of Part B criteria.

OR

The client must meet ONE of Paragraph A and qualify under Part C of criteria.

A. Diagnostic and Treatment Criteria

1. A diagnosis (or diagnoses) that meets the DSM III R criteria for a:
 - * Schizophrenic Disorders (295.1,295.2,295.3,295.6,295.9)
 - * Delusional Disorders (297.10)
 - * Psychotic Disorders Not Elsewhere Classified (295.70, 298.90)
 - * Mood Disorder
 - Bipolar Disorder (296.4,296.5,296.6,296.70,301.13)
 - Depressive Disorder (296.2,296.3,300.40,311.00)
 - * Anxiety Disorders (excluding social phobia or simple phobia) (300.00, 300.01, 300.02, 300.21, 300.22, 300.30, 309.89 only)
 - * Multiple Personality Disorder (300.14)
 - * Personality Disorders excluding anti-social personality disorder
 - * Organic Mental Disorders or Syndromes that have persisted for 12 months. Includes organic mood disorders; organic delusional disorders; organic anxiety disorders; organic personality disorders; organic hallucinoses not caused by psychoactive substance use; and, organic mental disorders, NOS. (specifically 293.81, 293.82, 293.83, 294.80, 310.10, 292.11, 292.84). Excludes psychoactive substance induced intoxication, withdrawal, hallucinosis and delirium. Excludes dementia (including dementia arising in the senium or pre-senium) and delirium.

SMI Checklist Continued

- 5. Lacks supportive social systems in the community (i.e., no close friends or group affiliations, lives alone, is highly transient or has an inability to co-exist within family setting).
- 6. Requires assistance in basic life and survival skills (must be reminded to take medication, must have transportation to mental health clinic and other supportive services, needs assistance in self-care, household management, etc., is homeless or is at risk of becoming homeless).
- 7. Exhibits inappropriate or dangerous social behavior which results in demand for intervention by the mental health and/or judicial/legal system.
- 8. Is placed in a long-term care or residential setting as a less restrictive suitable environment is not appropriate.
- 9. Has resided in an adolescent 24-hour out-of-home placement for over 3 months within the past 2 years due to emotional/behavioral difficulties.

C. The client does not currently meet any of the functional criteria at present, but has a history within the past 5 years of functional impairment at the required level that persisted for at least 12 months with the assumption that reversion would occur without continuing treatment.

This checklist is to be filed in the client file of all clients determined to be seriously mentally ill.

DSM III R Diagnostic Code _____	TOTAL NO. OF CRITERIA MET
Date of Diagnosis _____	Part A _____
Diagnostician _____	Part B _____
	Part C _____

Person Completing Checklist Title Date

IF ABOVE PERSON NOT A PSYCHIATRIST OR CERTIFIED PSYCHOLOGIST:

Psychiatrist/Psychologist Title Date

Client ID #	Total fee	x Copay %	=Total Due	Received	Date	Initials

Client Name _____ LOA # _____ DIAG CODES _____

Address _____ Telephone _____ DOB _____ Site _____

THERAPY				CASE CONFERENCE			
UNITS	CODE	FEES	DESCRIPTION	UNITS	CODE	FEES	DESCRIPTION
	90841		Indv - MD - 1h		99361		TEAM - 30m
	90843		Indv - MD - 30m		99362		TEAM - 1h
	90844		Indv - MD - 45m		99371		Phone - brief
	90847		Fam - MD - 1h		99372		Phone - moderate
	90853		Grp - MD - 1h		99373		Phone - complex
	W2301		Indv - PHD - 15m	INTERVENTION, REPORT PREPARATION			
	W2352		Fam - PHD - 15m		S1004		Fam - OMHP - 15m
	W2353		Grp - PHD - 15m		S1005		Oth - OMHP - 15m
	W2300		Indv - OMHP - 15m		90887		Rpt Prep - Fam -30m
	W2350		Fam - OMHP - 15m		90889		Rpt Prep - Oth -30m
	W2351		Grp - OMHP - 15m				
EVALUATION & DIAGNOSIS				SUBVENTION			
UNITS	CODE	FEES	DESCRIPTION	UNITS	CODE	FEES	DESCRIPTION
	W2052		Screening		S7001		Interpreter - 1h
	W2050		EVD - OMHP - 1h		S6006		Hmls Outreach - 15m
	W2051		EVD - PHD - 1h		W2020		Crises Therapy - 15m
	90801		EVD - MD				
	90825		Rpt Eval - MD				
MEDICATION MANAGEMENT <i>UNIT = 1 visit</i>				TRANSPORTATION			
UNITS	CODE	FEES	DESCRIPTION	UNITS	CODE	FEES	Non-Emergency Transport
	W2100		Med monitoring - RN		Z3620		Van
	90862		Med management		Z3610		Private Vehicle
	90782		Injection		A0100		Taxi, Bus
MEDICATION DISPENSED				Labs Ordered			
UNITS	DRUG NAME	FEES	Diag	UNITS	CODE	FEES	Diag
	XX00		- missed appt.; bill copay only				

COPAYMENT DEFERRAL REASON - BY EXCEPTION ONLY

Signature - Service Provider	Date	Title

CASE MANAGEMENT AT CODAMA

Case Management is available to be the overall perspective, advocating and planning for the comprehensive services designed to fit individual clients' needs rather than forcing clients to fit into existing services. It is also to be the initial objective focus for needed effective services. Families and consumers have traditionally valued this service as their personal link into navigating the system.

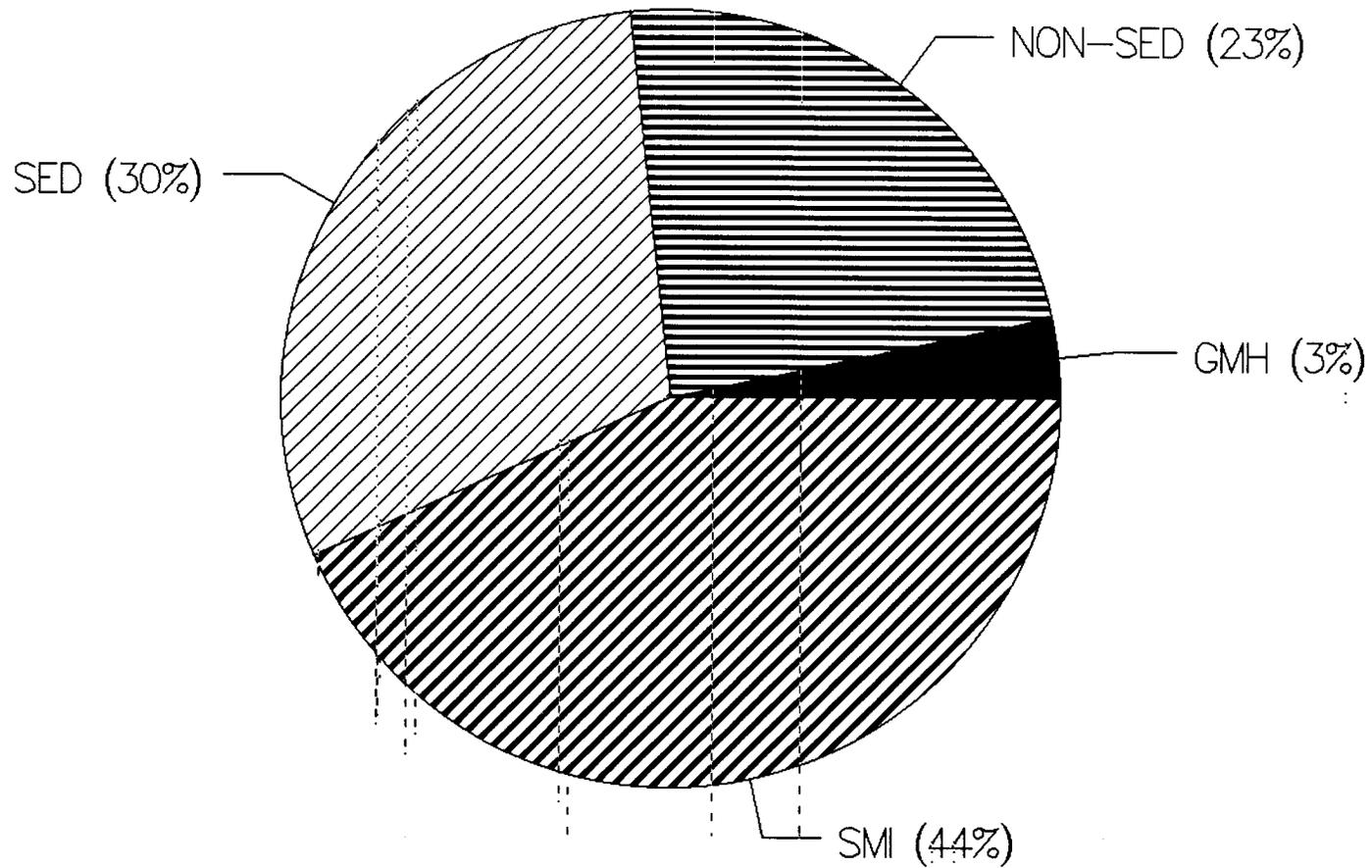
Adult Seriously Mentally Ill (SMI) Case Management

Case Management through the adult system is a clinical service with active participation in the client's care. Case Management includes members of a clinical team comprised of psychiatrists, nurses, vocational specialists and case managers who are the primary point of contact for most consumers and their families. The clinical team is responsible for providing continuous treatment through an Individualized Service Plan (ISP) and coordinating the mental health service provided. The Case Management team role is to work directly with the client in a one on one relationship, assist the client in obtaining necessary services and support the client through all aspects of service needs. The Case Manager is the identified individual responsible for locating, accessing and at times delivering services. When the client is placed in any inpatient setting, the Case Management team monitors their treatment through face to face contact, chart review, staffing, and the Case Management team determines discharge planning.

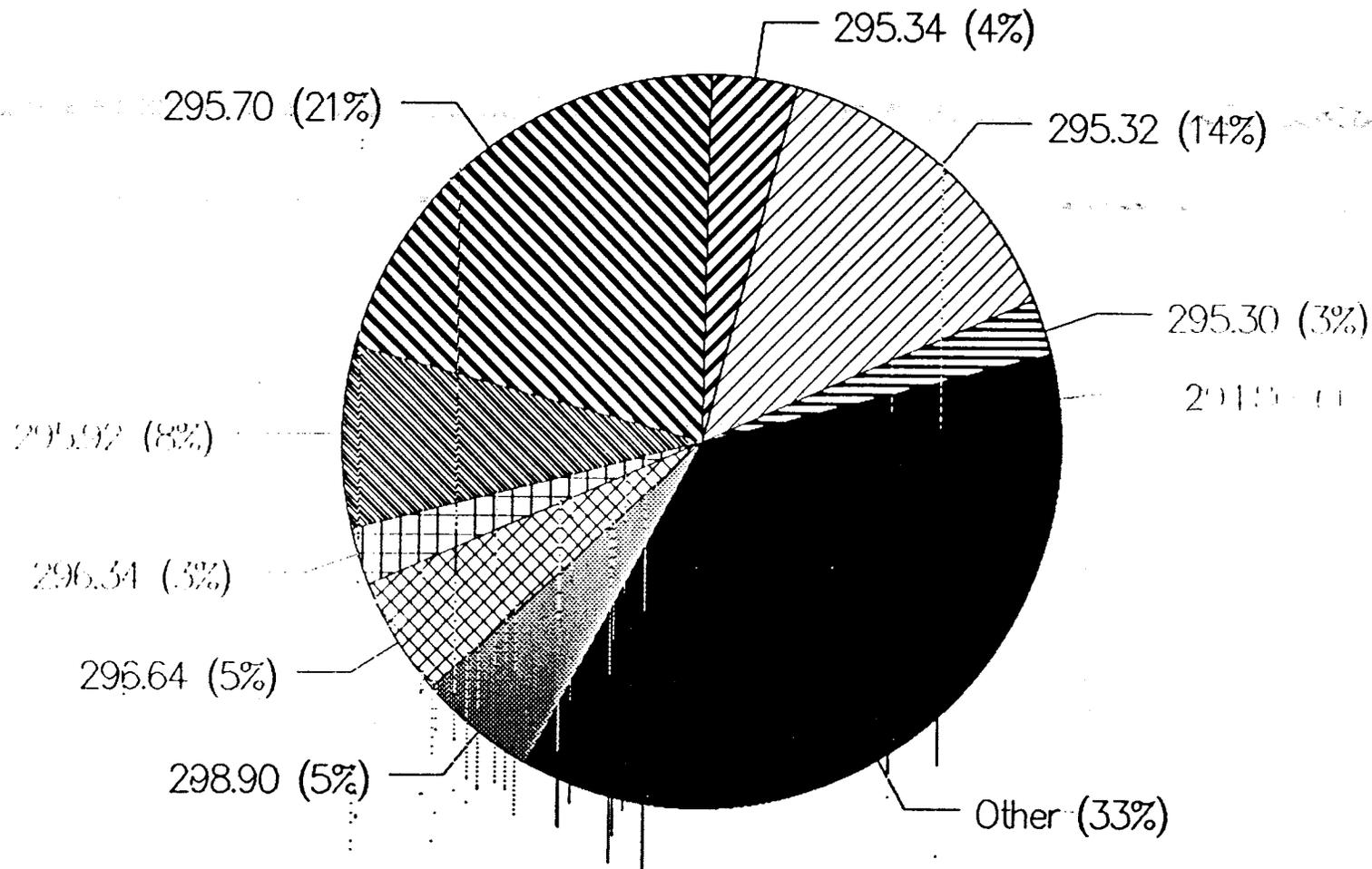
Children/Adolescent (C/A) Case Management

Case Management through the C/A system is both a clinical and oversight service. Case Management includes members of a clinical team comprised of the Case Manager and a C/A psychiatrist. The Clinical Team is responsible for providing continuous treatment by evaluating and monitoring the care provided. The Case Manager's role is to work directly with the client and the family to assess needs, supervise evaluations and monitor the care that providers are asked to deliver. The clients are not seen regularly by the Clinical Team when they are in Inpatient, Residential Treatment Centers (RTC) or Therapeutic Group Home (TGH) placements, but the Case Management continues to monitor their treatment through face to face contact, chart review and attendance at provider staffings.

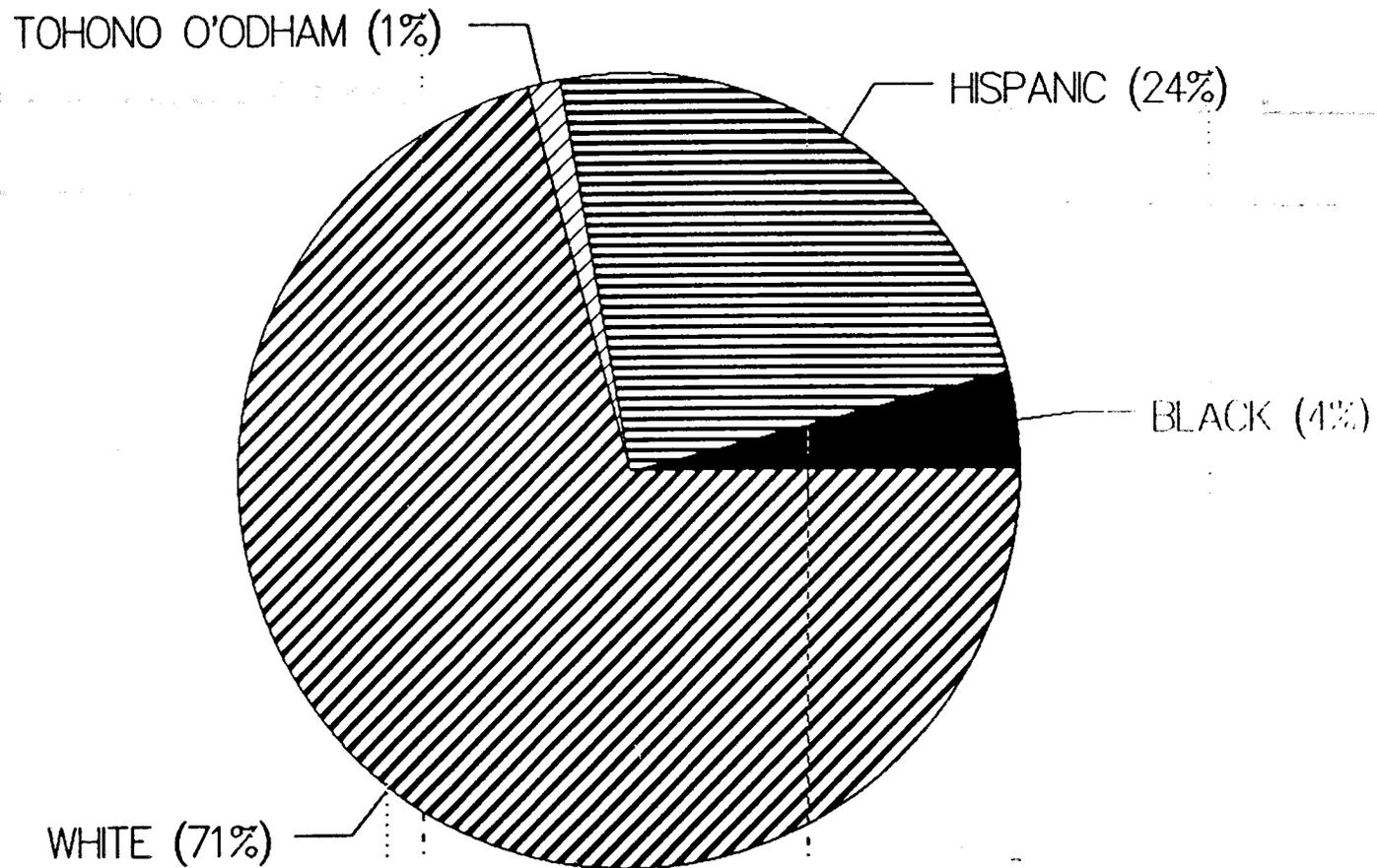
TITLE XIX TOTAL ENROLLMENT



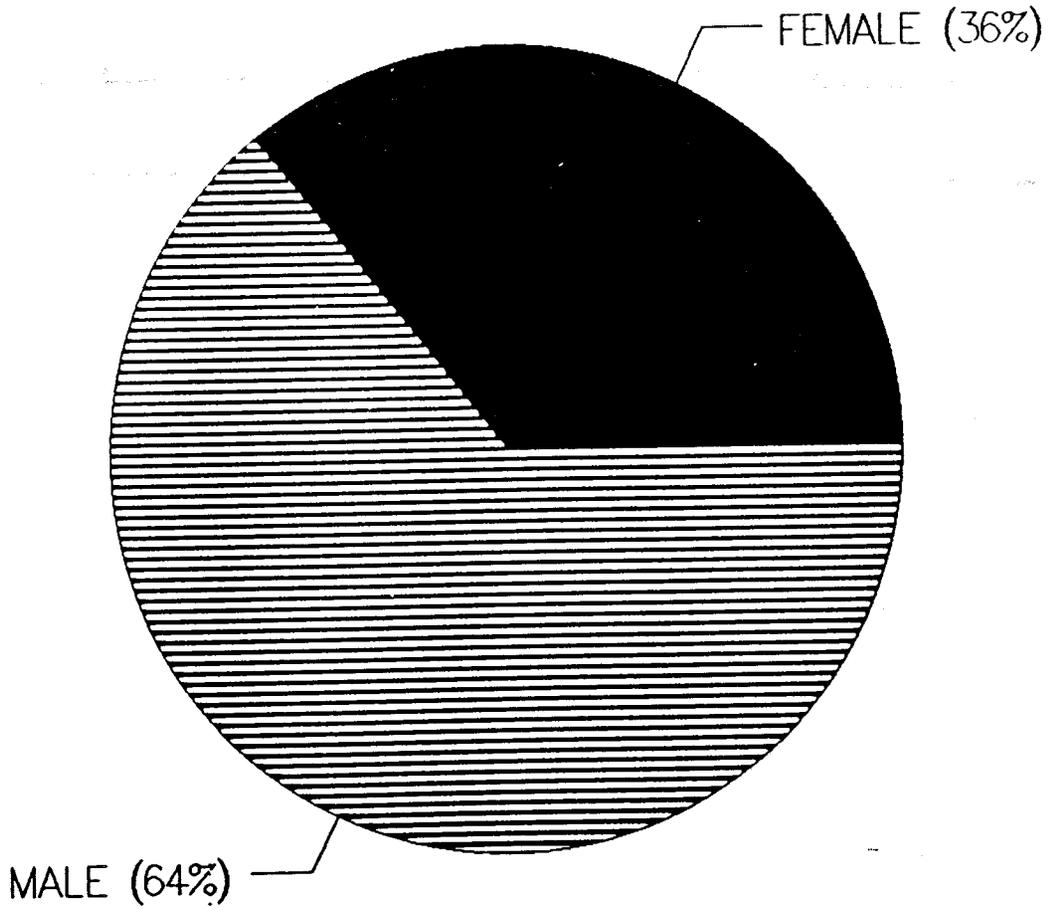
ASH SMI ADULT DIAGNOSIS



ASH SMI ADULT ETHNICITY

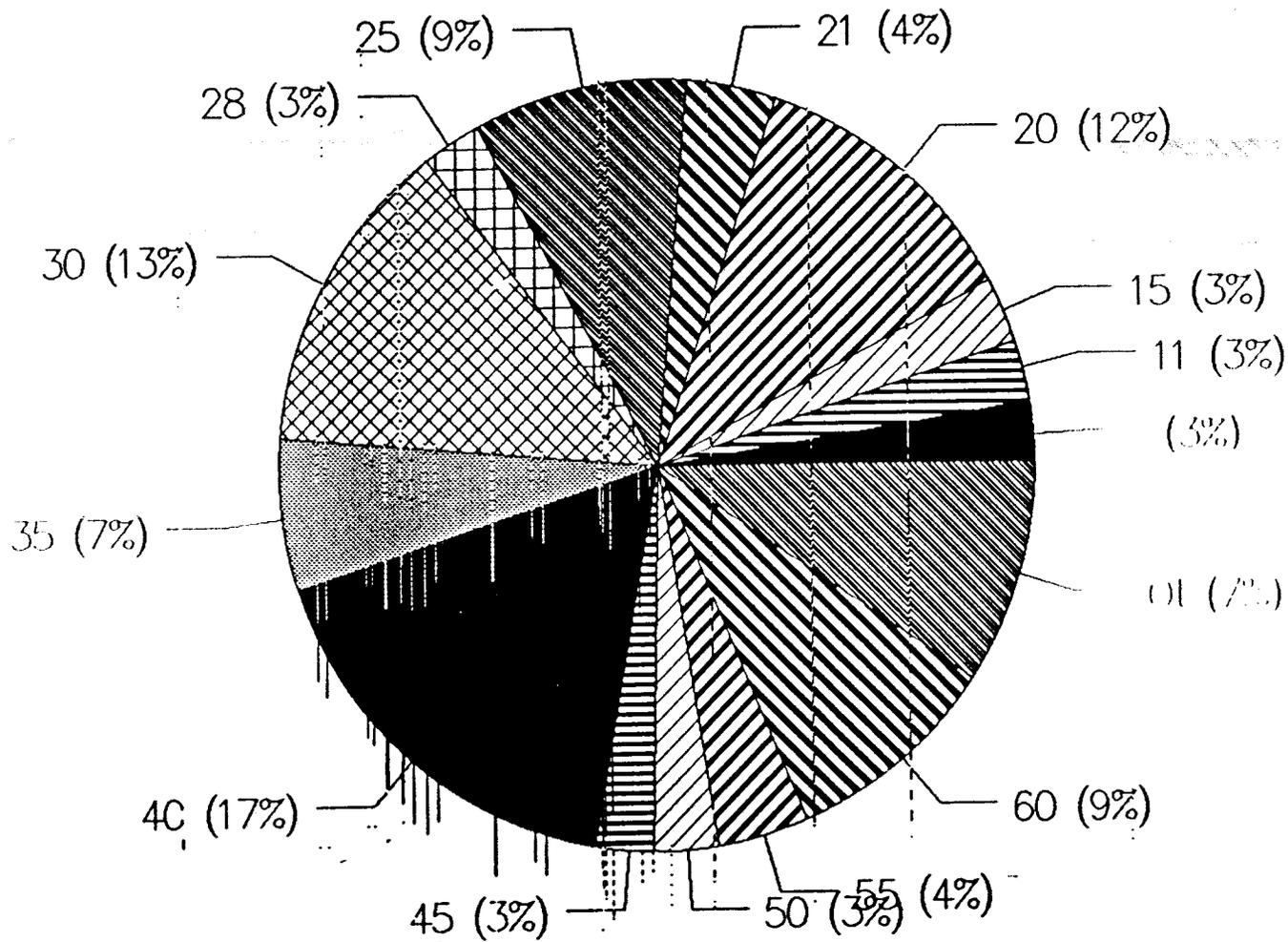


ASH SMI ADULT SEX



ASH

SMI ADULT SEVERITY



ARIZONA CENTER FOR CLINICAL MANAGEMENT
 CLIENT PROFILES- RESIDENTIAL PSYCHIATRIC BEDS

POPULATION	CURRENT CENSUS	YEAR-TO-DATE CENSUS	MOST COMMON DIAGNOSIS	AVERAGE AGE	AVERAGE INCOME	MOST COMMON ETHNICITY	GENDER	SEVERITY
SMI Title XIX	3	79	Other (35%) 295.70 (19%) 295.32 (8%) 298.90 (6%)	36	\$ 5,650.00	(1) - 78%	M - 50% F - 50%	50 (13%) Other (12%) 60 (11%) 30 (11%) 40 (10%) 35 (10%)
SMI Non-XIX	4	149		39	\$ 6,670.00			
SED Title XIX	5	27	Other (42%) 314.01 (16%) 309.89 (13%) 300.40 (8%) 311.00 (8%) 312.00 (8%)	12.8	\$ 3,540.00	(1) - 71%	M - 49% F - 51%	50 (30%) 45 (15%) 60 (10%)
SED Non-XIX	4	14		16	\$ 6,560.00			
Non-SED XIX	0	1		15	\$ 20,000			
Non-SED Non-XIX	0	0		0	0			
TOTAL	16	270						

Ethnicity - (1) = Caucasian

Diagnosis:

Other = All Other Diagnoses

295.70 = Schizoaffective Disorder

295.32 = Schizophrenia Paranoid Type, Chronic

298.90 = Psychotic Disorder Not Otherwise Specified

314.01 = Attention Deficit Hyperactivity Disorder

309.89 = Post Traumatic Stress Disorder

300.40 = Dysthymia

311.00 = Depressive Disorder Not Otherwise Specified

312.00 = Conduct Disorder, Solitary Aggressive Type

Severity:

11-20 = Some Danger of Hurting Self or Others or Failure in Maintain Minimal Personal Hygiene or Gross Impairment in Communication

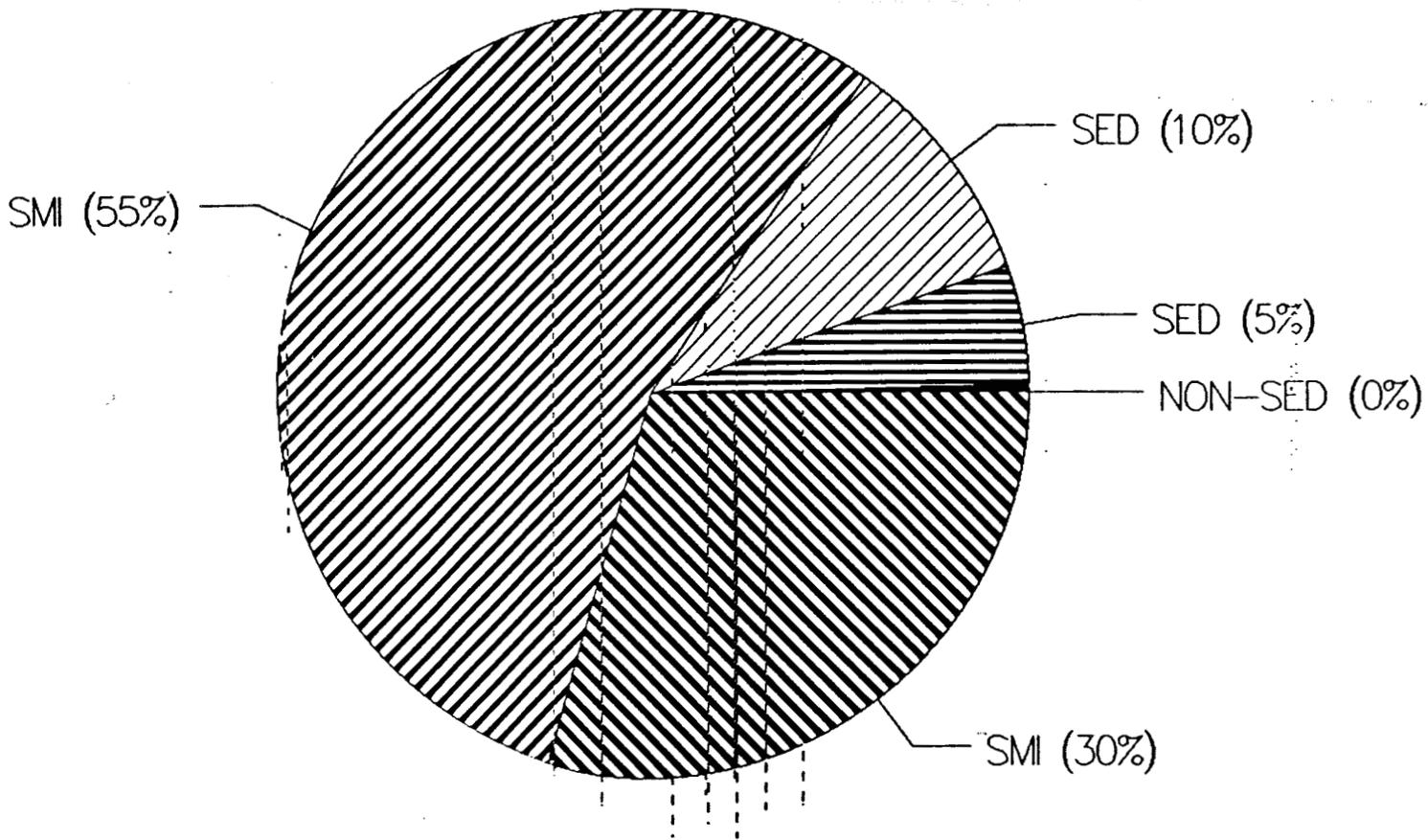
21-30 = Behavior is Considerably Influenced by Delusions or Hallucinations or Inability to Function in Almost All Areas

31-40 = Some Impairment in Reality Testing or Communication or Major Impairment in Several Areas

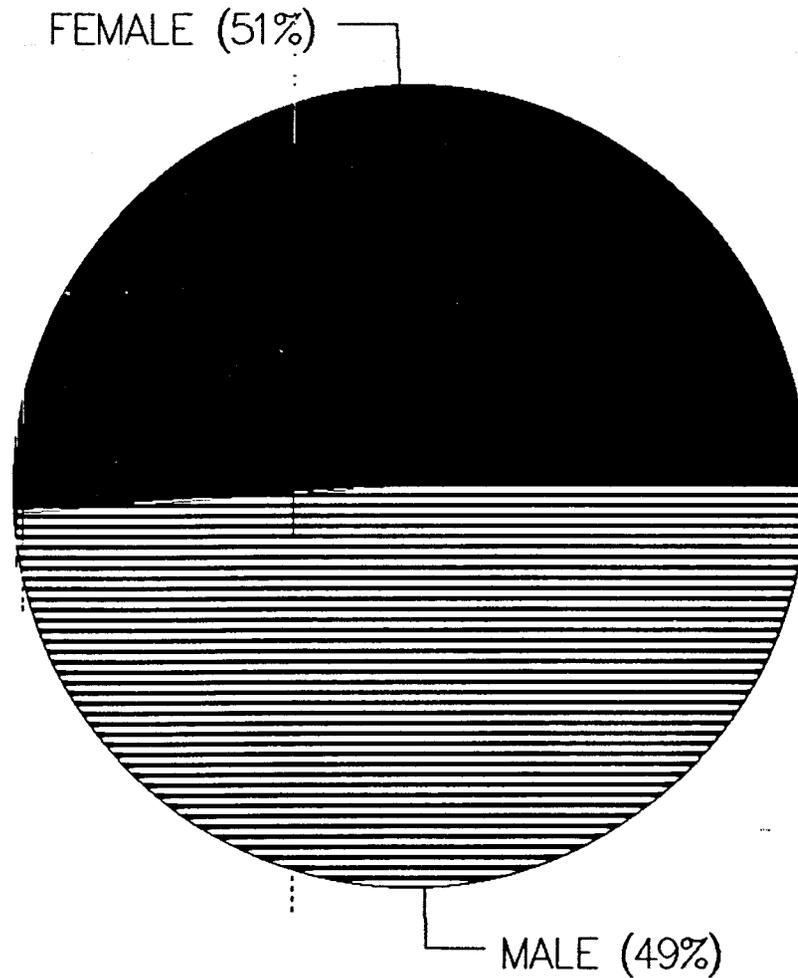
41-50 = Serious Symptoms or Any Serious Impairment in Social, Occupational or School Functioning

51-60 = Moderate Symptoms or Moderate Difficulty in Social, Occupational or School Functioning

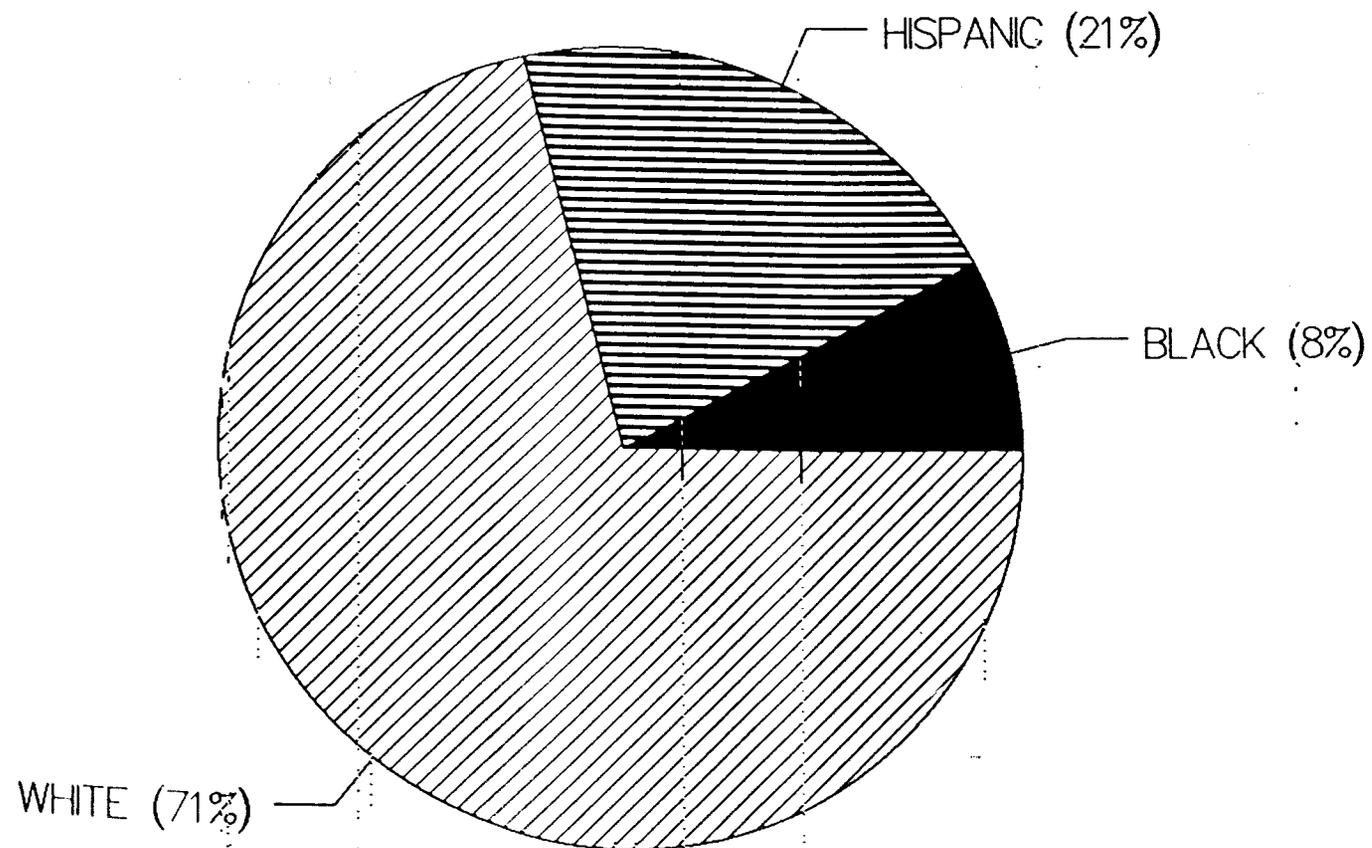
RESIDENTIAL PSYCHIATRIC BEDS BY POPULATION/XIX STATUS



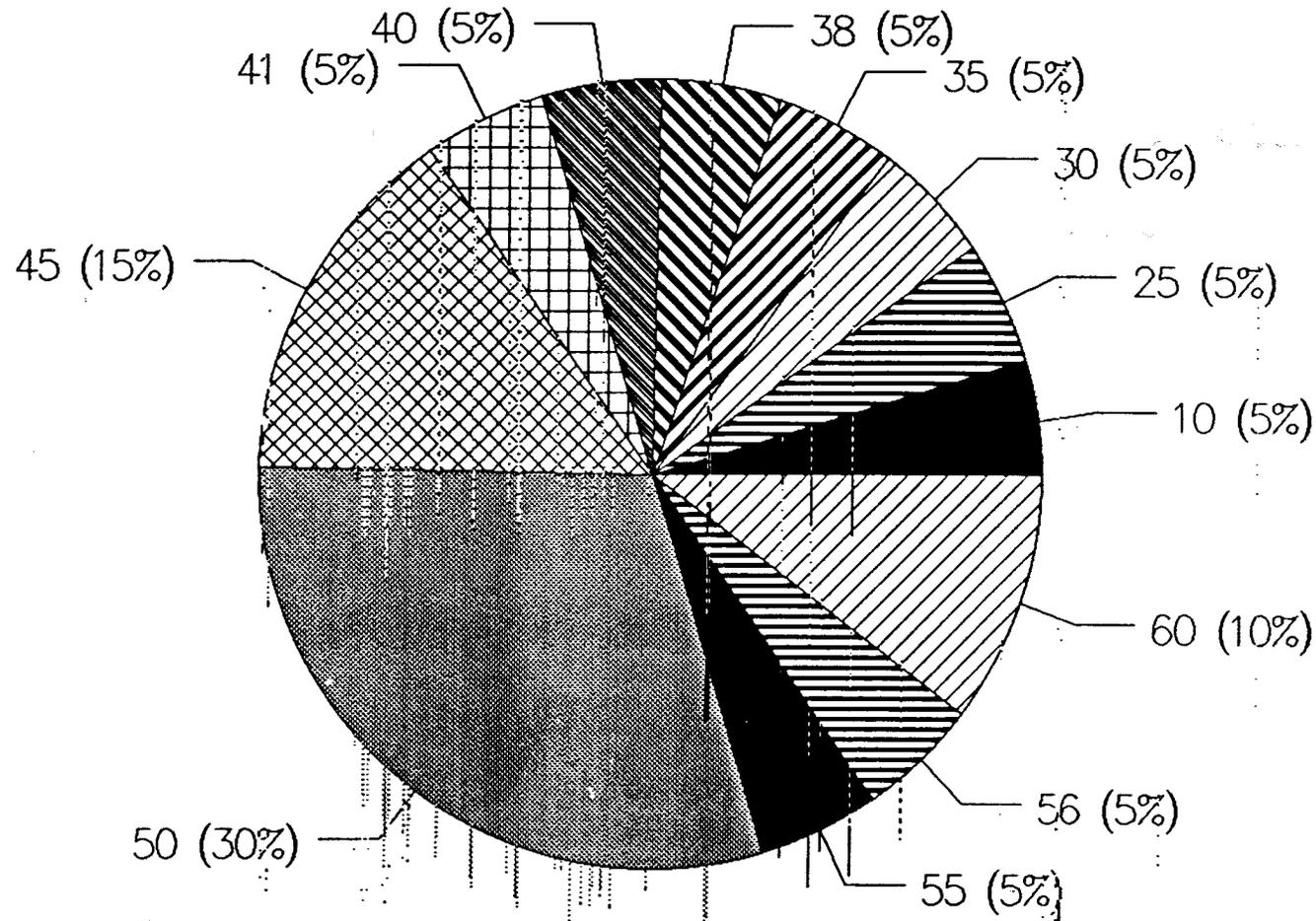
RESIDENTIAL PSYCHIATRIC BEDS BY CHILD SEX



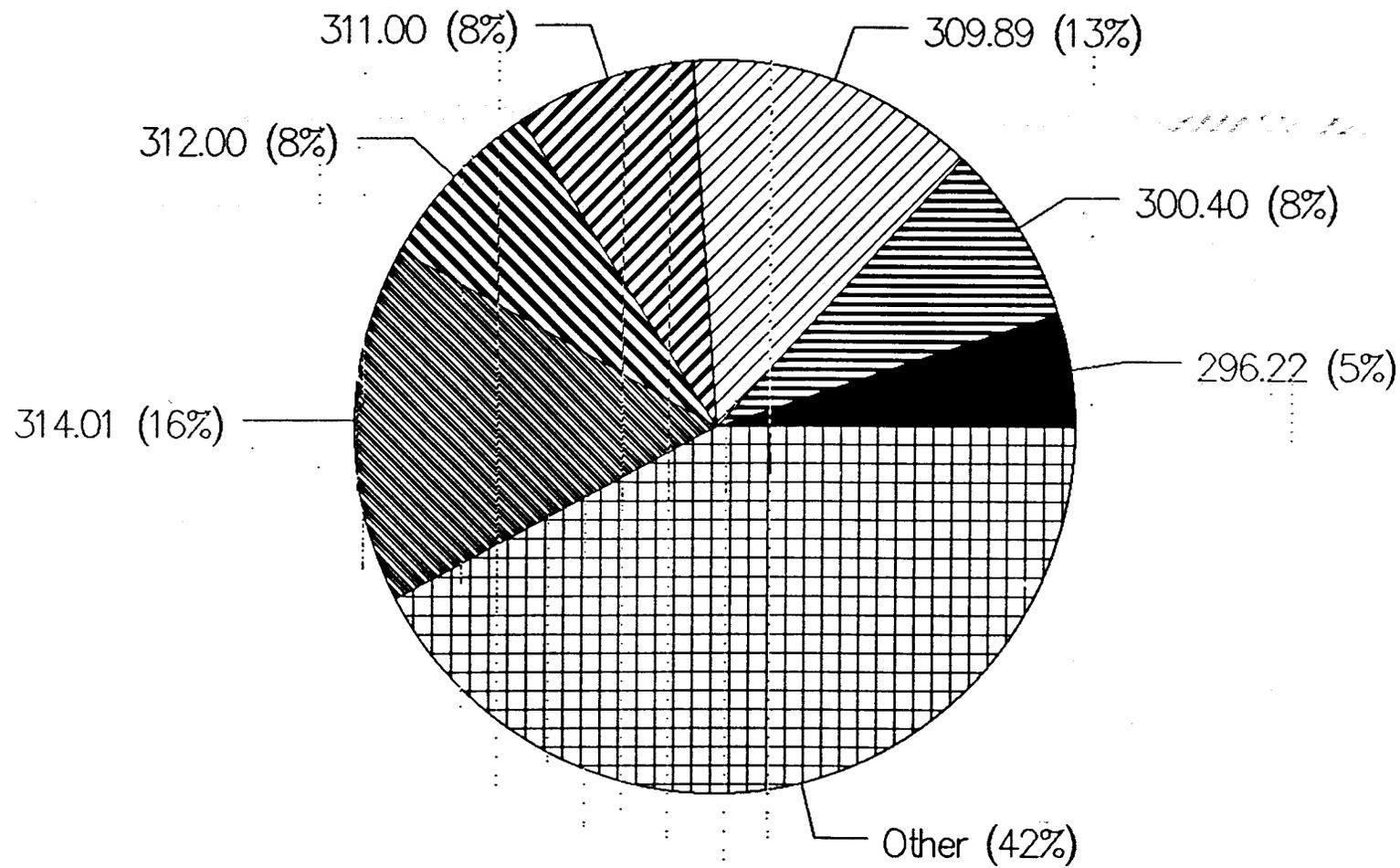
RESIDENTIAL PSYCHIATRIC BEDS BY CHILD ETHNICITY



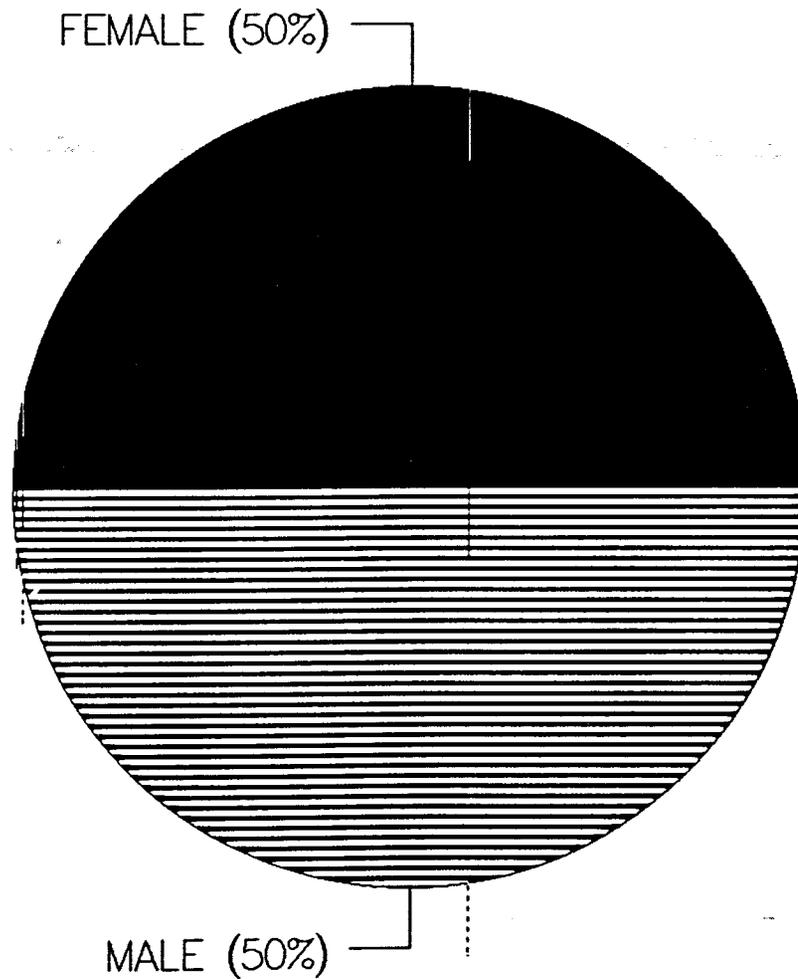
RESIDENTIAL PSYCHIATRIC BEDS SED CHILD SEVERITY



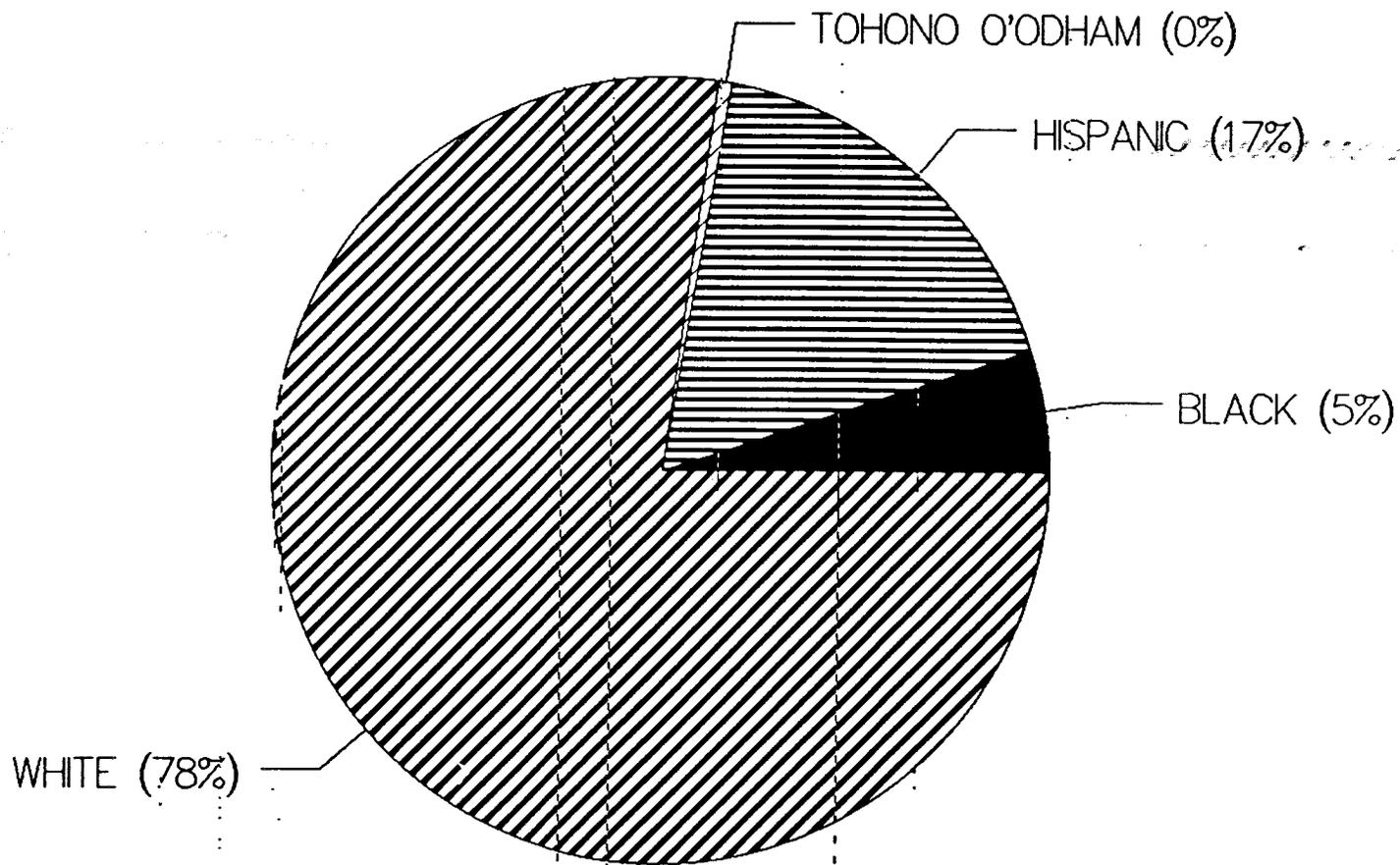
RESIDENTIAL PSYCHIATRIC BEDS BY CHILD DIAGNOSIS



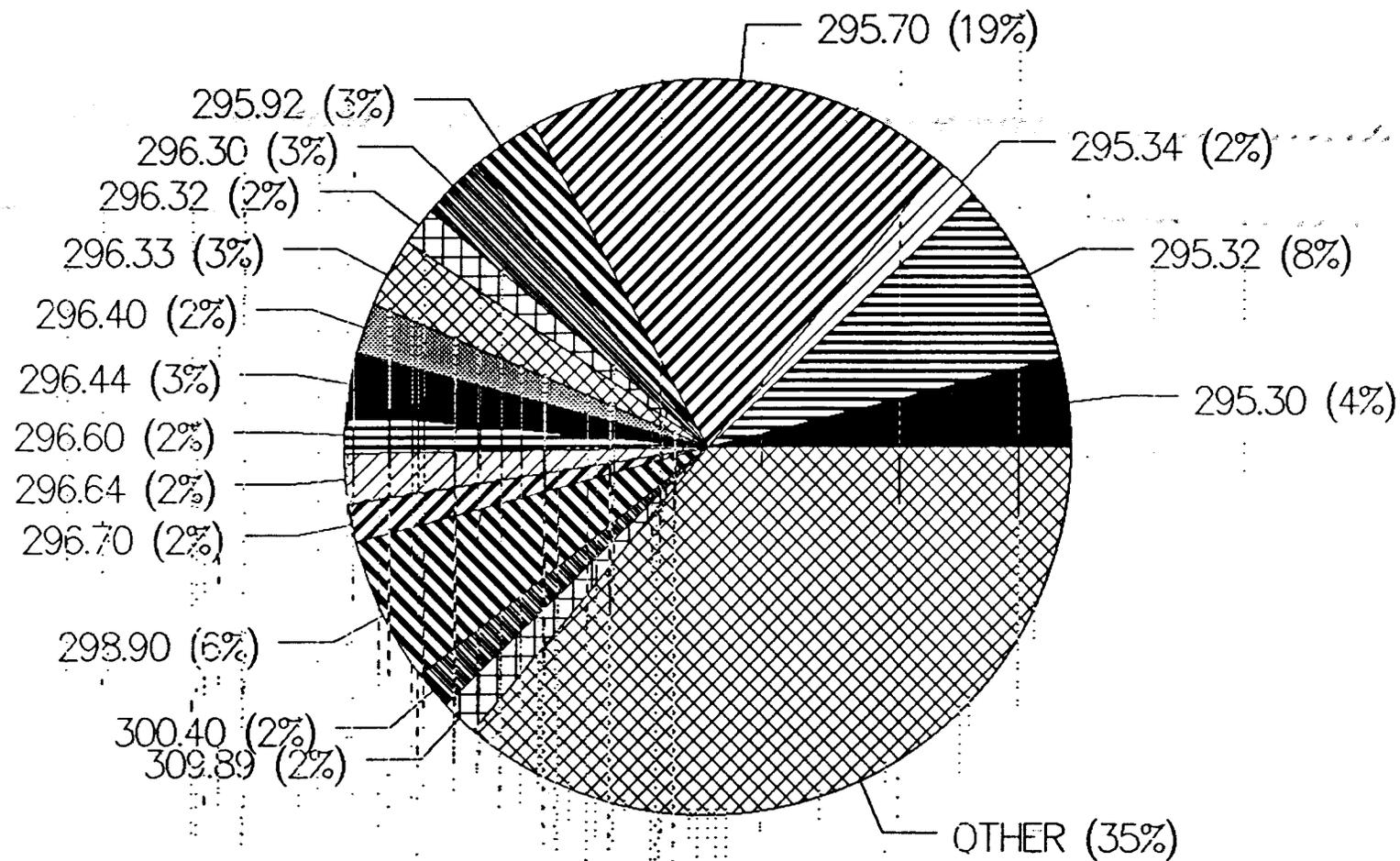
RESIDENTIAL PSYCHIATRIC BEDS SMI ADULT SEX



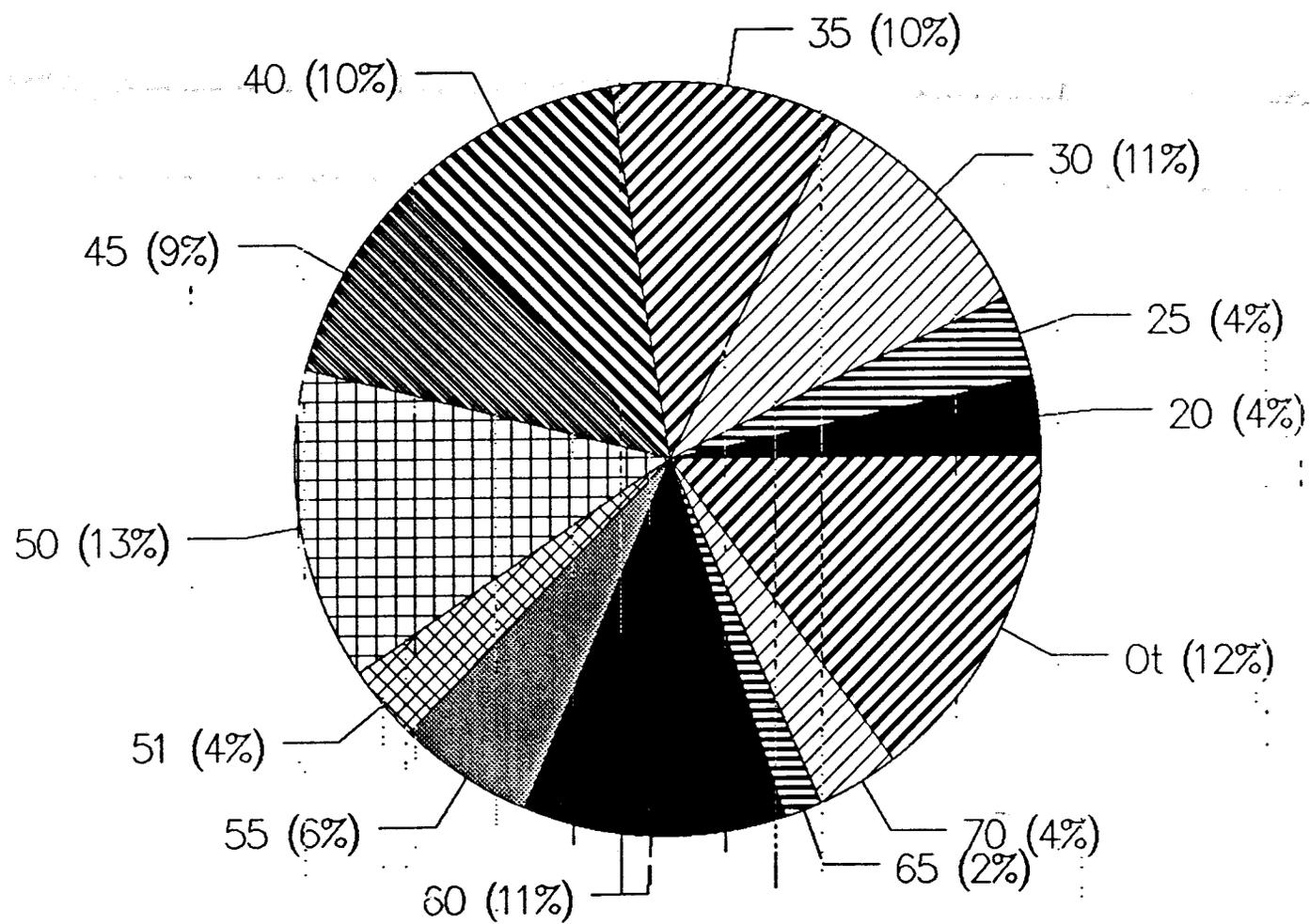
RESIDENTIAL PSYCHIATRIC BEDS SMI ADULT ETHNICITY



RESIDENTIAL PSYCHIATRIC BEDS SMI ADULT DIAGNOSIS



RESIDENTIAL PSYCHIATRIC BEDS SMI ADULT SEVERITY



ARIZONA CENTER FOR CLINICAL MANAGEMENT
 CLIENT PROFILES-ASH RELOCATION GROUP HOMES

Population	Current Census	Average Age	Gender	Most Common Ethnicity	Average Income	Most Common Diagnosis
SMI Non-XIX	18	53.4	M - 72.2% F - 27.7%	(1) - 88.8% (2) - 5.5% (3) - 5.5%	\$3,833.33	295.70 - 16.66% 295.32 - 16.66% 295.92 - 11.11% 296.64 - 5.55% 295.34 - 5.55% 296.55 - 5.55% 294.80 - 5.55% 295.40 - 5.55% 295.93 - 5.55% 293.83 - 5.55% 290.10 - 5.55% 298.90 - 5.55% 294.10 - 5.55%

Ethnicity - (1) = Caucasian, non-Hispanic
 (2) = Afro-American
 (3) = Hispanic

Diagnosis:

295.70 = Schizoaffective disorder
 295.92 = Schizophrenia, undifferentiated, chronic
 296.64 = Bipolar disorder, mixed, severe, without psychotic features
 295.34 = Schizophrenia, paranoid type, chronic with acute exacerbation
 295.32 = Schizophrenia, paranoid type, chronic
 296.55 = Bipolar disorder, depressed, in partial remission
 294.80 = Organic mental disorder
 295.40 = Schizophreniform disorder
 295.93 = Schizophrenia, undifferentiated type, subchronic with acute exacerbation
 293.83 = Organic Mood disorder
 290.10 = Primary degenerative dementia of the Alzheimer type
 298.90 = Psychotic disorder NOS
 294.10 = Dementia

**ARIZONA CENTER FOR CLINICAL MANAGEMENT
CLIENT PROFILES- SUBSTANCE ABUSE**

POPULATION	CURRENT CENSUS	YEAR-TO-DATE CENSUS	MOST COMMON DIAGNOSIS	AVERAGE AGE	AVERAGE INCOME	MOST COMMON ETHNICITY	GENDER	SEVERITY
	2254	2302	799.90 (54%) 303.90 (14%) 305.00 (13%) Other (8%)	35	\$ 4,930.00	(1) - 62%	M - 78% F - 22%	60 (30%) Other (27%) 50 (7%) 55 (7%)

Ethnicity - (1) = Caucasian

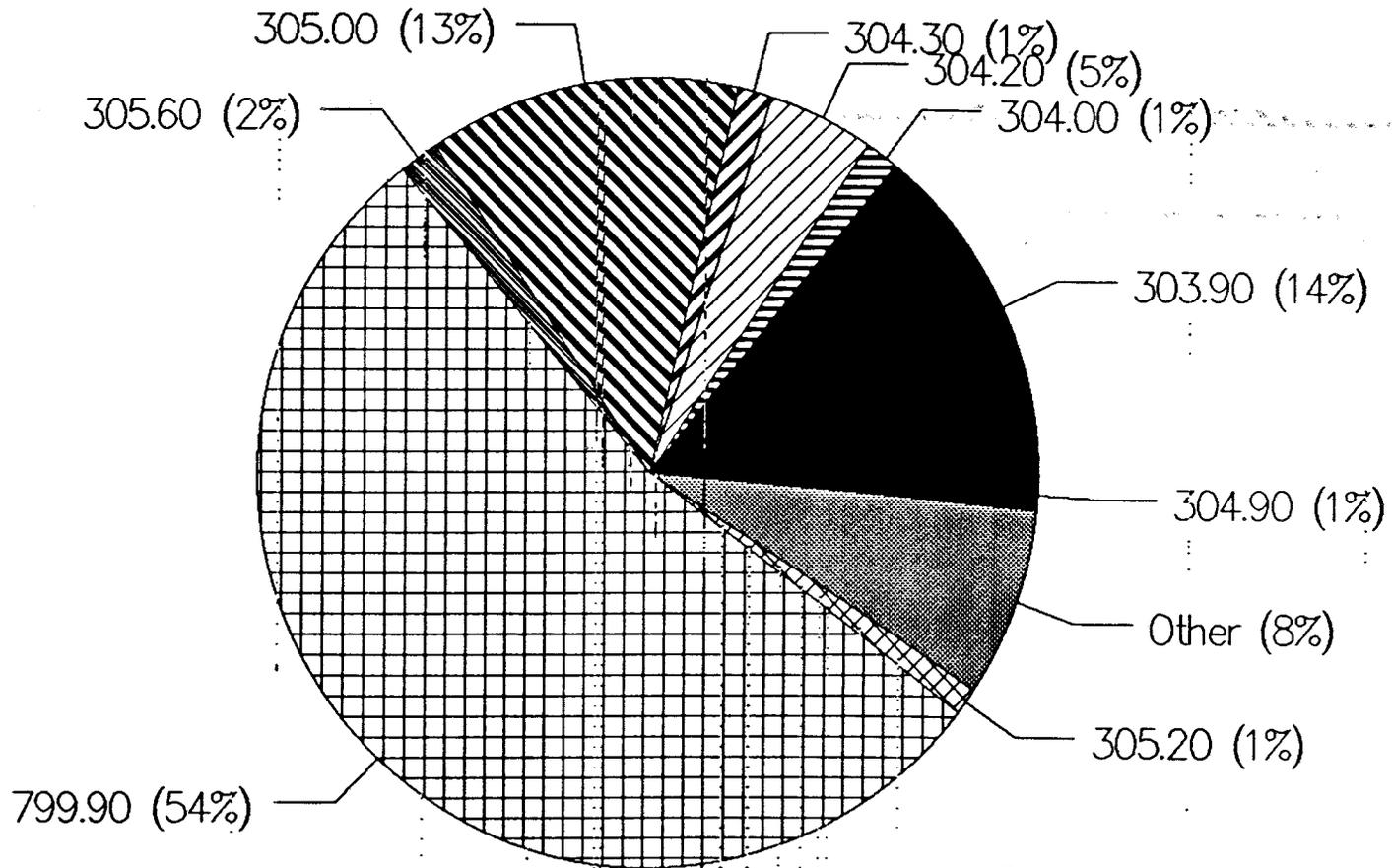
Diagnosis:

Other = All Other Diagnoses
799.90 = Diagnosis Deferred
303.90 = Alcohol Dependence
305.00 = Alcohol Abuse

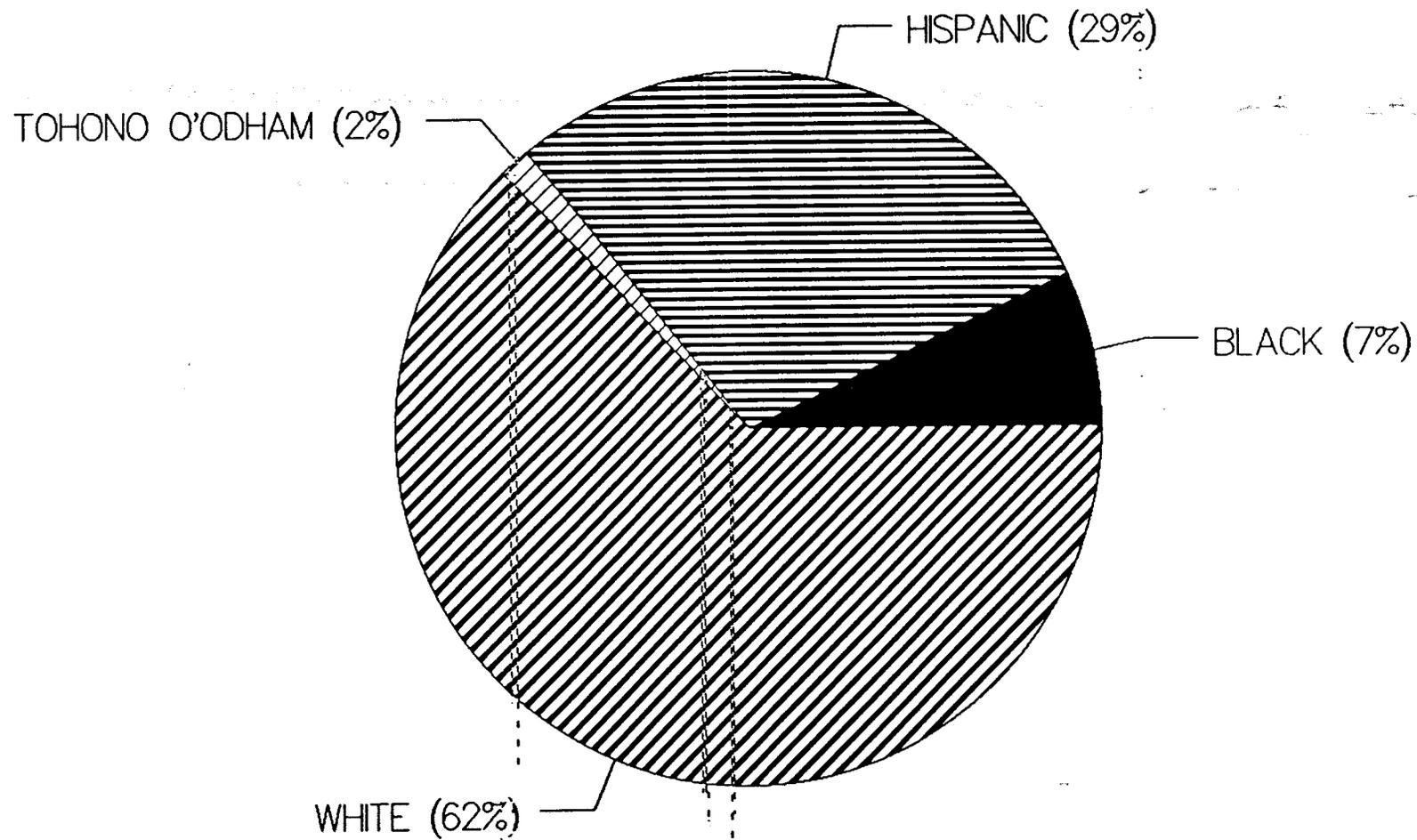
Severity:

11-20 = Some Danger of Hurting Self or Others or Failure in Maintain Minimal Personal Hygiene or Gross Impairment in Communication
21-30 = Behavior is Considerably Influenced by Delusions or Hallucinations or Inability to Function in Almost All Areas
31-40 = Some Impairment in Reality Testing or Communication or Major Impairment in Several Areas
41-50 = Serious Symptoms or Any Serious Impairment in Social, Occupational or School Functioning
51-60 = Moderate Symptoms or Moderate Difficulty in Social, Occupational or School Functioning
Other = All Other Levels

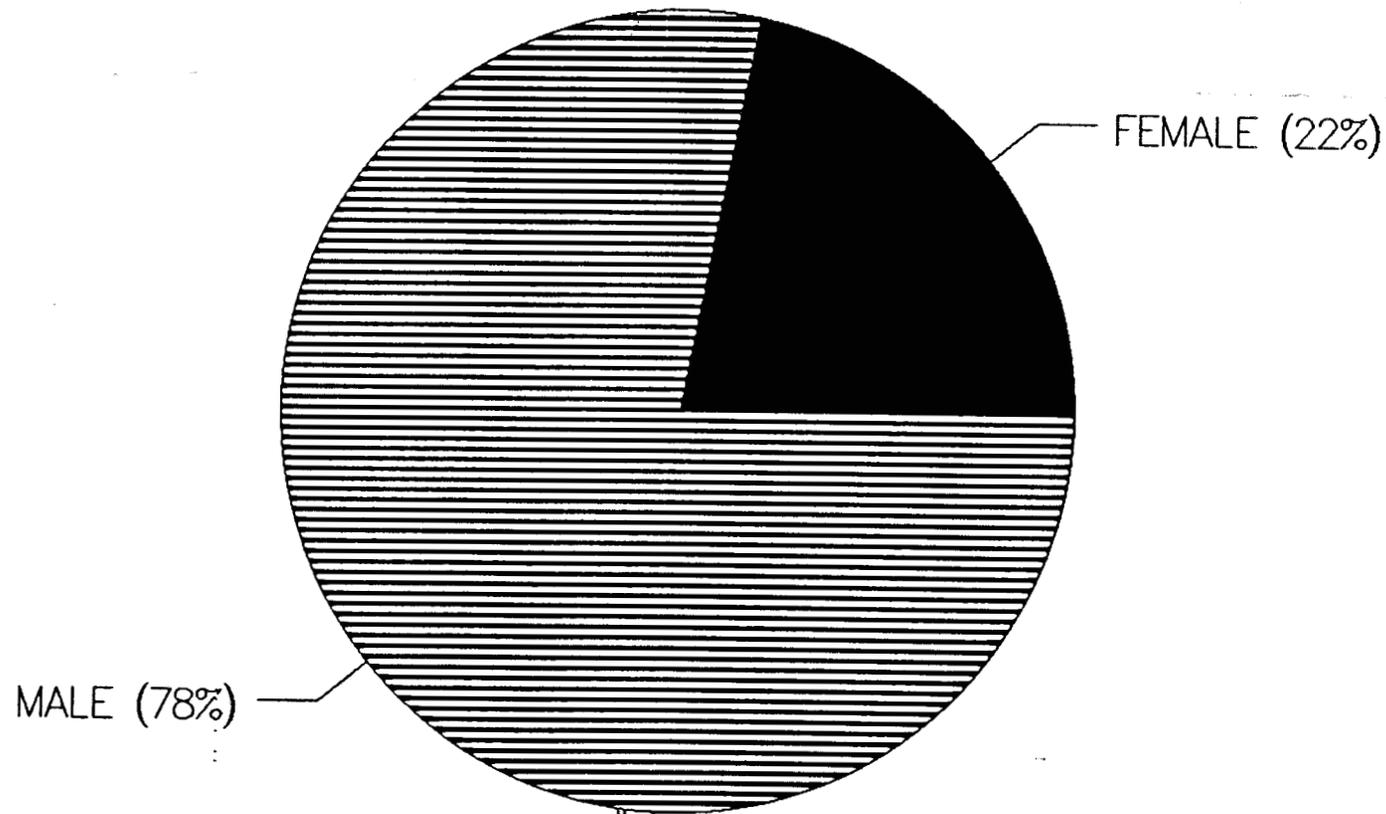
SUBSTANCE ABUSE DIAGNOSIS



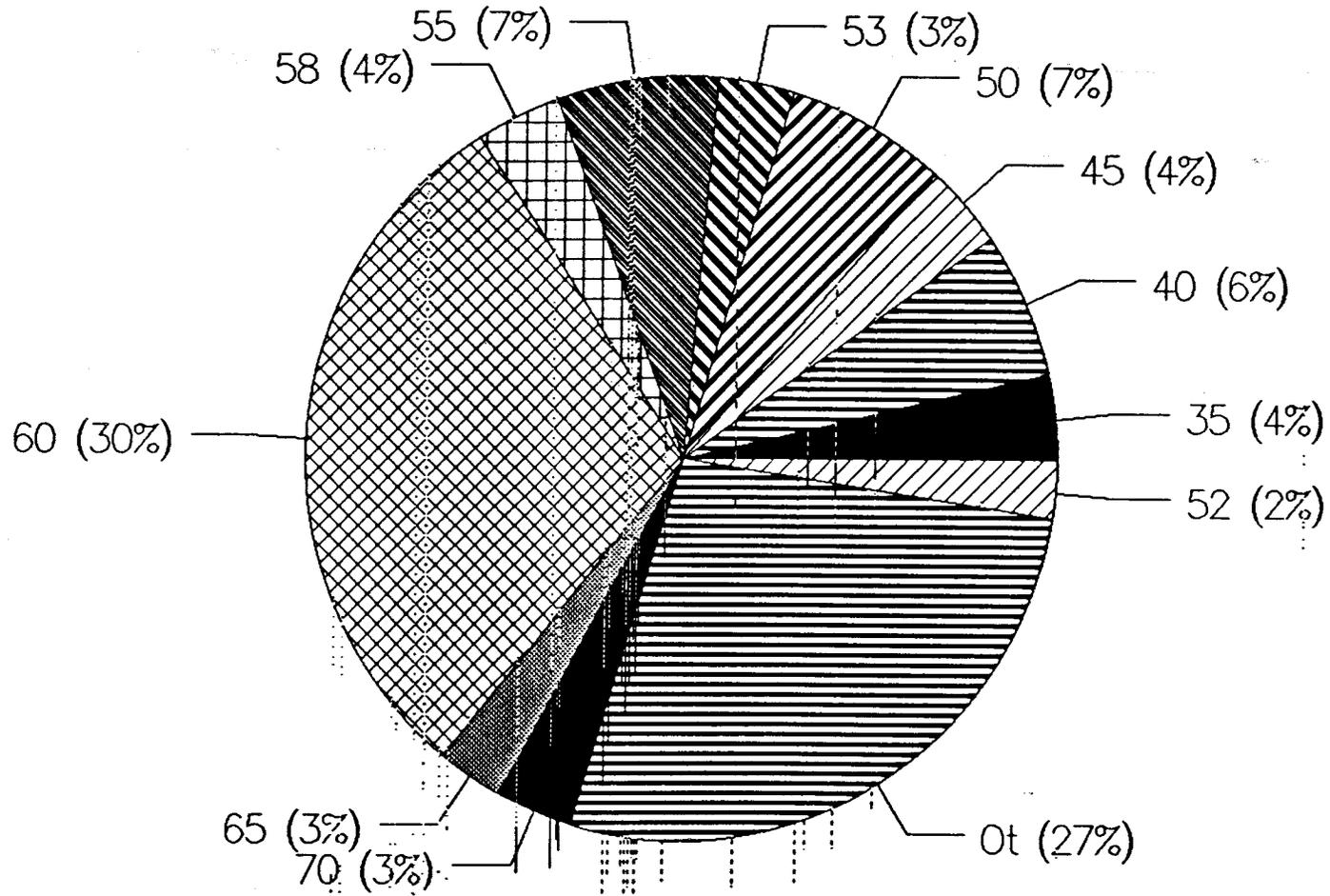
SUBSTANCE ABUSE ETHNICITY



SUBSTANCE ABUSE SEX



SUBSTANCE ABUSE SEVERITY



**ARIZONA CENTER FOR CLINICAL MANAGEMENT
CLIENT PROFILES- ARIZONA STATE HOSPITAL**

POPULATION	CURRENT CENSUS	YEAR-TO-DATE CENSUS	MOST COMMON DIAGNOSIS	AVERAGE AGE	AVERAGE INCOME	MOST COMMON ETHNICITY	GENDER	SEVERITY
SMI Non-XIX	33	79	Other (33%) 295.70 (21%) 295.32 (14%) 295.92 (8%)	41.3	\$ 3,780.00	(1) - 71%	M - 64% F - 36%	40 (17%) 30 (13%) 20 (12%)

Ethnicity - (1) = Caucasian

Diagnosis:

Other = All Other Diagnoses

295.70 = Schizoaffective Disorder

295.32 = Schizophrenia Paranoid Type, Chronic

295.92 = Schizophrenia Undifferentiated Type, Chronic

Severity:

11-20 = Some Danger of Hurting Self or Others or Failure in Maintain Minimal Personal Hygiene or Gross Impairment in Communication

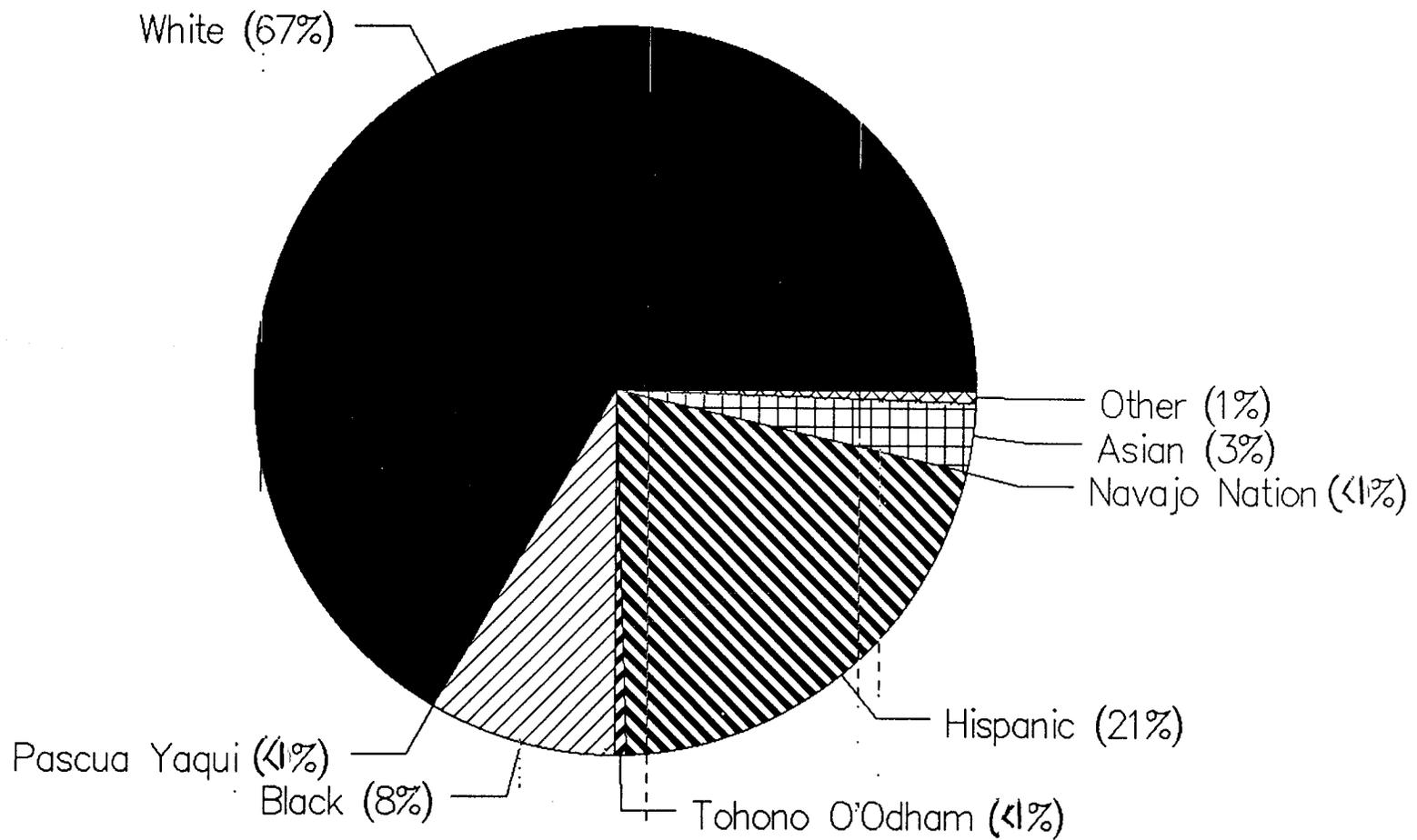
21-30 = Behavior is Considerably Influenced by Delusions or Hallucinations or Inability to Function in Almost All Areas

31-40 = Some Impairment in Reality Testing or Communication or Major Impairment in Several Areas

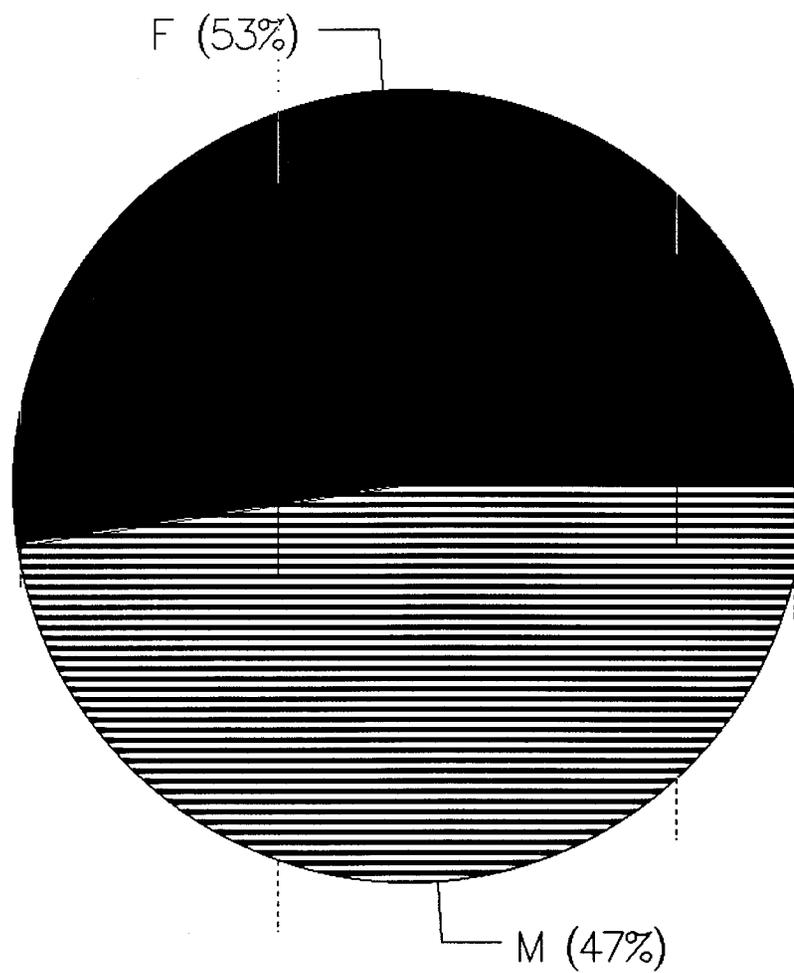
41-50 = Serious Symptoms or Any Serious Impairment in Social, Occupational or School Functioning

51-60 = Moderate Symptoms or Moderate Difficulty in Social, Occupational or School Functioning

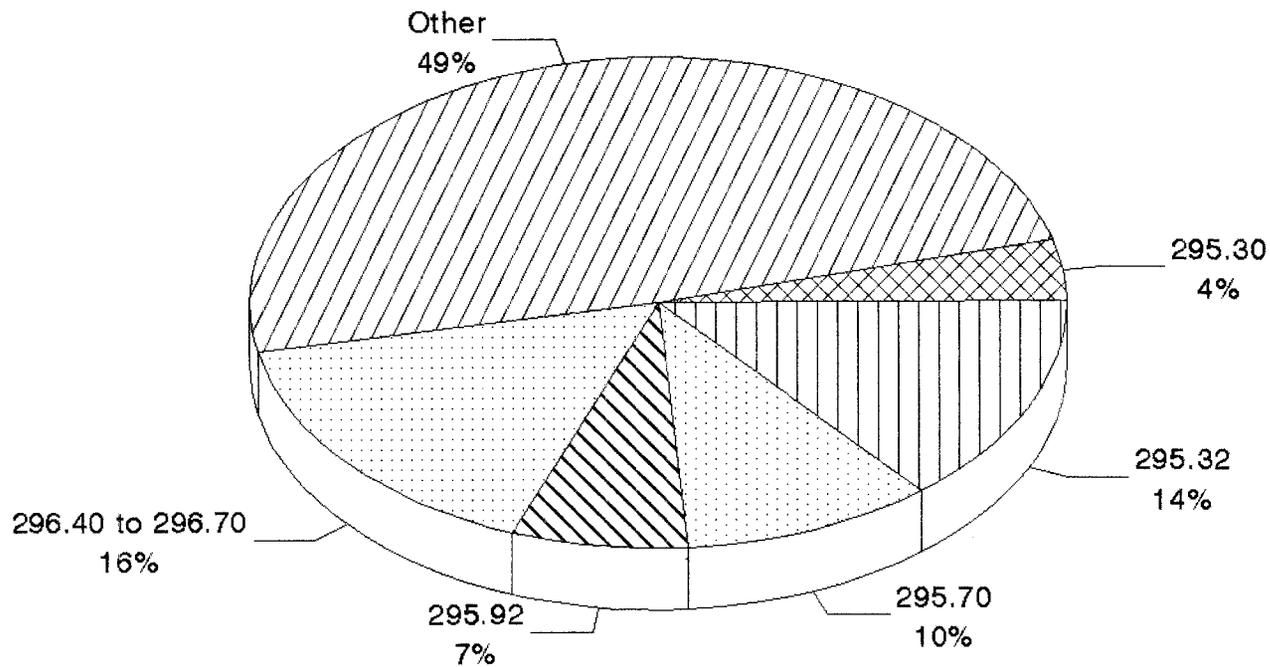
SMI TITLE XIX ETHNICITY



SMI TITLE XIX SEX



SMI Title XIX Major Diagnoses



295.92= Schizophrenia, Undifferentiated, Chronic 295.70 Schizoaffective Disorder
295.32= Schizophrenia, Paranoid, Chronic 295.30= Schizophrenia, Paranoid, Unspecified
296.40 to 296.70= Bipolar Disorder (Inclusive)

Global Assessment of Functioning Scale (GAF Scale)

Consider psychological, social, and occupational functioning on a hypothetical continuum of mental health–illness. Do not include impairment in functioning due to physical (or environmental) limitations. See p. 37 for instructions on how to use this scale.

Note: Use intermediate codes when appropriate, e.g., 45, 68, 72.

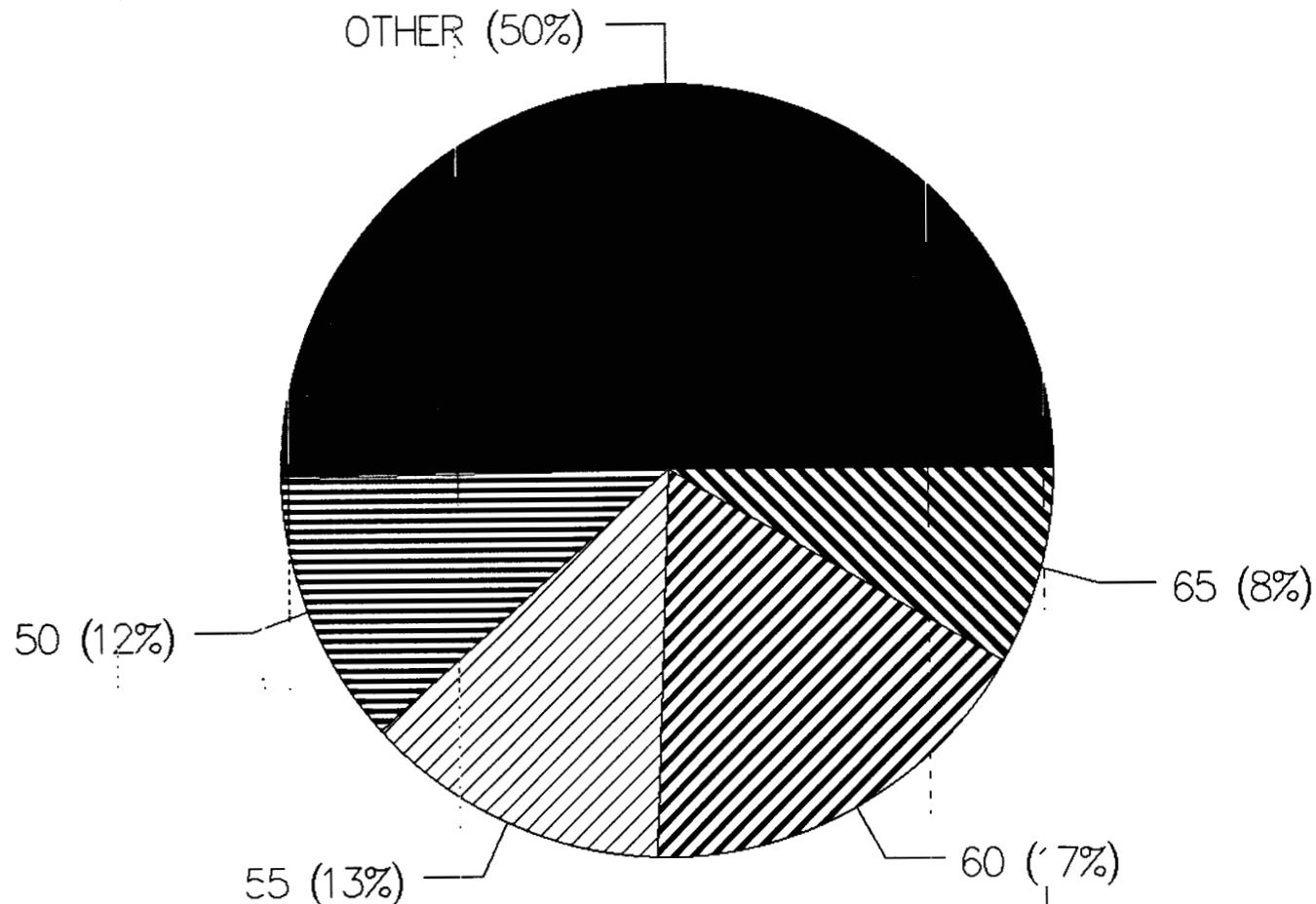
Code

- 90 Absent or minimal symptoms (e.g., mild anxiety before an exam), good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns (e.g., an occasional argument with family members).
- 22
- 81 If symptoms are present, they are transient and expectable reactions to psychosocial stressors (e.g., difficulty concentrating after family argument); no more than slight impairment in social, occupational, or school functioning (e.g., temporarily falling behind in school work).
- 71 Some mild symptoms (e.g., depressed mood and mild insomnia) OR some difficulty in social, occupational, or school functioning (e.g., occasional truancy, or theft within the household), but generally functioning pretty well, has some meaningful interpersonal relationships.
- 61 Moderate symptoms (e.g., flat affect and circumstantial speech, occasional panic attacks) OR moderate difficulty in social, occupational, or school functioning (e.g., few friends, conflicts with co-workers).
- 51

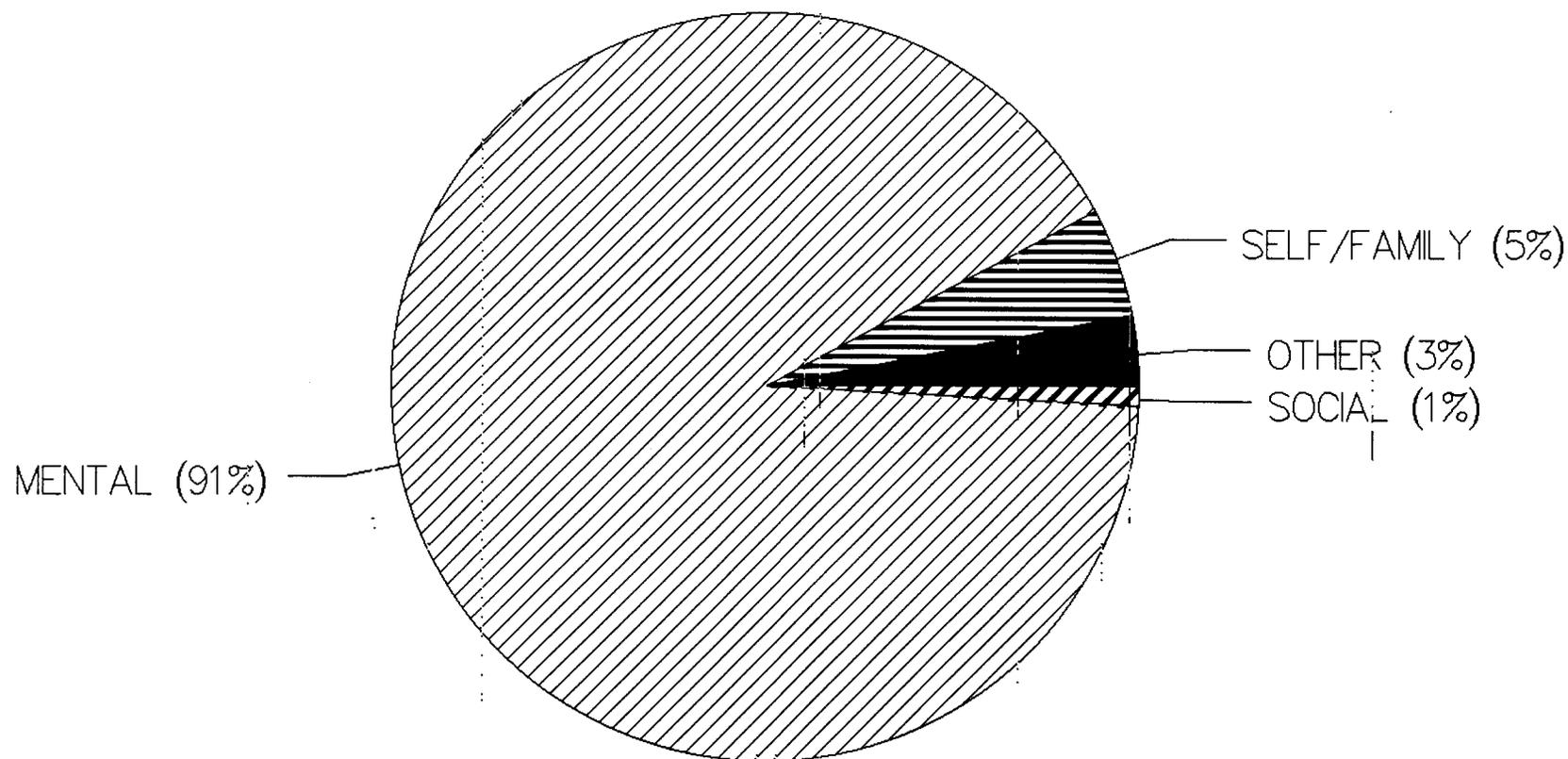
- 50 Serious symptoms (e.g., suicidal ideation, severe obsessional rituals, frequent shoplifting) OR any serious impairment in social, occupational, or school functioning (e.g., no friends, unable to keep a job).
- 41
- 40 Some impairment in reality testing or communication (e.g., speech is at times illogical, obscure, or irrelevant) OR major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood (e.g., depressed man avoids friends, neglects family, and is unable to work; child frequently beats up younger children, is defiant at home, and is failing at school).
- 31
- 30 Behavior is considerably influenced by delusions or hallucinations OR serious impairment in communication or judgment (e.g., sometimes incoherent, acts grossly inappropriately, suicidal preoccupation) OR inability to function in almost all areas (e.g., stays in bed all day; no job, home, or friends).
- 21
- 20 Some danger of hurting self or others (e.g., suicide attempts without clear expectation of death, frequently violent, manic excitement) OR occasionally fails to maintain minimal personal hygiene (e.g., smears feces) OR gross impairment in communication (e.g., largely incoherent or mute).
- 11
- 10 Persistent danger of severely hurting self or others (e.g., recurrent violence) OR persistent inability to maintain minimal personal hygiene OR serious suicidal act with clear expectation of death.
- 1

SMI TITLE XIX SEVERITY

41-50 = Serious symptoms OR any serious impairment in social, occupational or school functioning
51-60 = Moderate symptoms OR moderate difficulty in social, occupational or school functioning
61-70 = Some mild symptoms OR some difficulty in social, occupational or school functioning

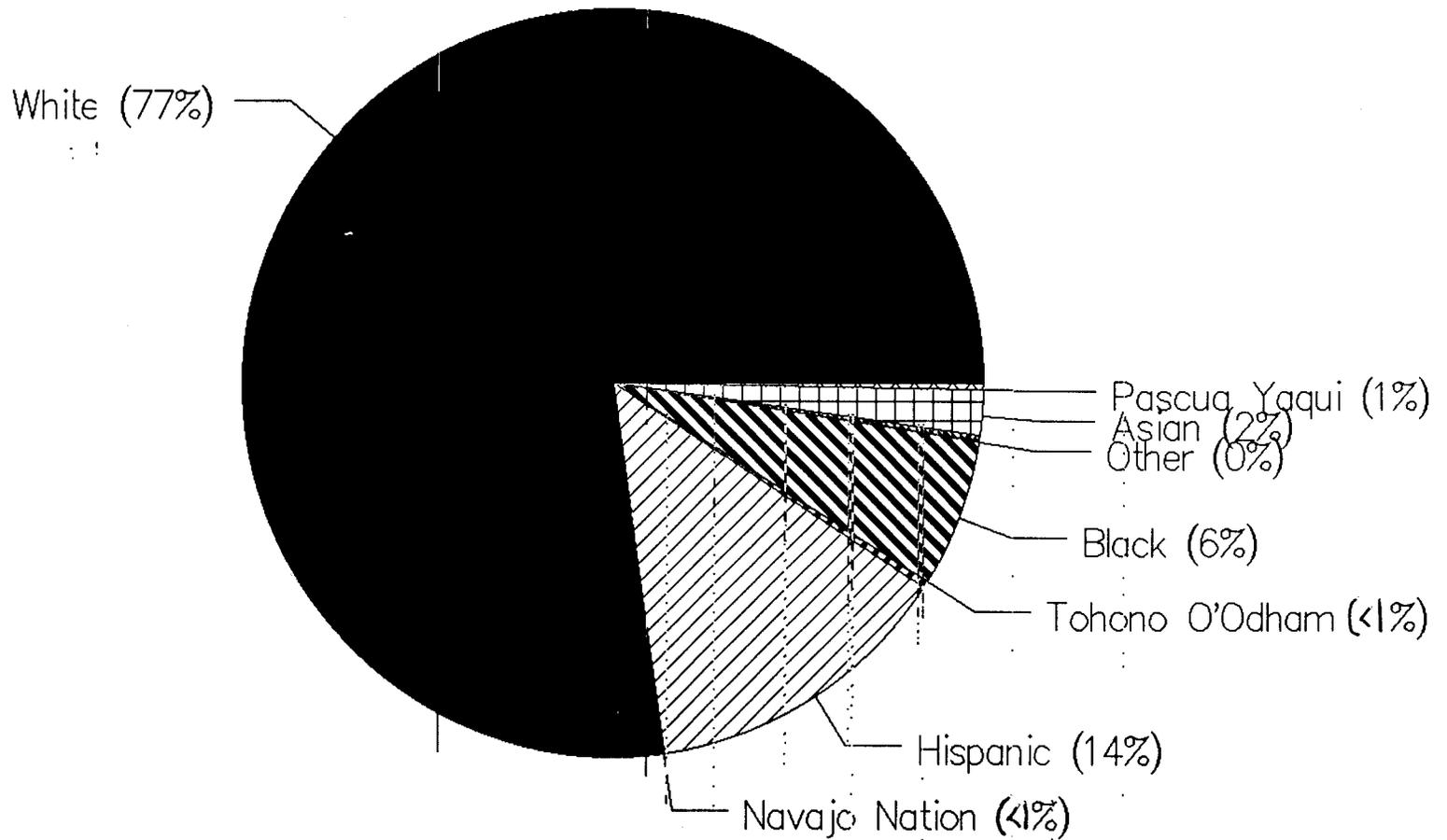


SMI TITLE XIX REFERRAL



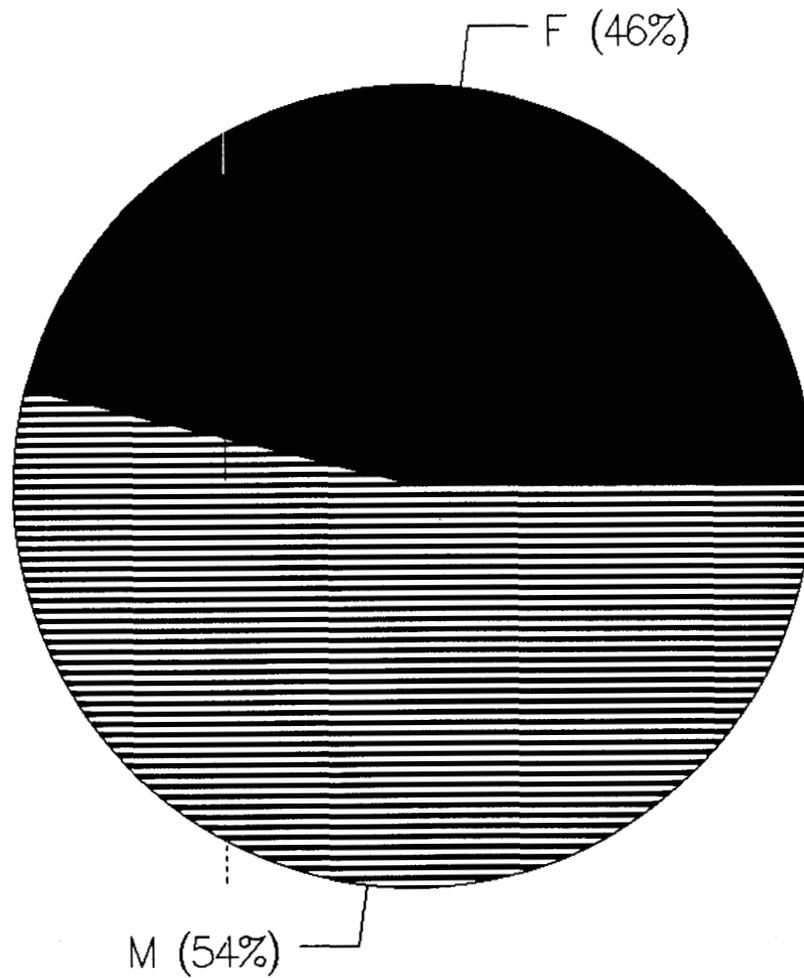
SMI NON TITLE XIX

ETHNICITY



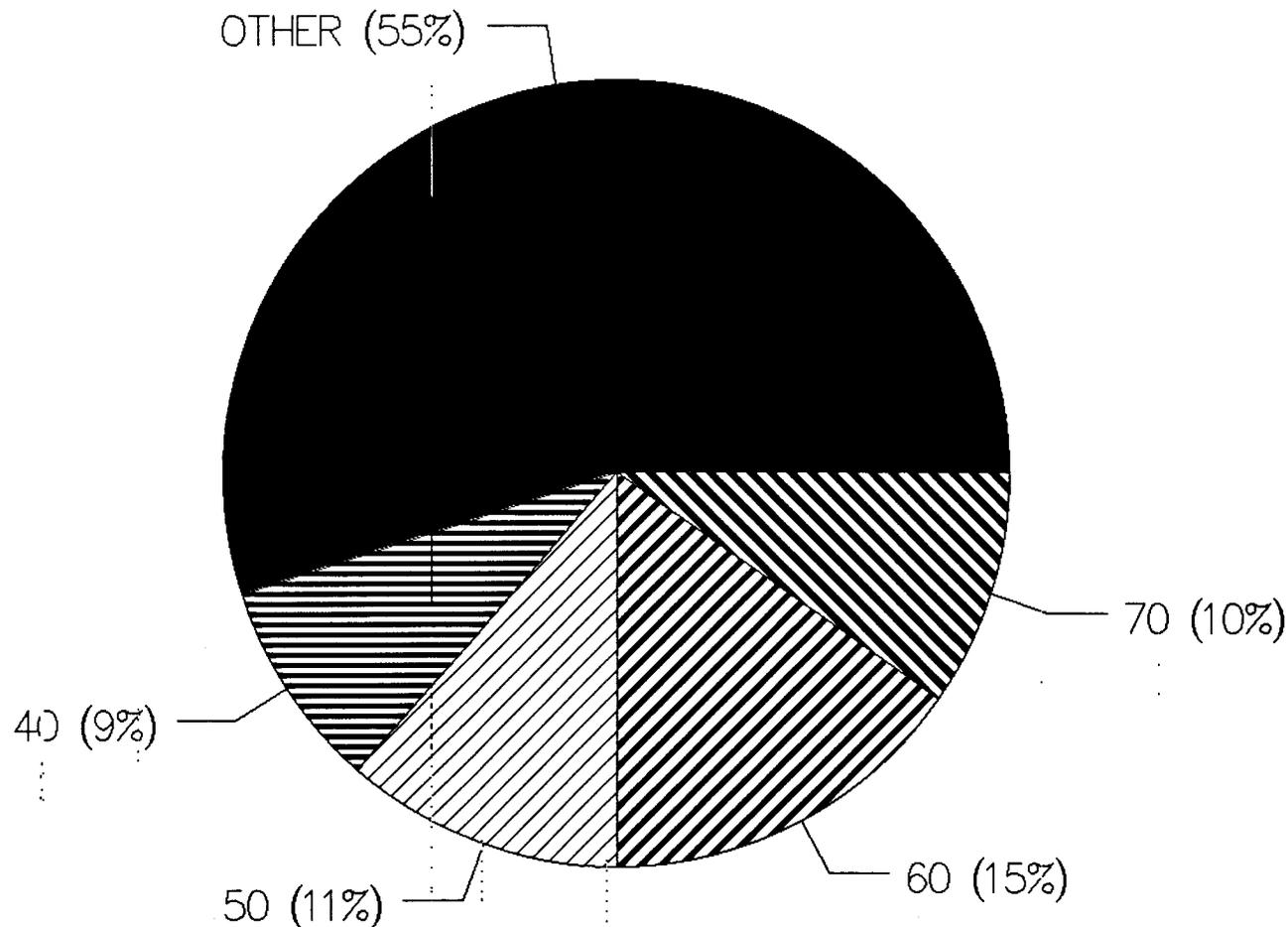
SMI NON TITLE XIX

SEX

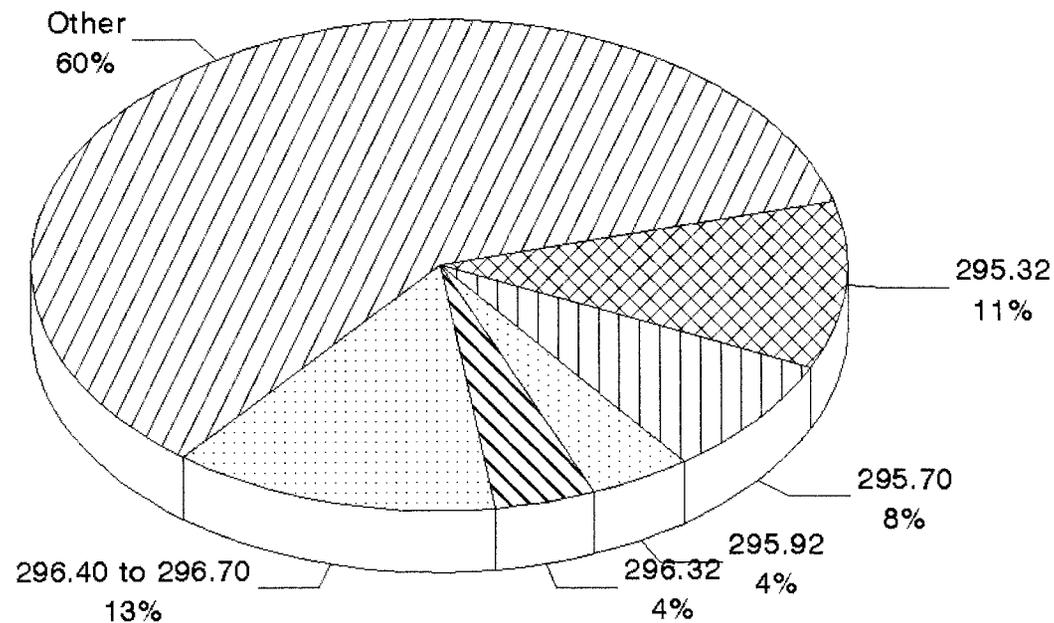


SMI NON TITLE XIX SEVERITY

31-40 = Some impairment in reality testing or communication OR major impairment in several areas
41-50 = Serious symptoms OR any serious impairment in social, occupational or school functioning
51-60 = Moderate symptoms OR moderate difficulty in social, occupational or school functioning
61-70 = Some mild symptoms OR some difficulty in social, occupational or school functioning

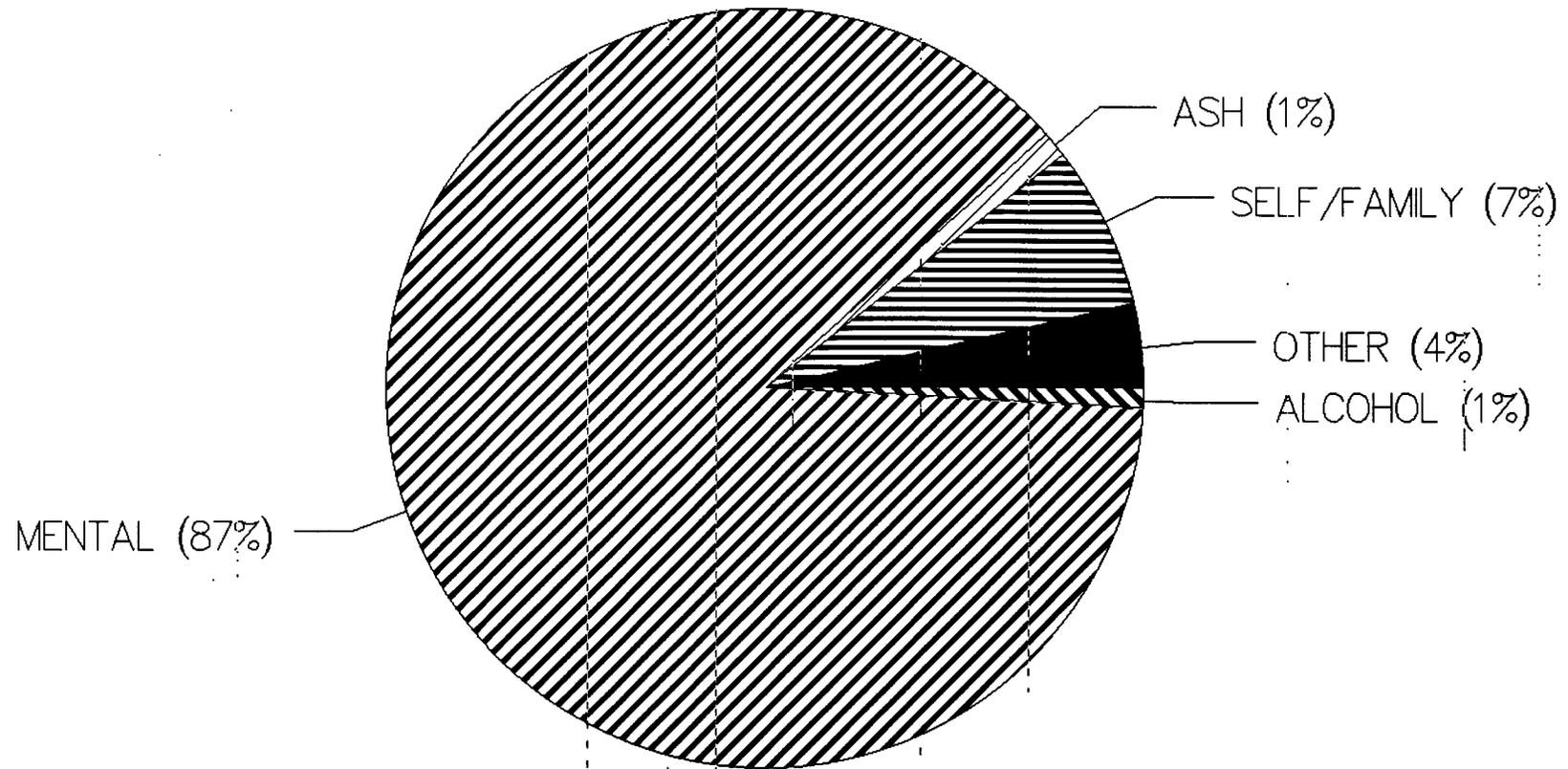


SMI Non Title XIX Major Diagnoses

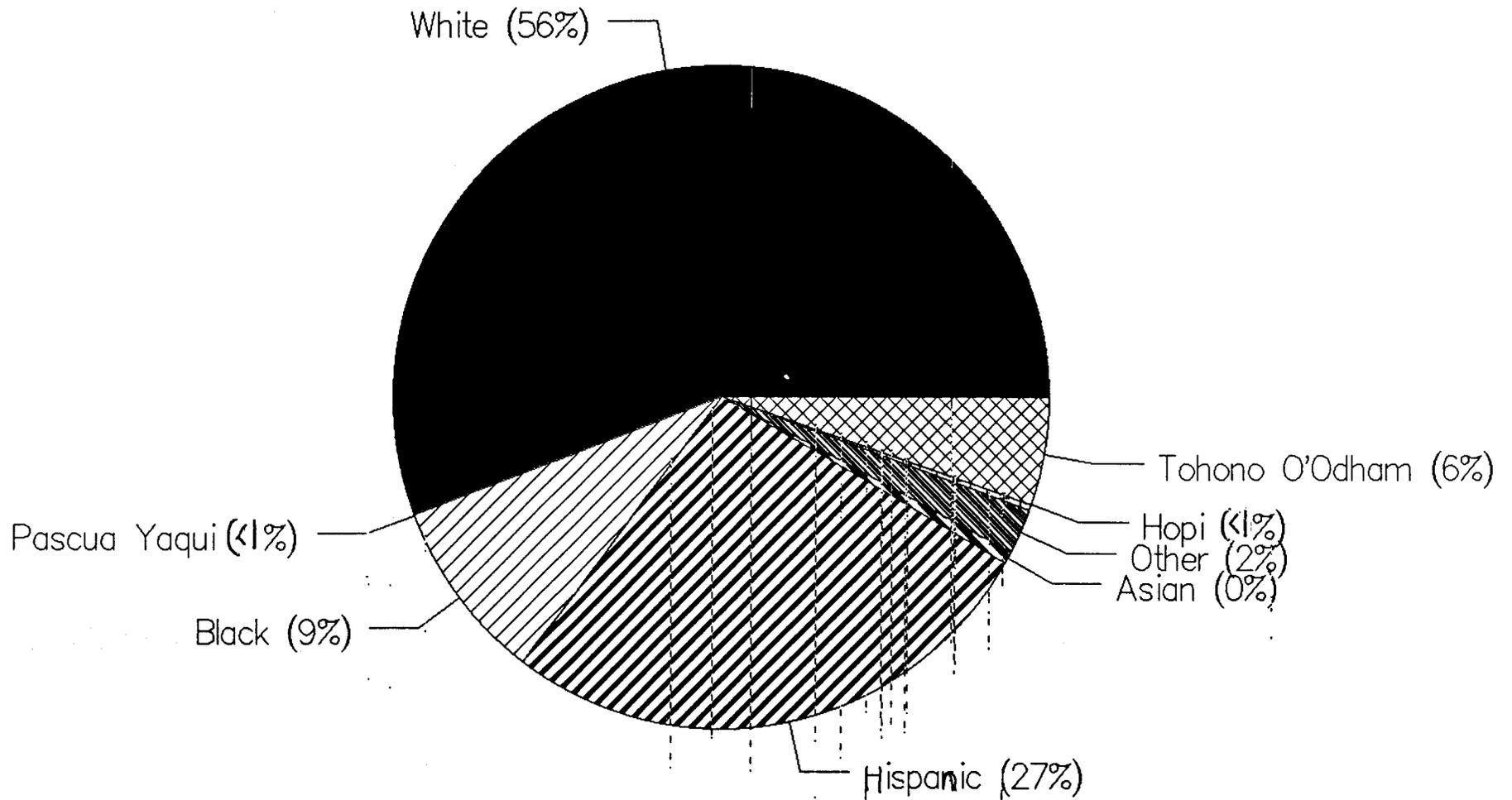


296.32= Major Depression, Recurrent, Moderate 295.92= Schizophrenia, Undifferentiated, Chronic
295.70= Schizoaffective Disorder 295.32= Schizophrenia, Paranoid, Chronic
296.40 to 296.70= Bipolar Disorder (Inclusive)

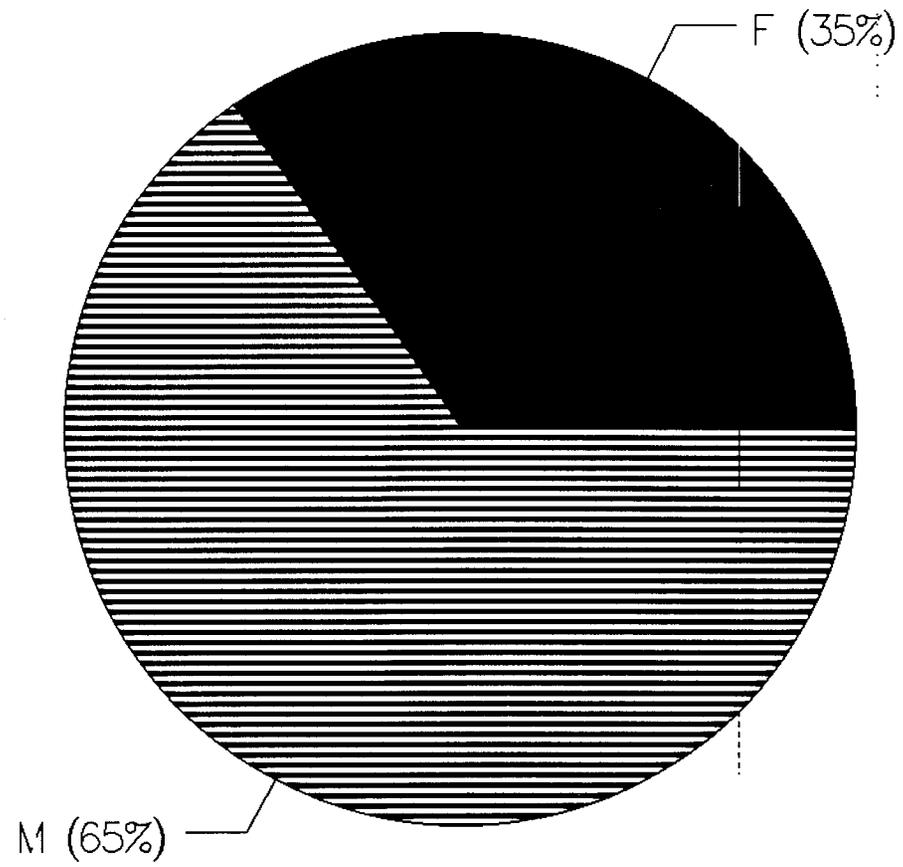
SMI NON TITLE XIX REFERRAL



SED TITLE XIX ETHNICITY



SED TITLE XIX SEX



SED TITLE XIX DIAGNOSIS

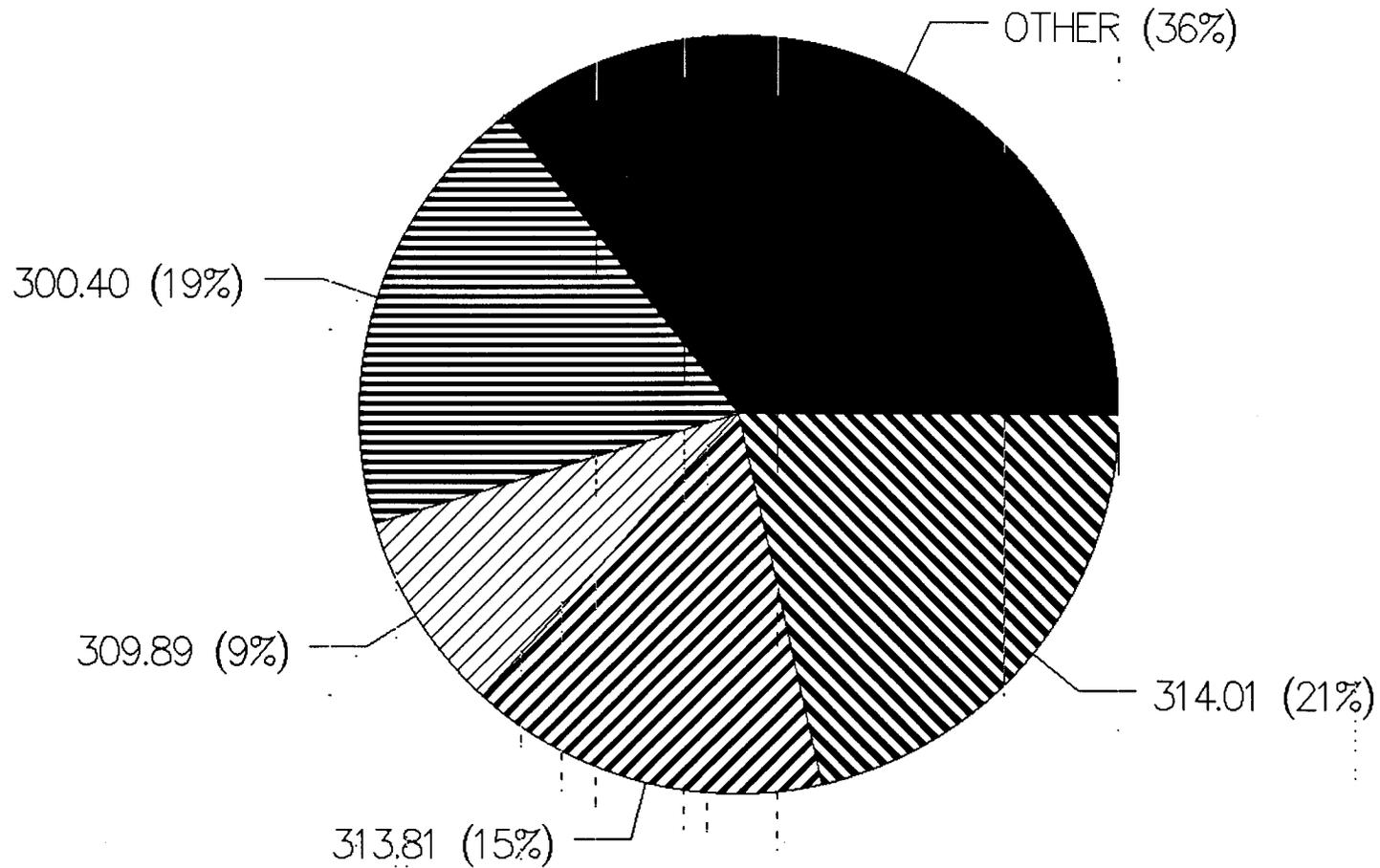
Other = All Other Diagnoses

300.40 = Dysthymia

309.89 = Post Traumatic Stress Disorder

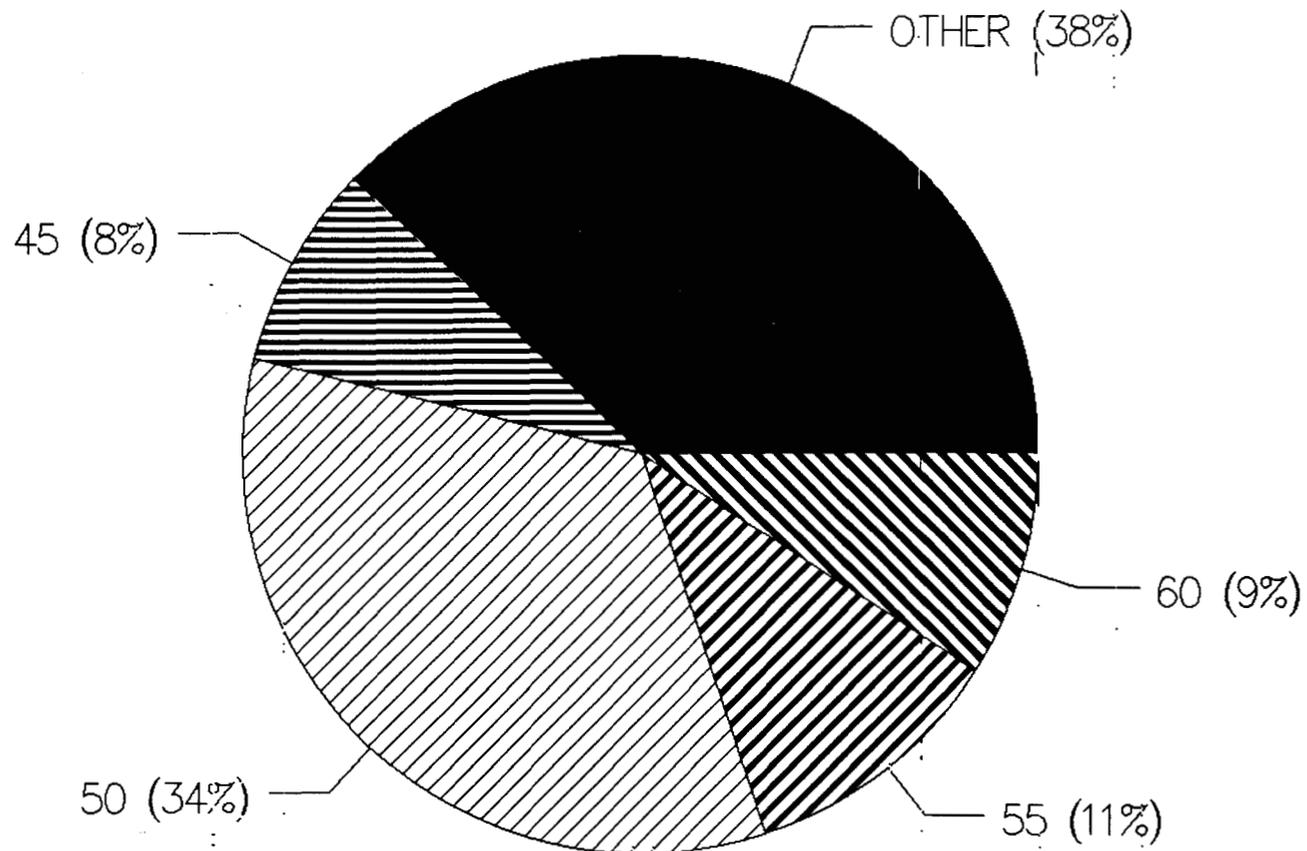
313.81 = Oppositional Defiant Disorder

314.01 = Attention Deficit Hyperactivity Disorder

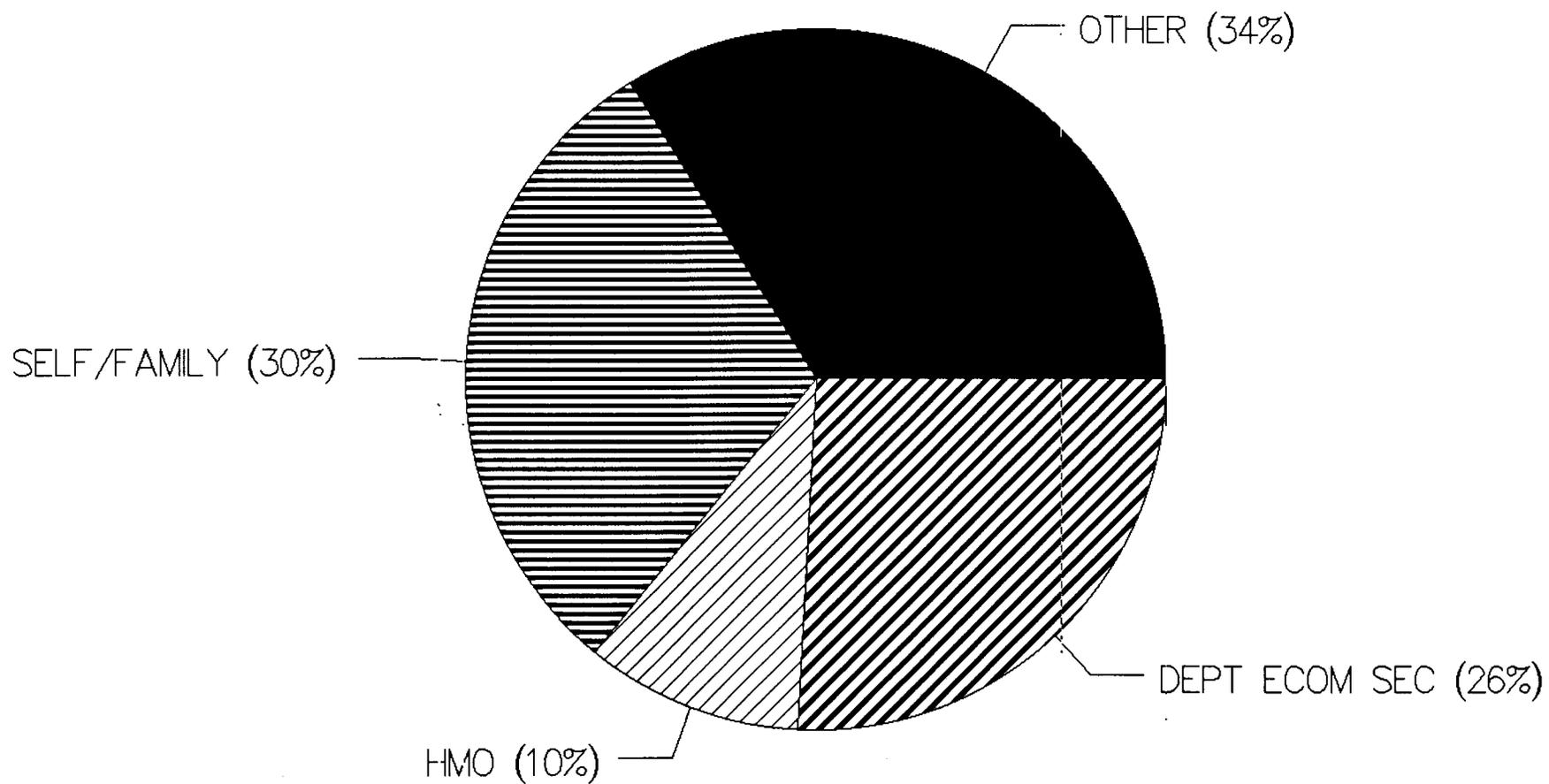


SED TITLE XIX SEVERITY

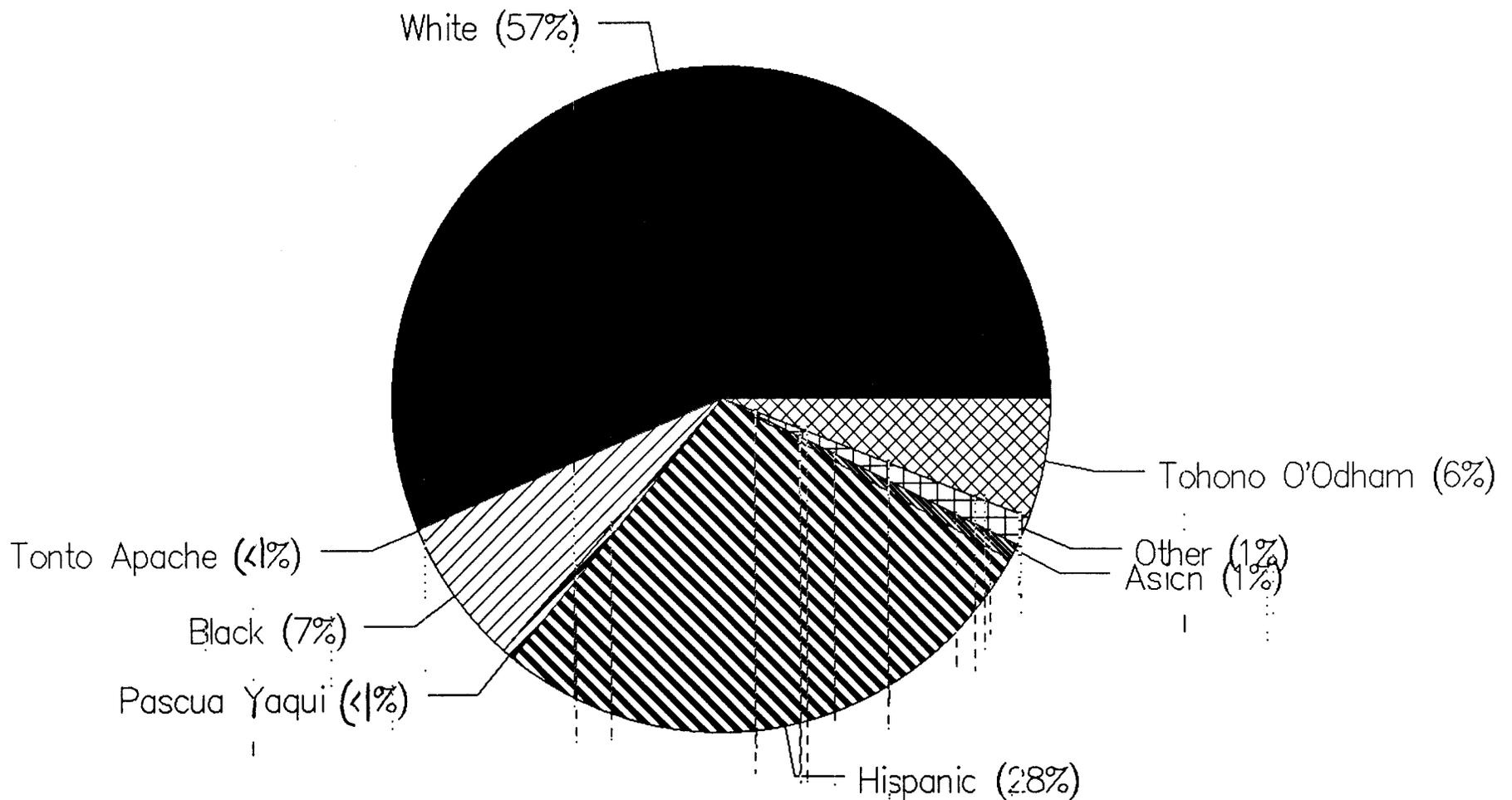
41-50 = Serious symptoms OR any serious impairment in social, occupational or school functioning
51-60 = Moderate symptoms OR moderate difficulty in social, occupational or school functioning



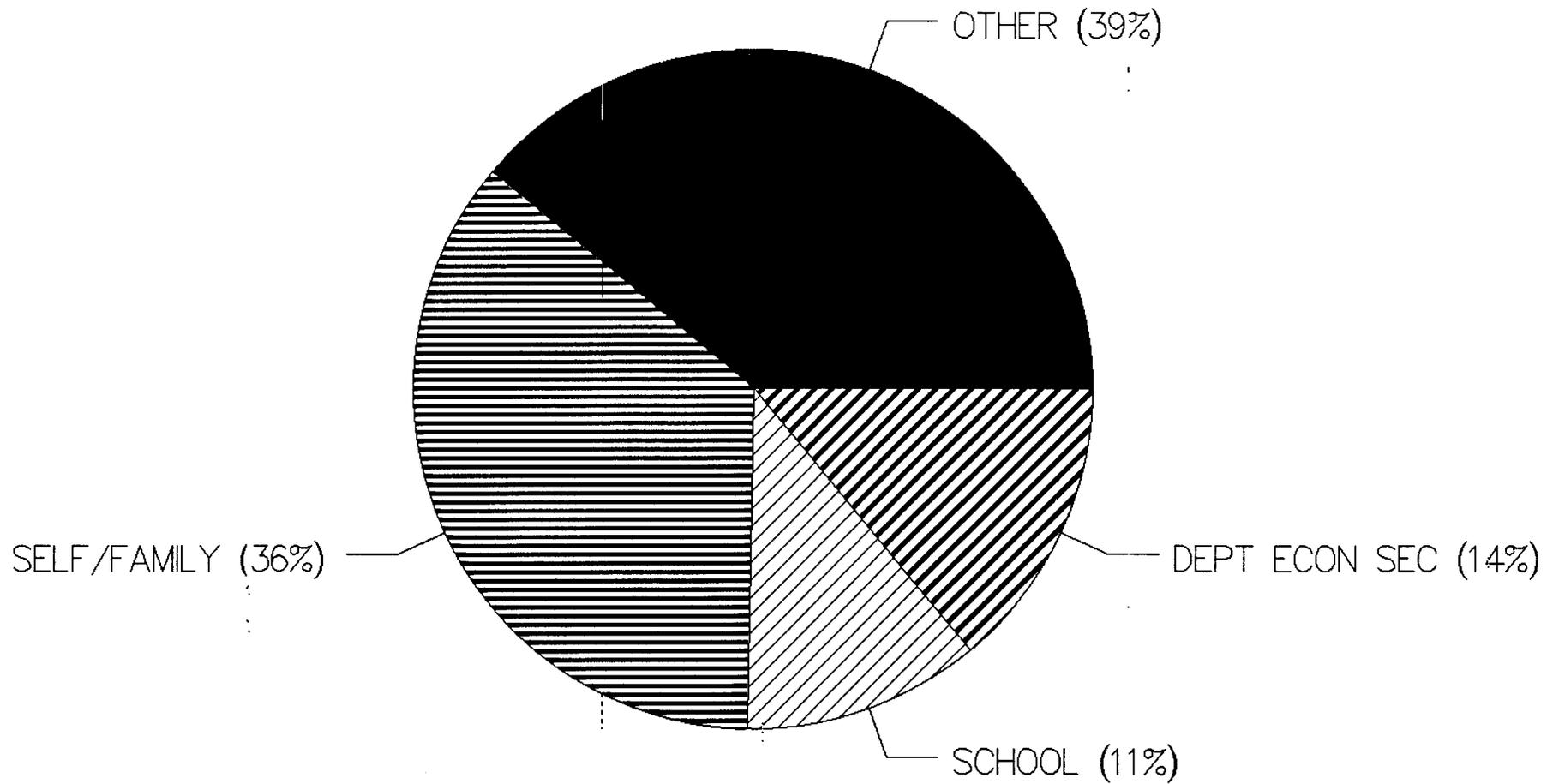
SED TITLE XIX REFERRAL



SED NON TITLE XIX ETHNICITY

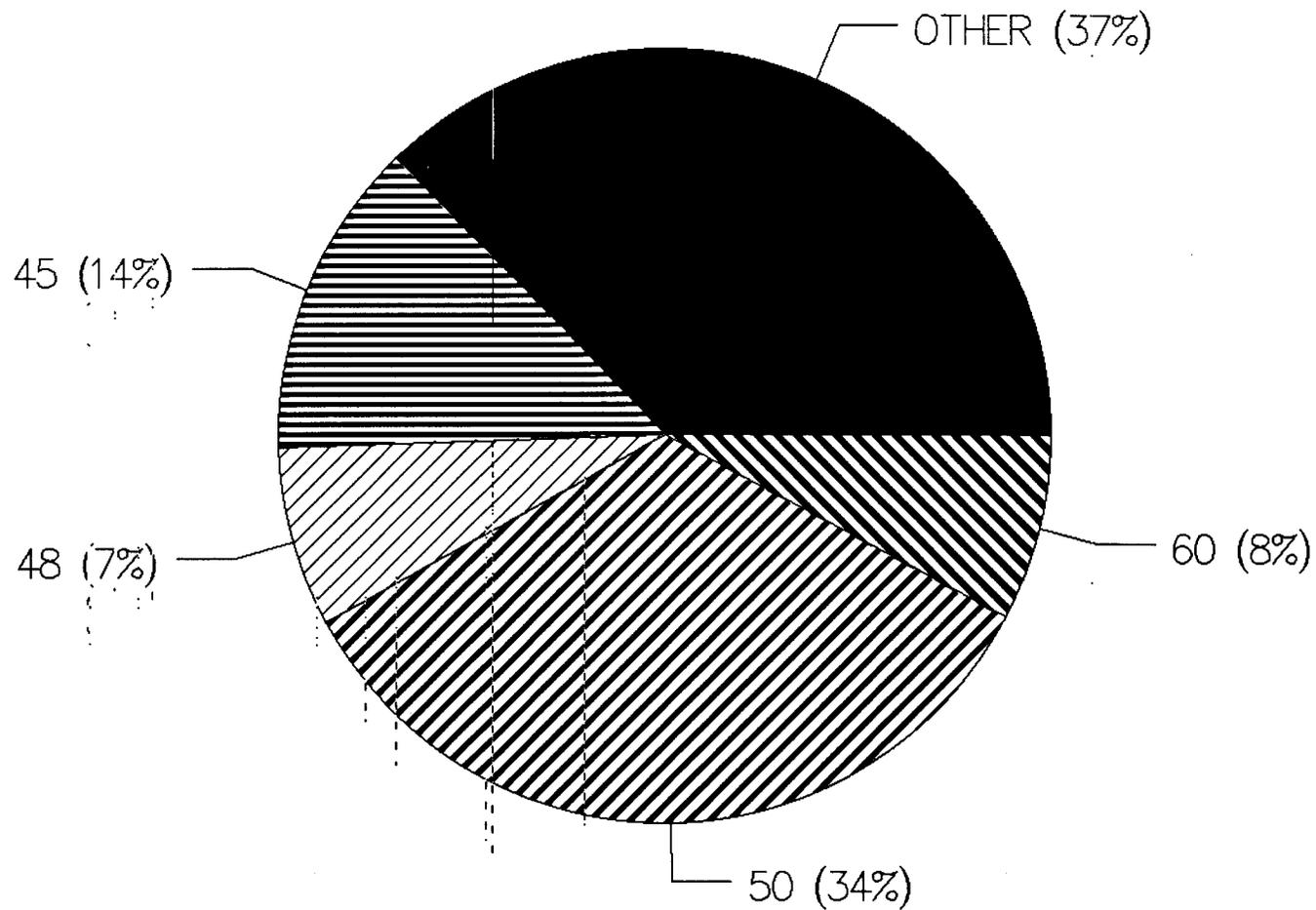


SED NON TITLE XIX REFERRAL



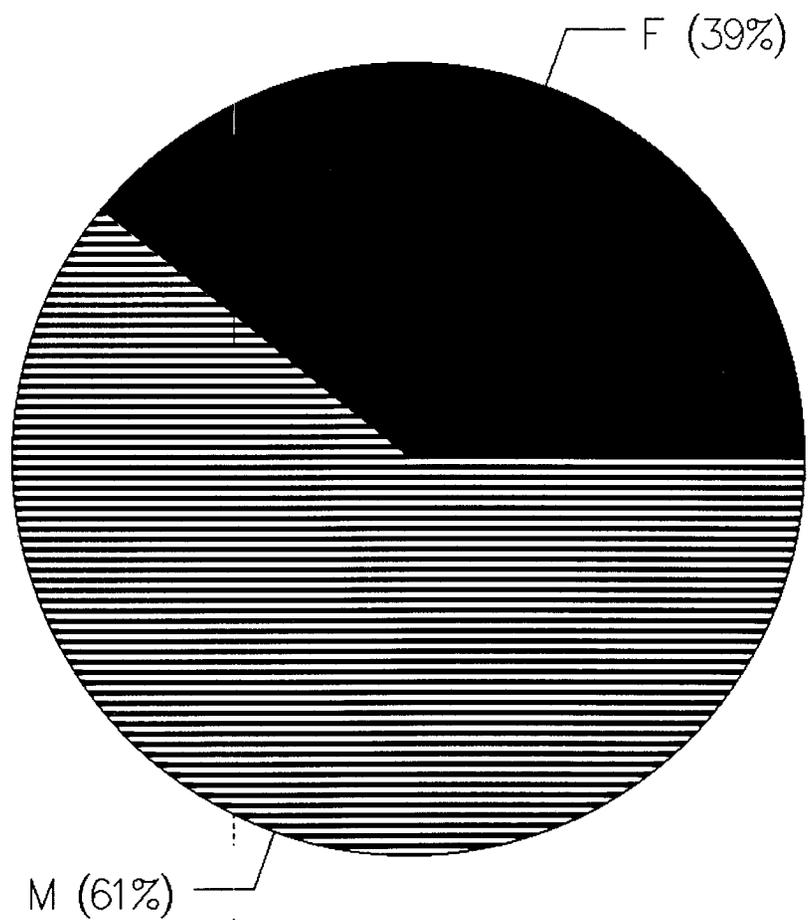
SED NON TITLE XIX SEVERITY

41-50 = Serious symptoms OR any serious impairment in social, occupational or school functioning
51-60 = Moderate symptoms OR moderate difficulty in social, occupational or school functioning



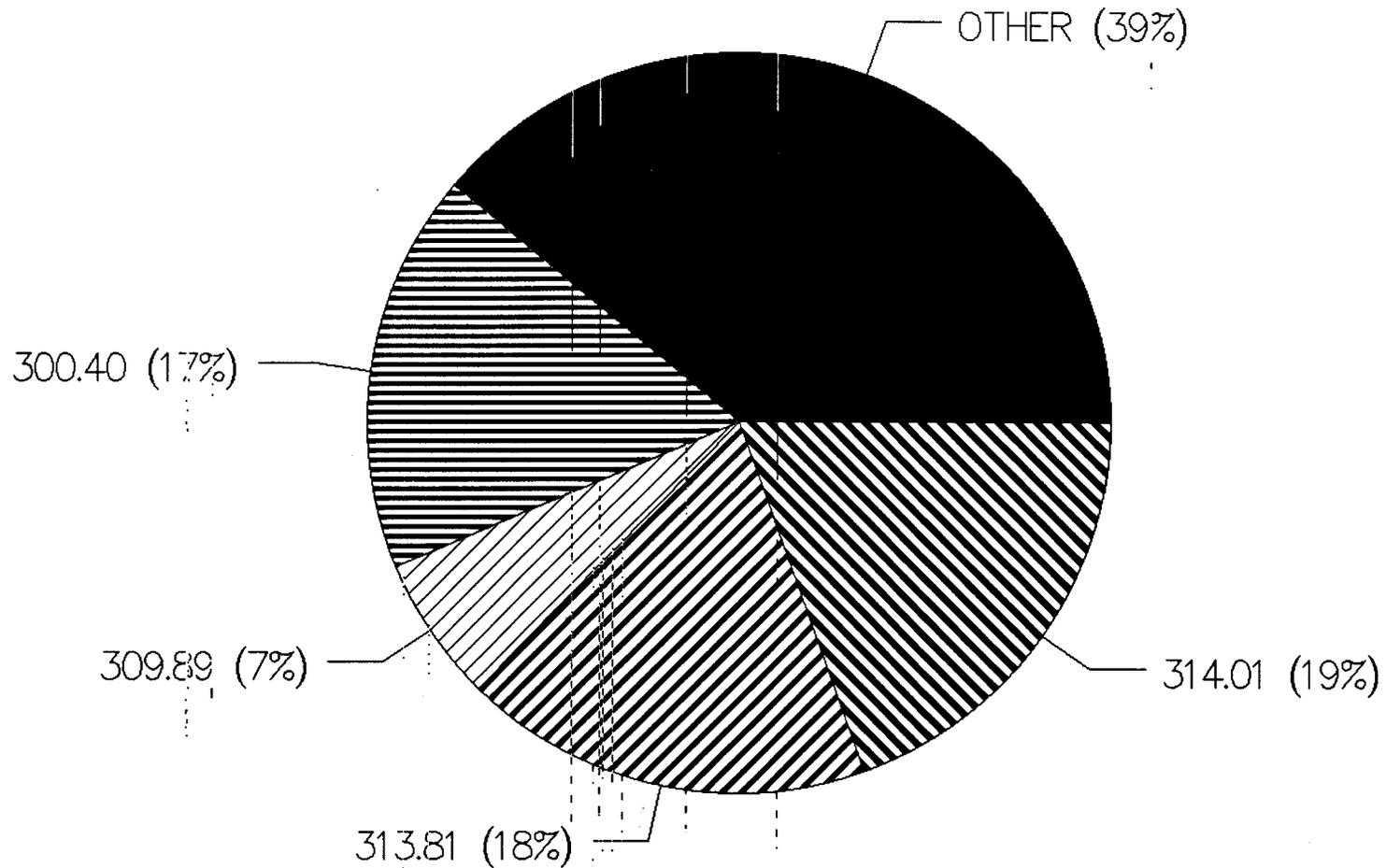
SED NON TITLE XIX

SEX

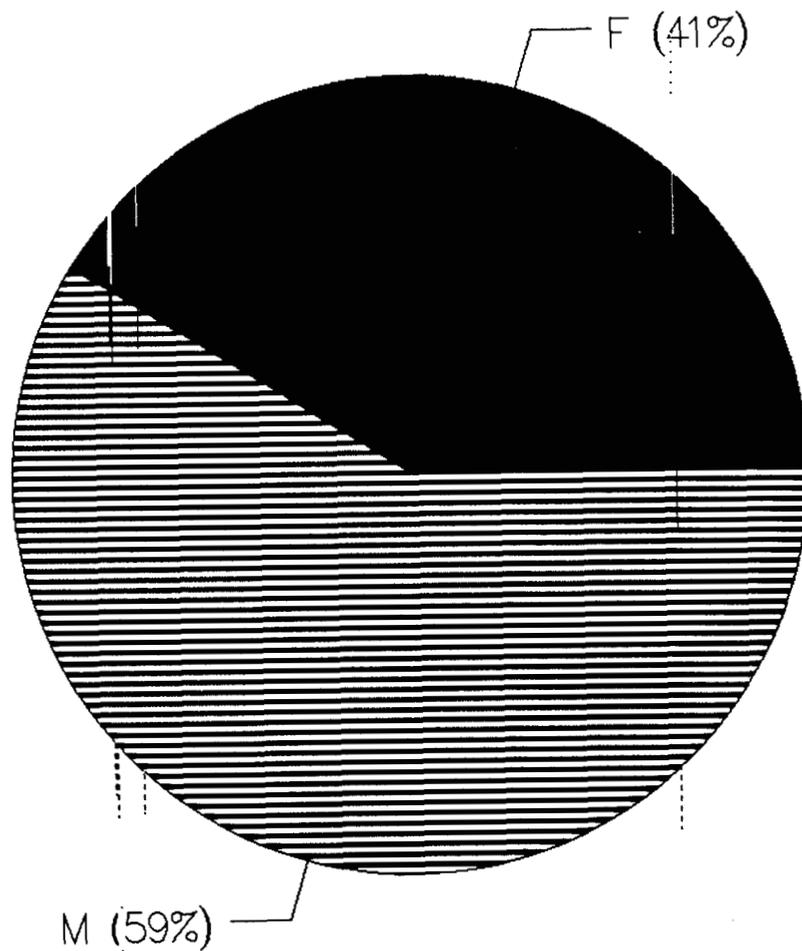


SED NON TITLE XIX DIAGNOSIS

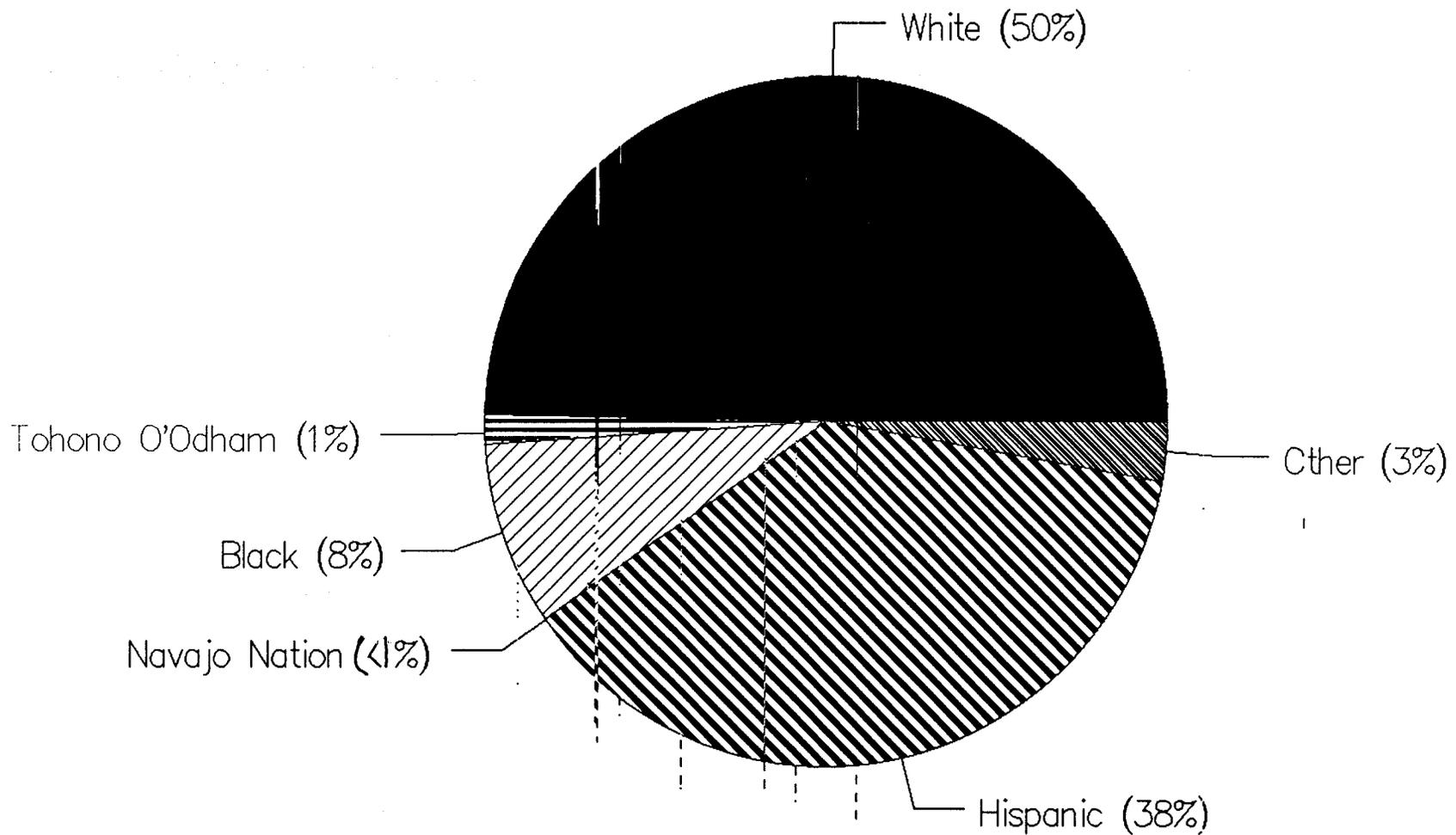
Other = All Other Diagnoses
300.40 = Dysthymia
309.89 = Post Traumatic Stress Disorder
313.81 = Oppositional Defiant Disorder
314.01 = Attention Deficit Hyperactivity Disorder



NONSED TITLE XIX SEX

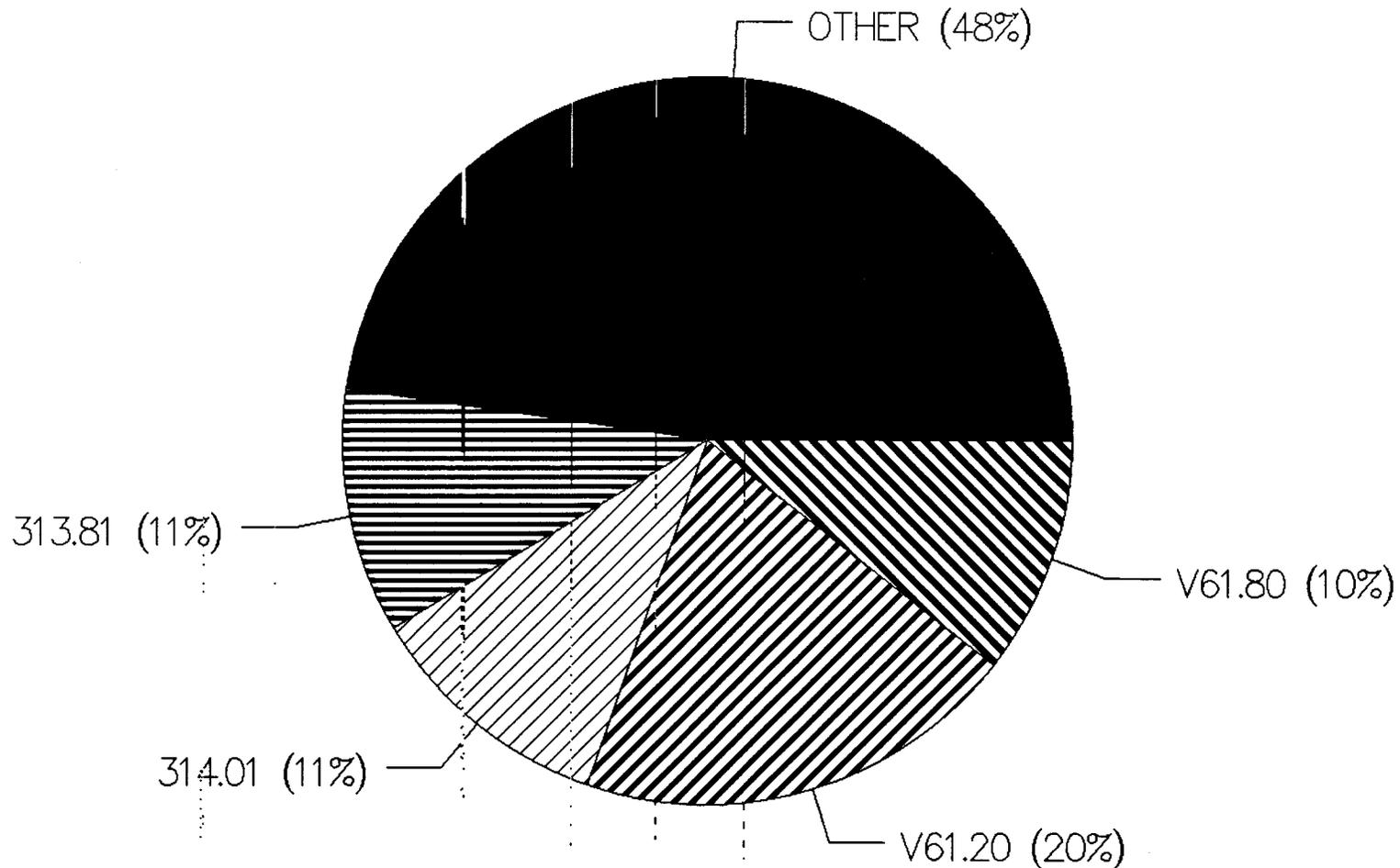


NON SED TITLE XIX ETHNICITY



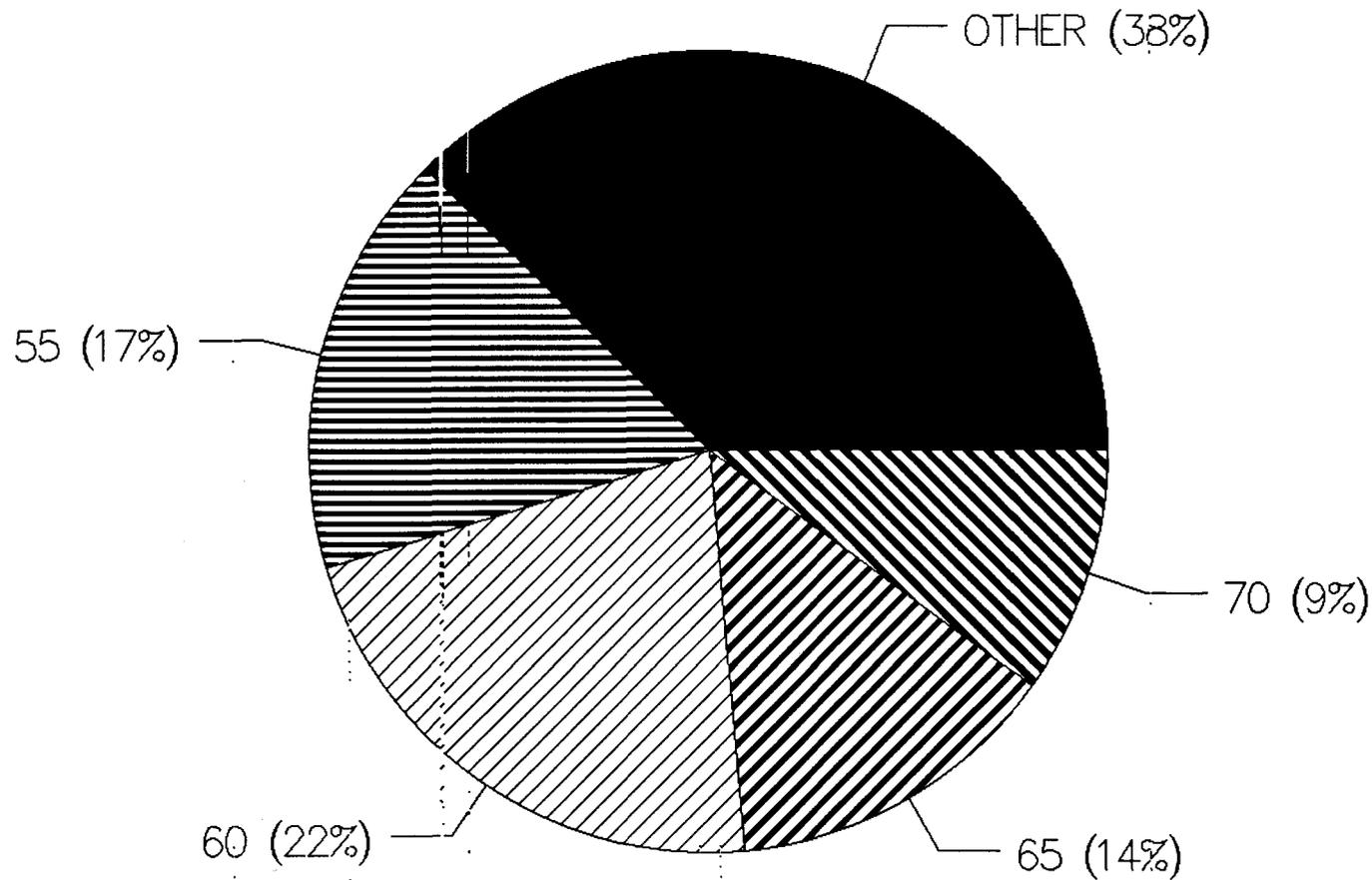
NON SED TITLE XIX DIAGNOSIS

Other = All Other Diagnoses
313.81 = Oppositional Defiant Disorder
314.01 = Attention Deficit Hyperactivity Disorder
V61.20 = Parent-Child Problem
V61.80 = Other Specified Family Circumstances

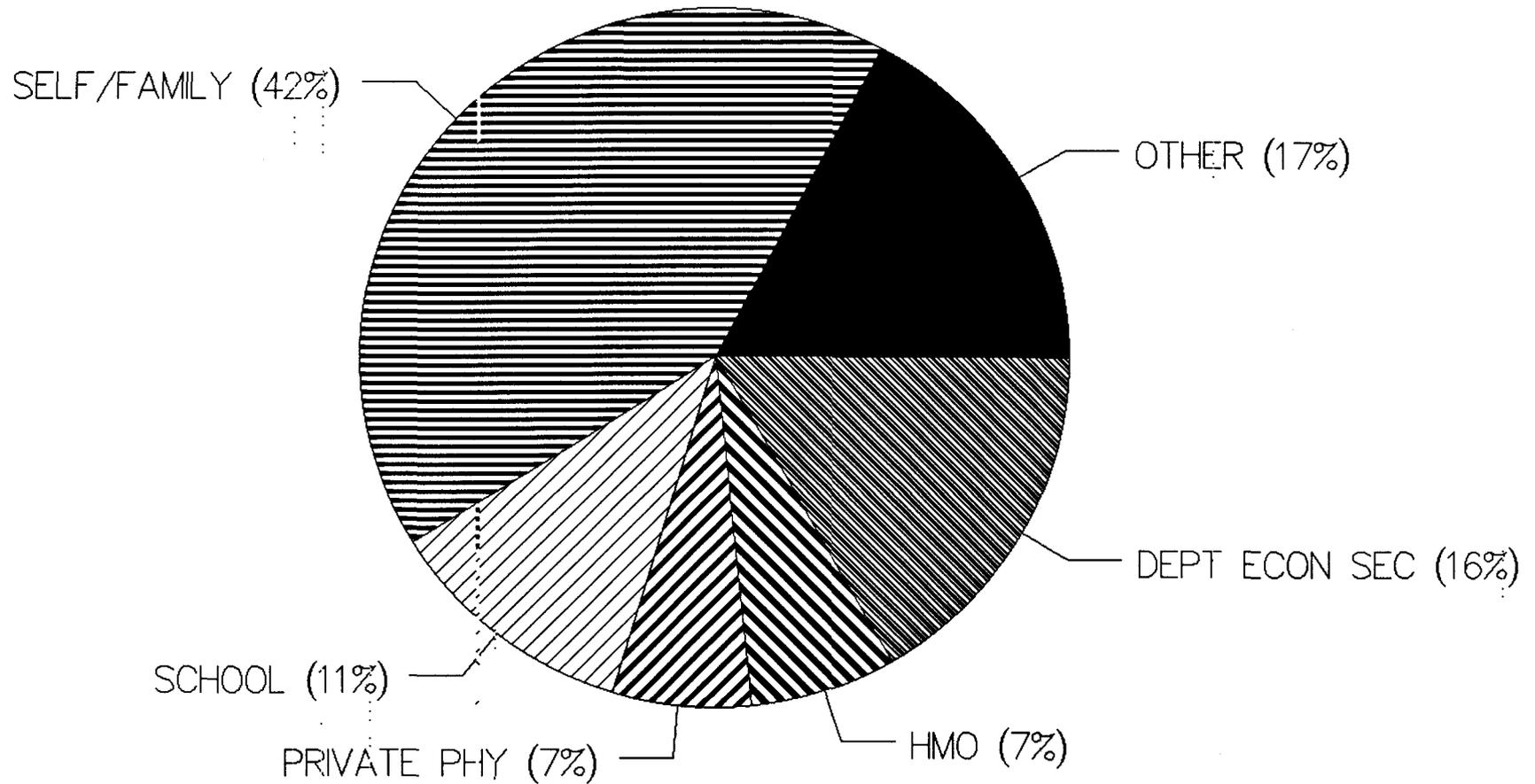


NON SED TITLE XIX SEVERITY

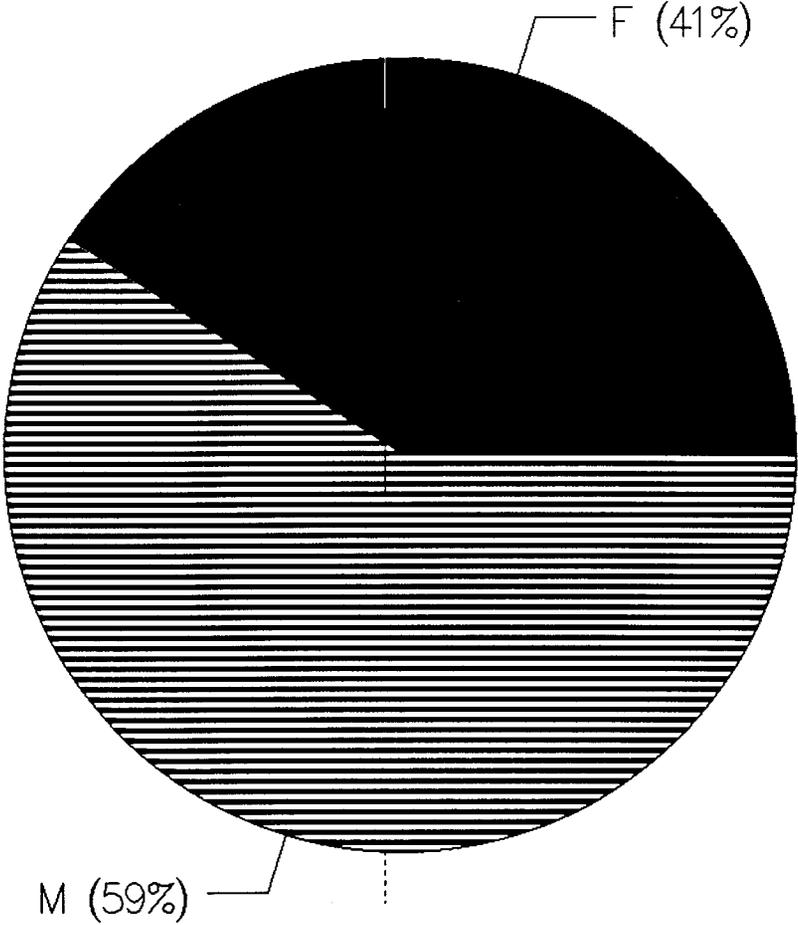
51-60 = Moderate symptoms OR moderate difficulty in social, occupational or school functioning
61-70 = Some mild symptoms OR some difficulty in social, occupational or school functioning



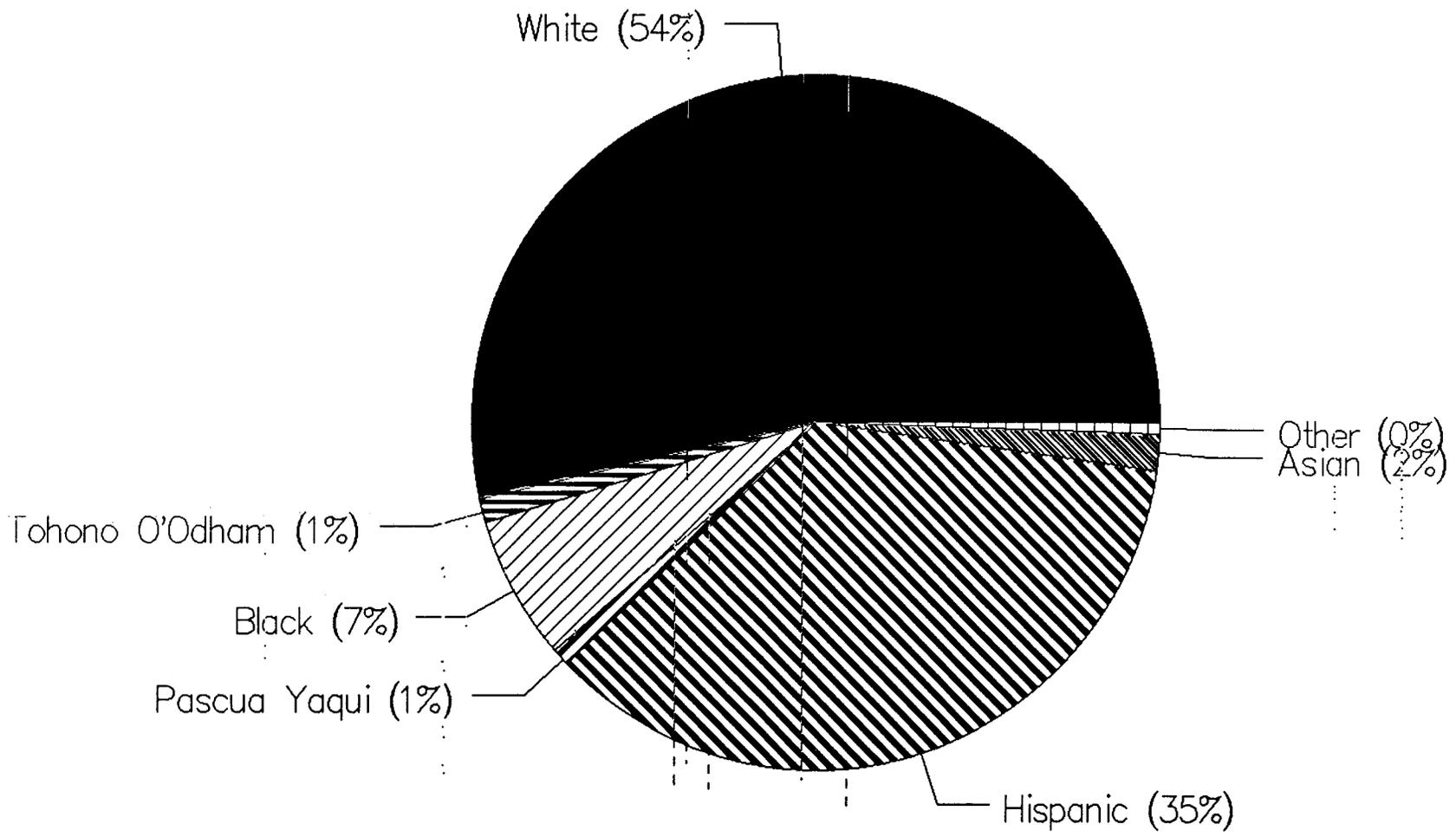
NON SED TITLE XIX REFERRAL



NON SED NON TITLE XIX
SEX

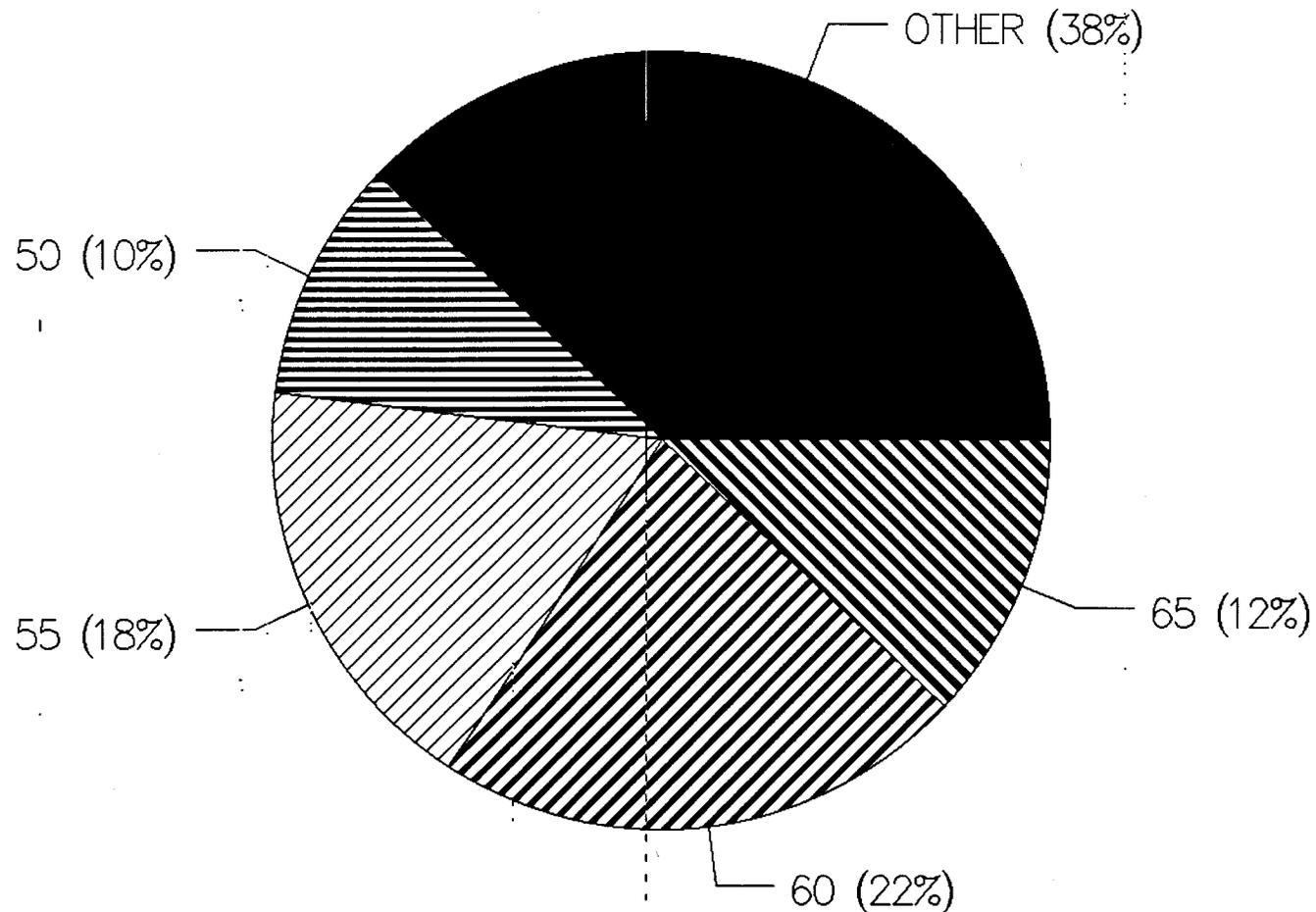


NON SED NON TITLE XIX ETHNICITY



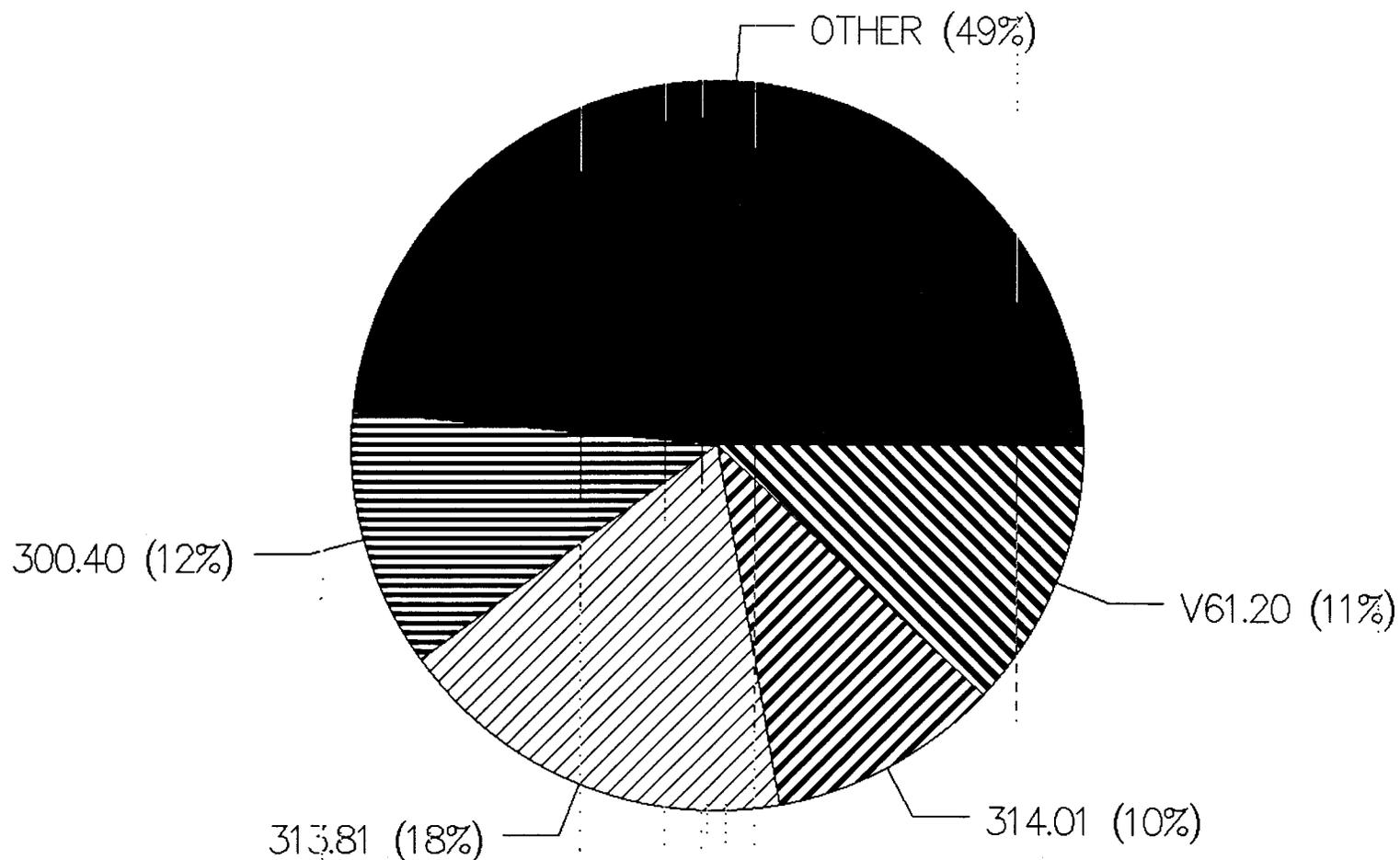
NON SED NON TITLE XIX SEVERITY

41-50 = Serious symptoms OR any serious impairment in social, occupational or school functioning
51-60 = Moderate symptoms OR moderate difficulty in social, occupational or school functioning
61-70 = Some mild symptoms OR some difficulty in social, occupational or school functioning

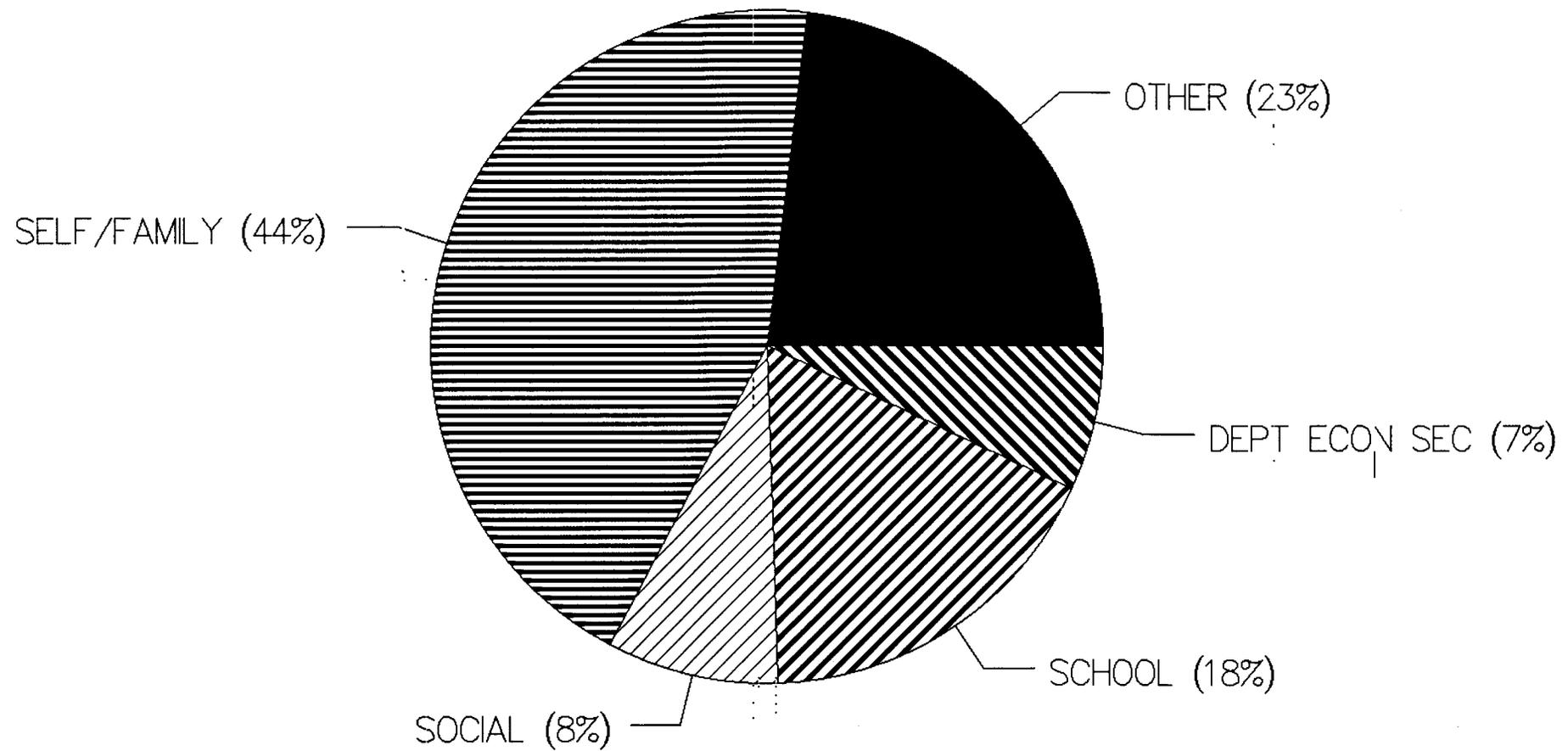


NON SED NON TITLE XIX DIAGNOSIS

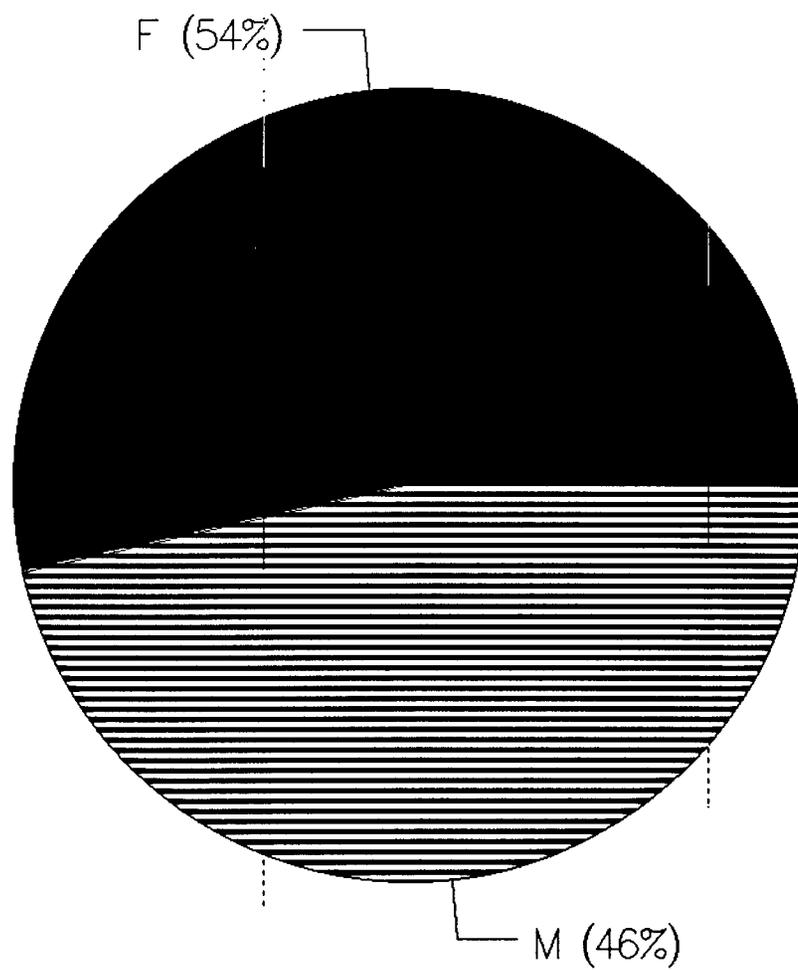
Other = All Other Diagnoses
300.40 = Dysthymia
313.81 = Oppositional Defiant Disorder
314.01 = Attention Deficit Hyperactivity Disorder
V61.20 = Parent-Child Problem



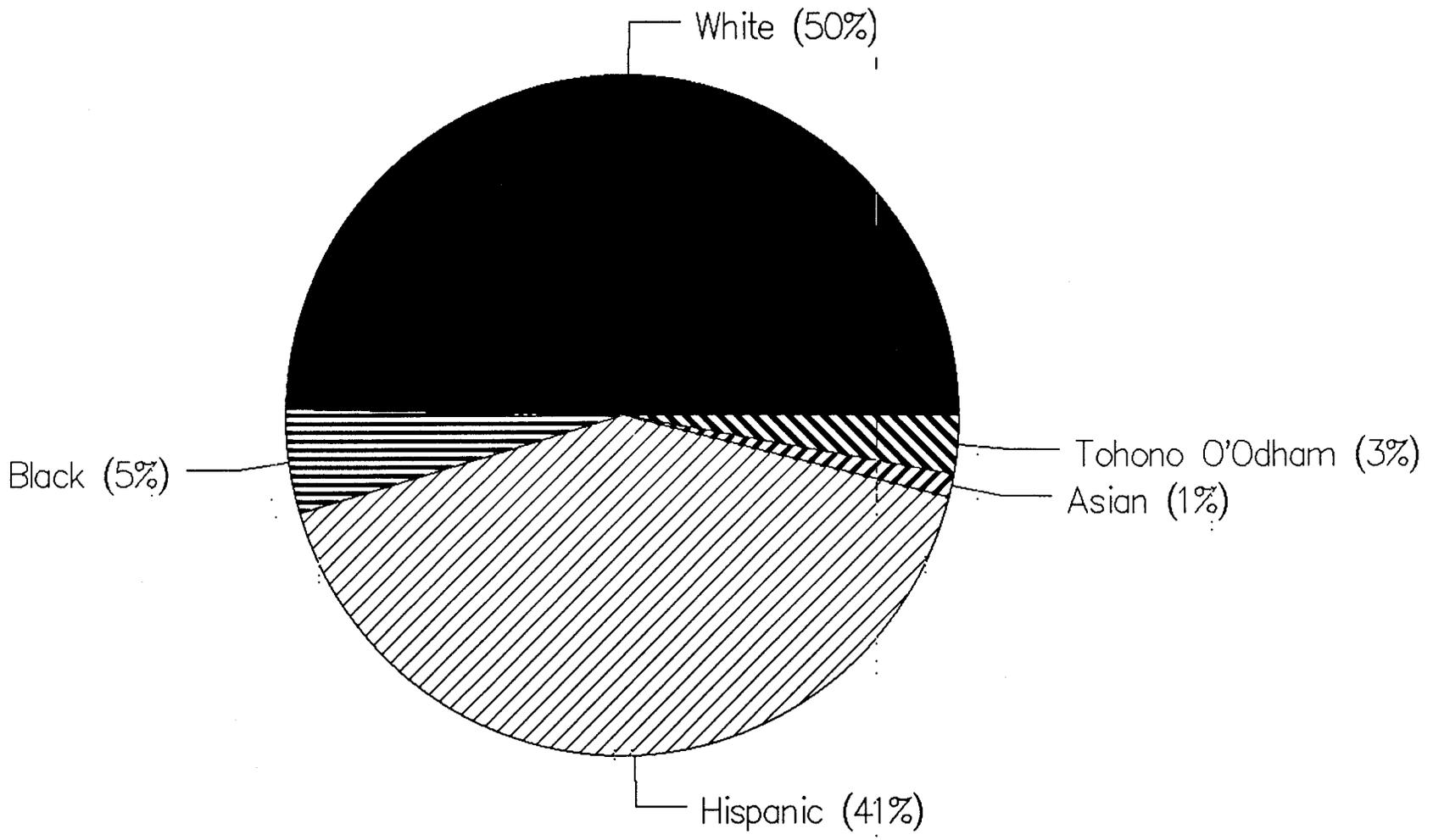
NON SED NON TITLE XIX REFERRAL



GMH TITLE XIX SEX

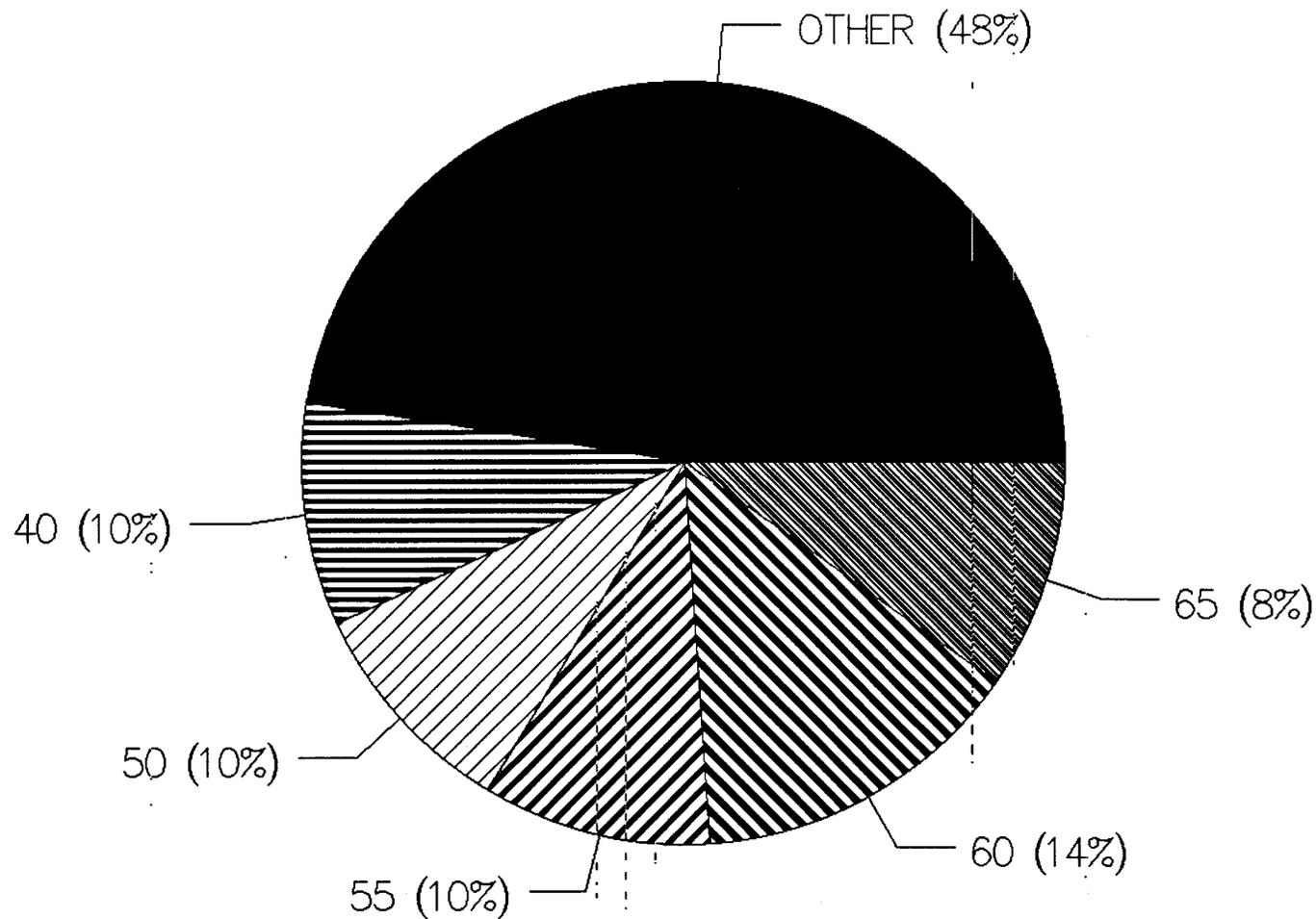


GMH TITLE XIX ETHNICITY



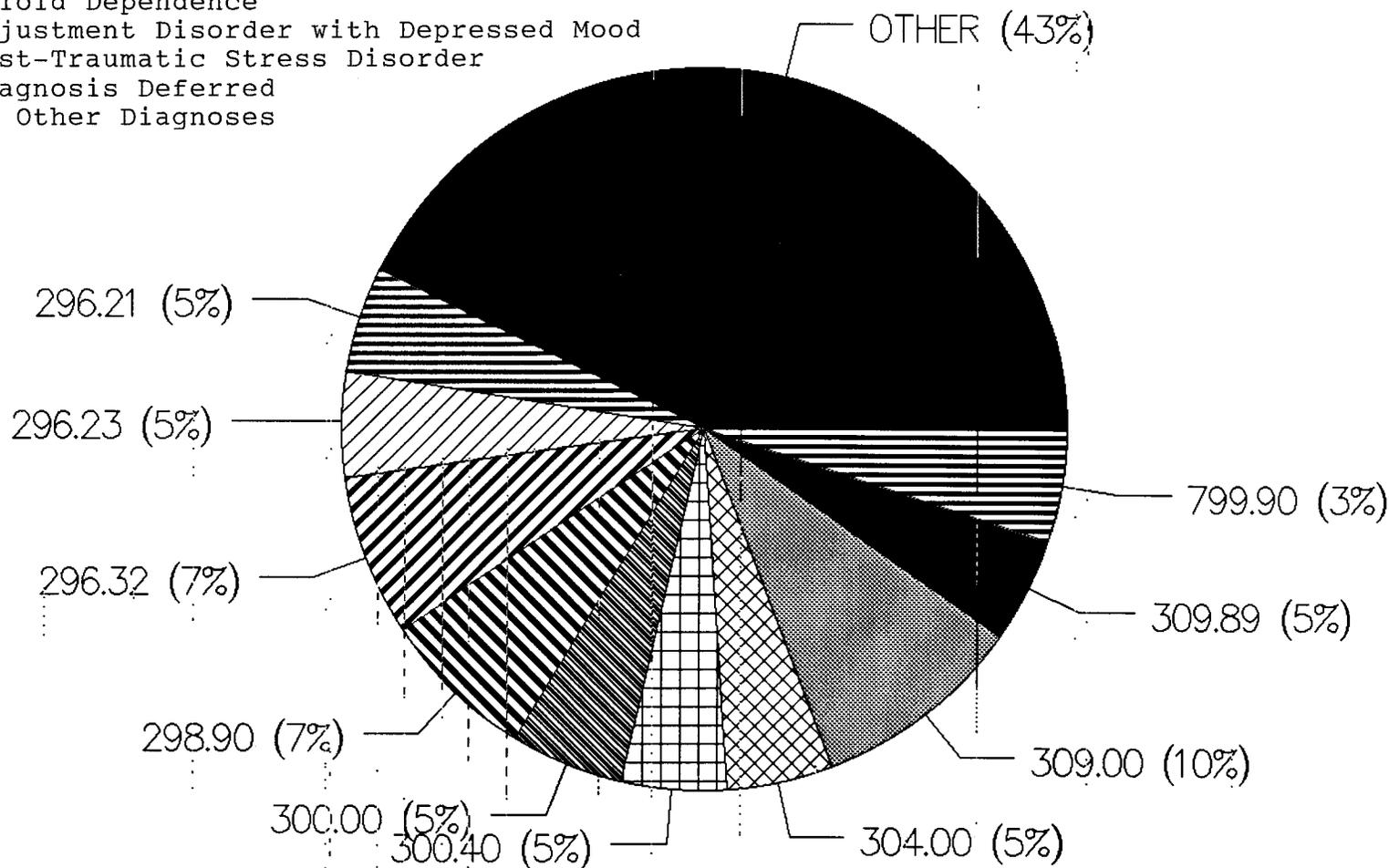
GMH TITLE XIX SEVERITY

31-40 = Some impairment in reality testing or communication OR major impairment in several areas
41-50 = Serious symptoms OR any serious impairment in social, occupational or school functioning
51-60 = Moderate symptoms OR moderate difficulty in social, occupational or school functioning
61-70 = Some mild symptoms OR some difficulty in social, occupational or school functioning

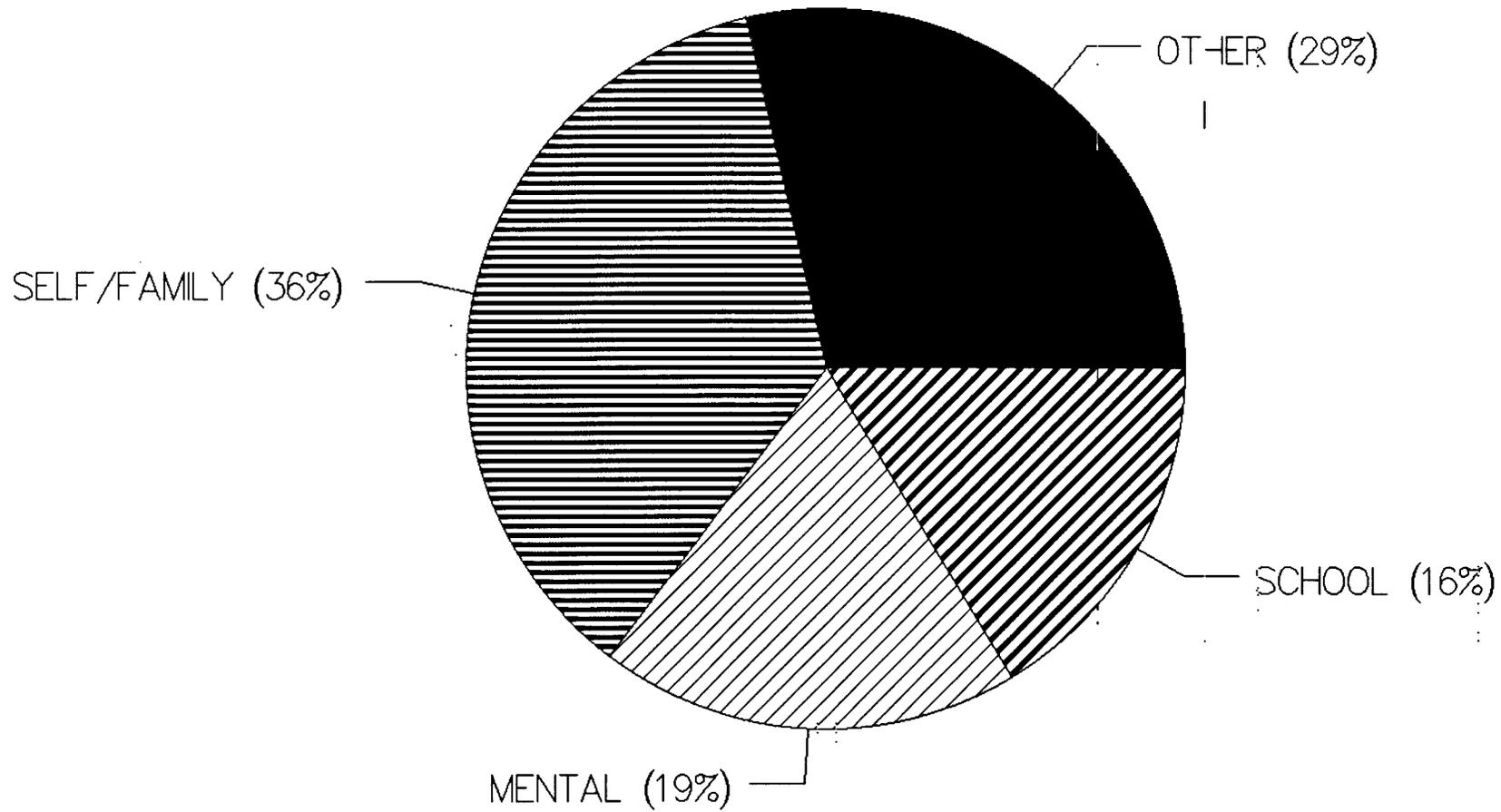


GMH TITLE XIX DIAGNOSIS

- 296.21 = Major Depression, Single Episode, Mild
- 296.23 = Major Depression, Single Episode, Severe without Psychotic Features
- 296.32 = Major Depression, Recurrent, Moderate
- 298.90 = Psychotic Disorder, Not Otherwise Specified
- 300.00 = Anxiety Disorder, Not Otherwise Specified
- 300.40 = Dysthymia
- 304.00 = Opioid Dependence
- 309.00 = Adjustment Disorder with Depressed Mood
- 309.89 = Post-Traumatic Stress Disorder
- 799.90 = Diagnosis Deferred
- Other = All Other Diagnoses

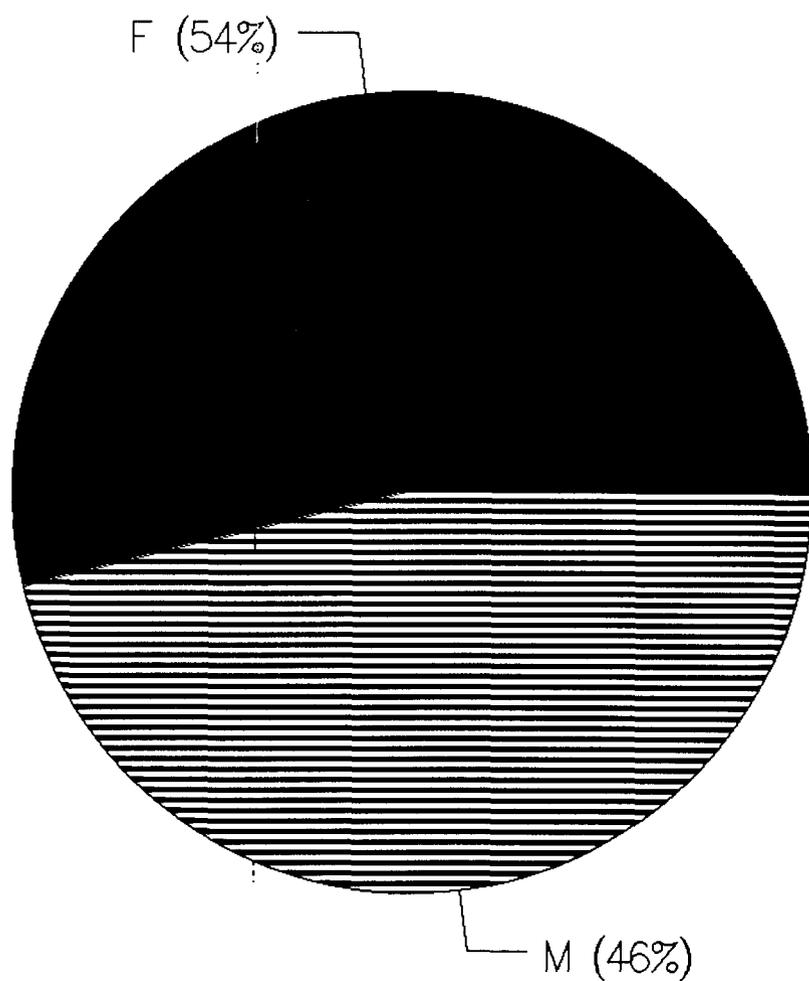


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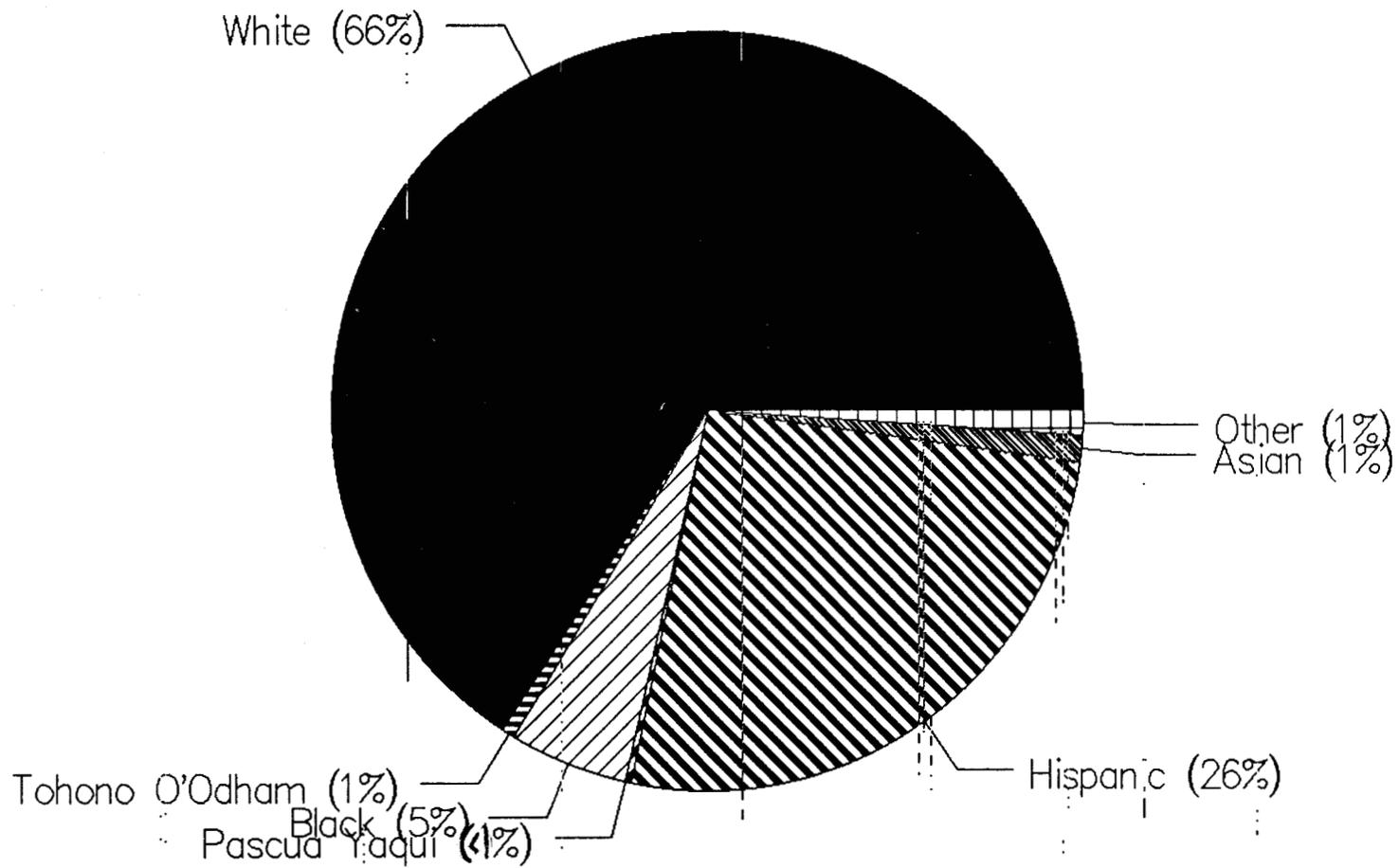


GMH NON TITLE XIX

SEX

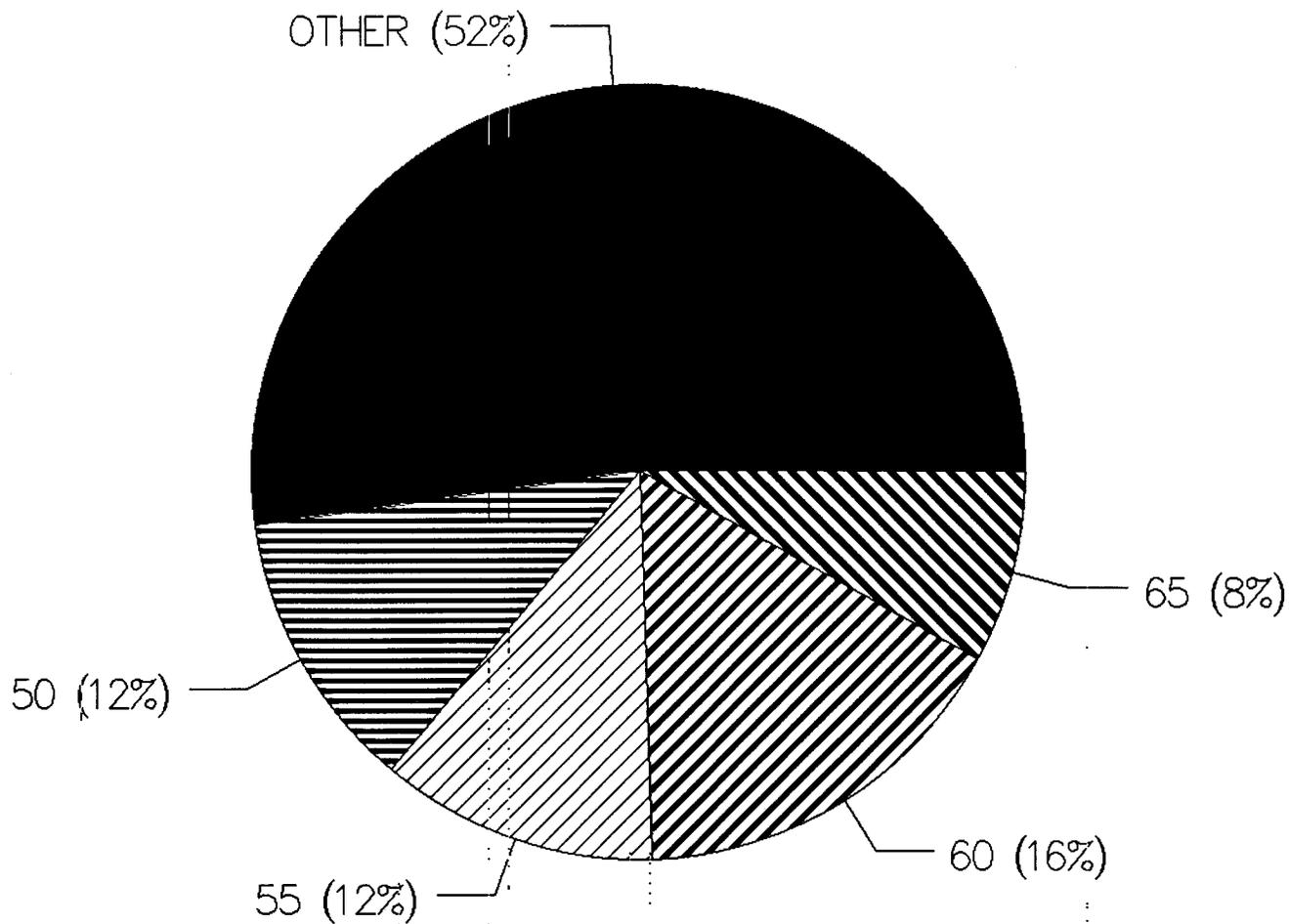


GMH NON TITLE XIX ETHNICITY



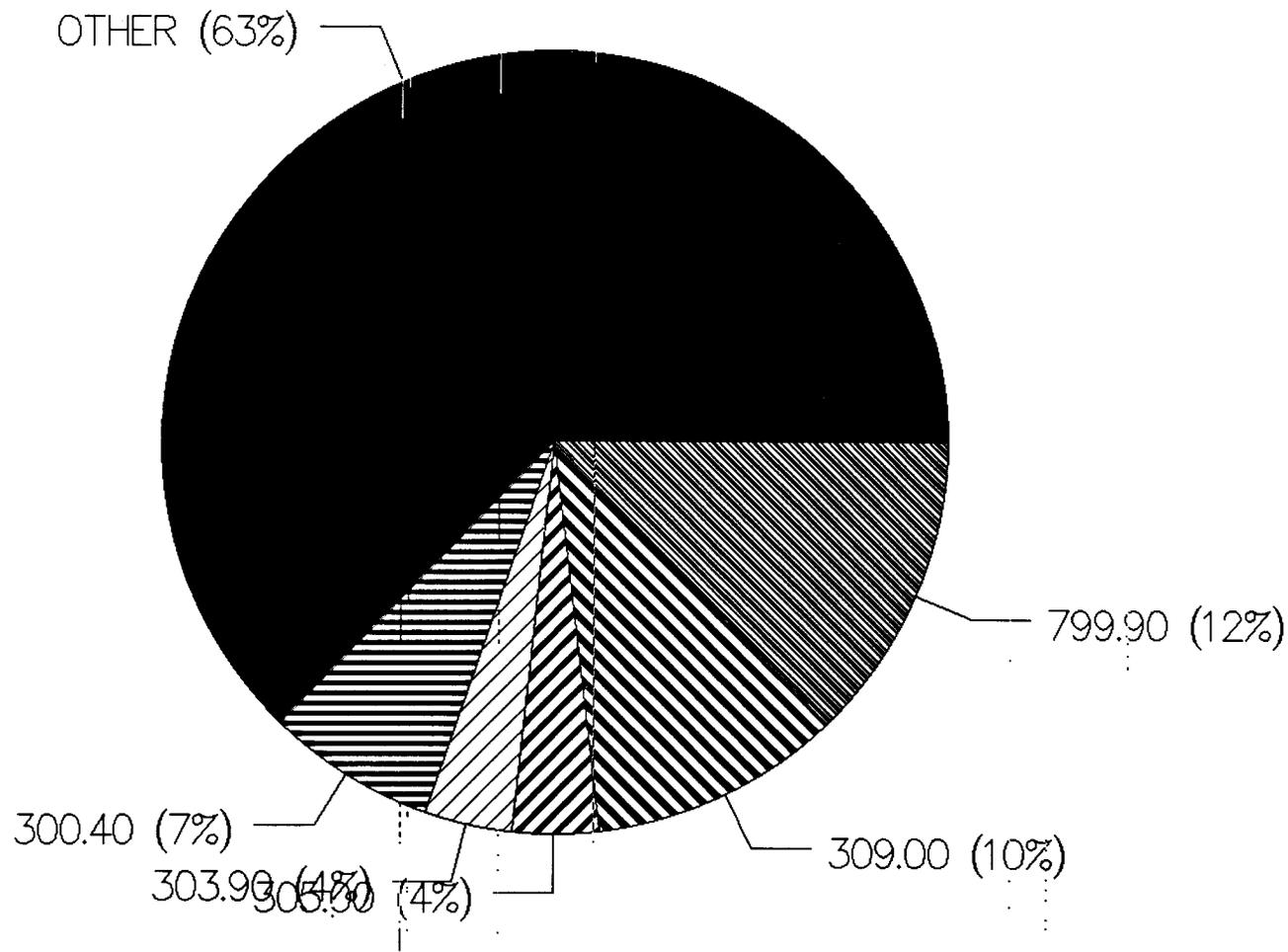
GMH NON TITLE XIX SEVERITY

41-50 = Serious symptoms OR any serious impairment in social, occupational or school functioning
51-60 = Moderate symptoms OR moderate difficulty in social, occupational or school functioning
61-70 = Some mild symptoms OR some difficulty in social, occupational or school functioning

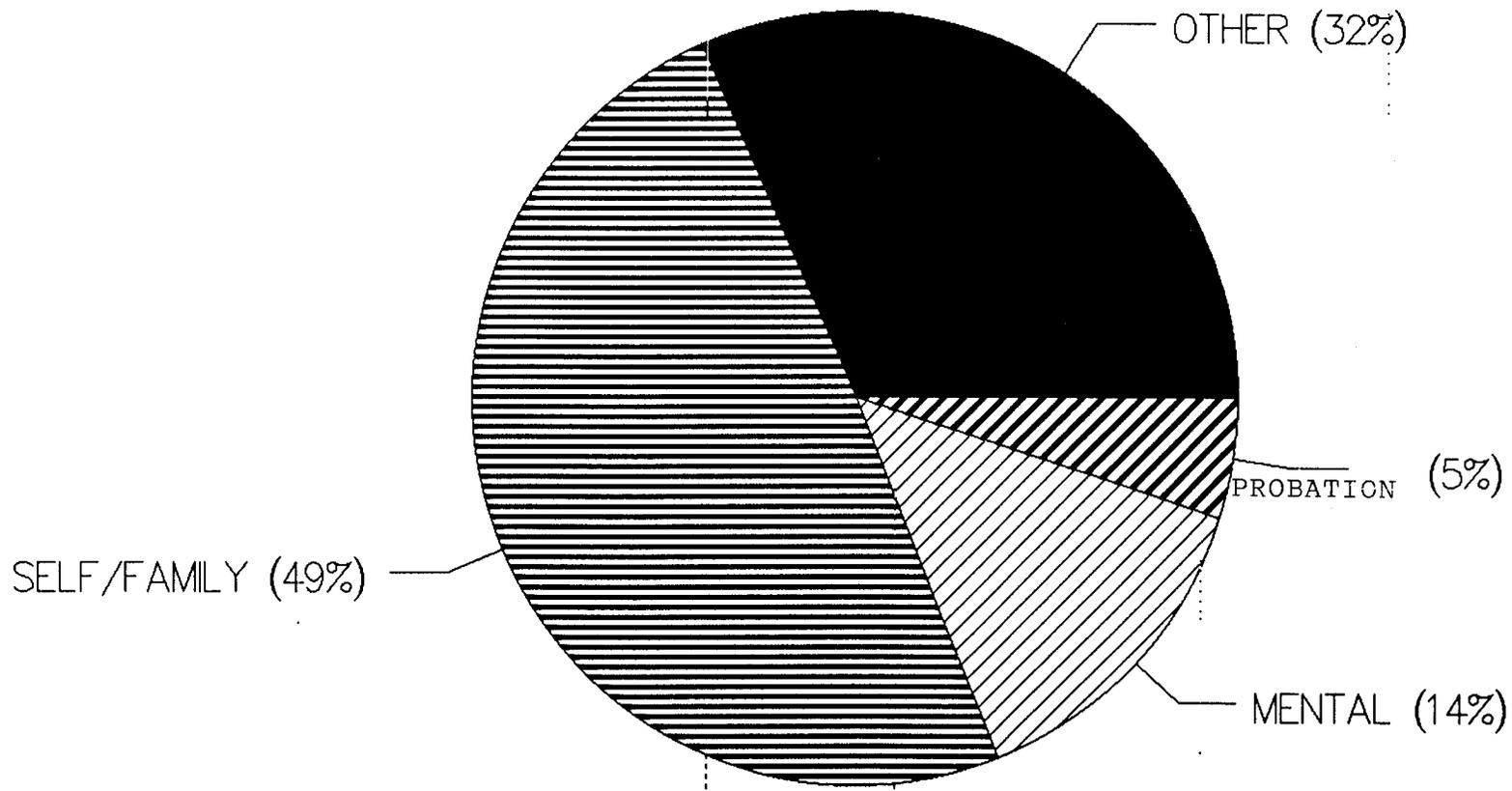


GMH NON TITLE XIX DIAGNOSIS

Other = All Other Diagnoses
300.40 = Dysthymia
303.90 = Alcohol Dependence
305.00 = Alcohol Abuse
309.00 = Adjustment Disorder with Depressed Mood
799.90 = Diagnosis Deferred



GMH NON TITLE XIX REFERRAL



**ARIZONA CENTER FOR CLINICAL MANAGEMENT
CLIENT PROFILES - SERIOUSLY EMOTIONALLY HANDICAPPED**

POPULATION	YEAR-TO-DATE CENSUS 12/31/92	MOST COMMON DIAGNOSIS	AVERAGE AGE	AVERAGE INCOME	MOST COMMON ETHNICITY	GENDER	SEVERITY
SEH Title XIX	36	314.01 (17%) 799.90 (11%)	13	\$ 3,620.00	(1) - 68%	M - 76% F - 24%	40 (25%) 55 (17%) 50 (17%) 58 (9%)
SEH Non-XIX	13	314.01 (32%) 295.70 (17%) 301.13 (17%) 312.00 (17%) 313.81 (17%)	15	\$ 4,210.00	(1) - 71%	M - 86% F - 14%	59 (17%) 50 (17%) 40 (17%) 36 (17%) 25 (17%) 60 (15%)

Ethnicity - (1) = Caucasian

Diagnosis:

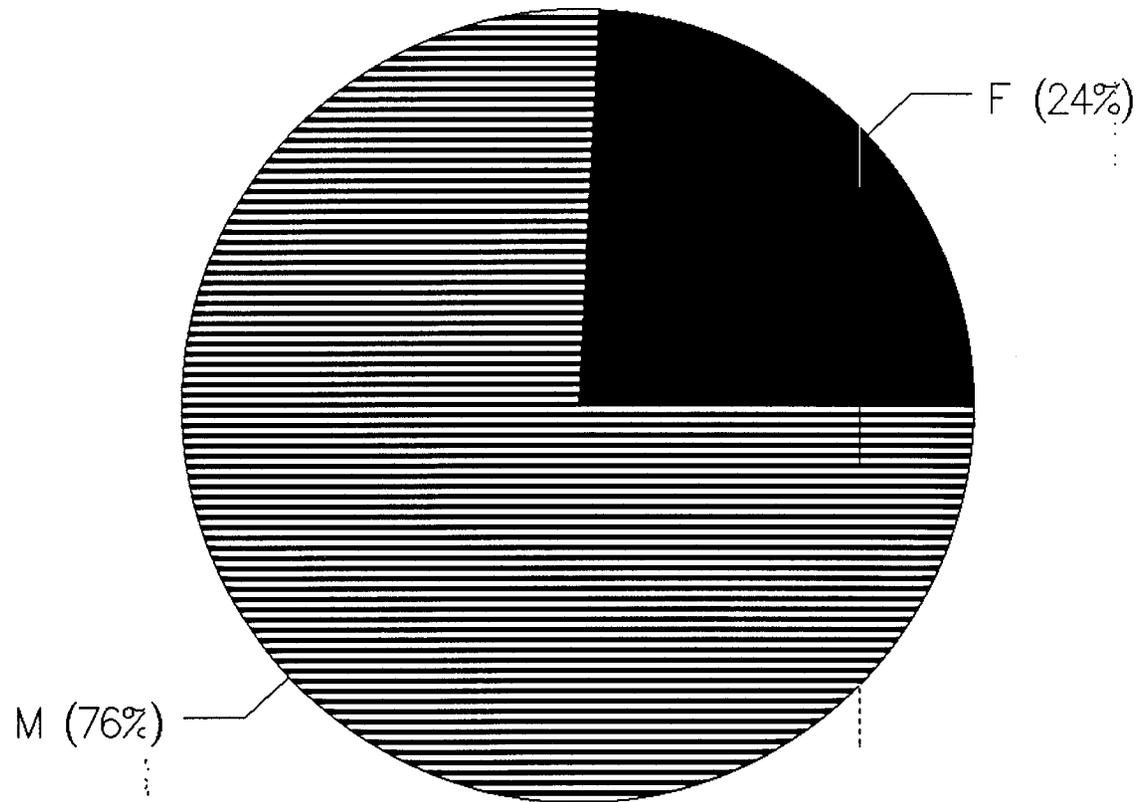
295.70 = Schizoaffective Disorder
 314.01 = Attention Deficit Hyperactivity Disorder
 313.81 = Oppositional Defiant Disorder
 301.13 = Cyclothymia
 312.00 = Conduct Disorder, Solitary Aggressive Type
 799.90 = Diagnosis Deferred

Severity:

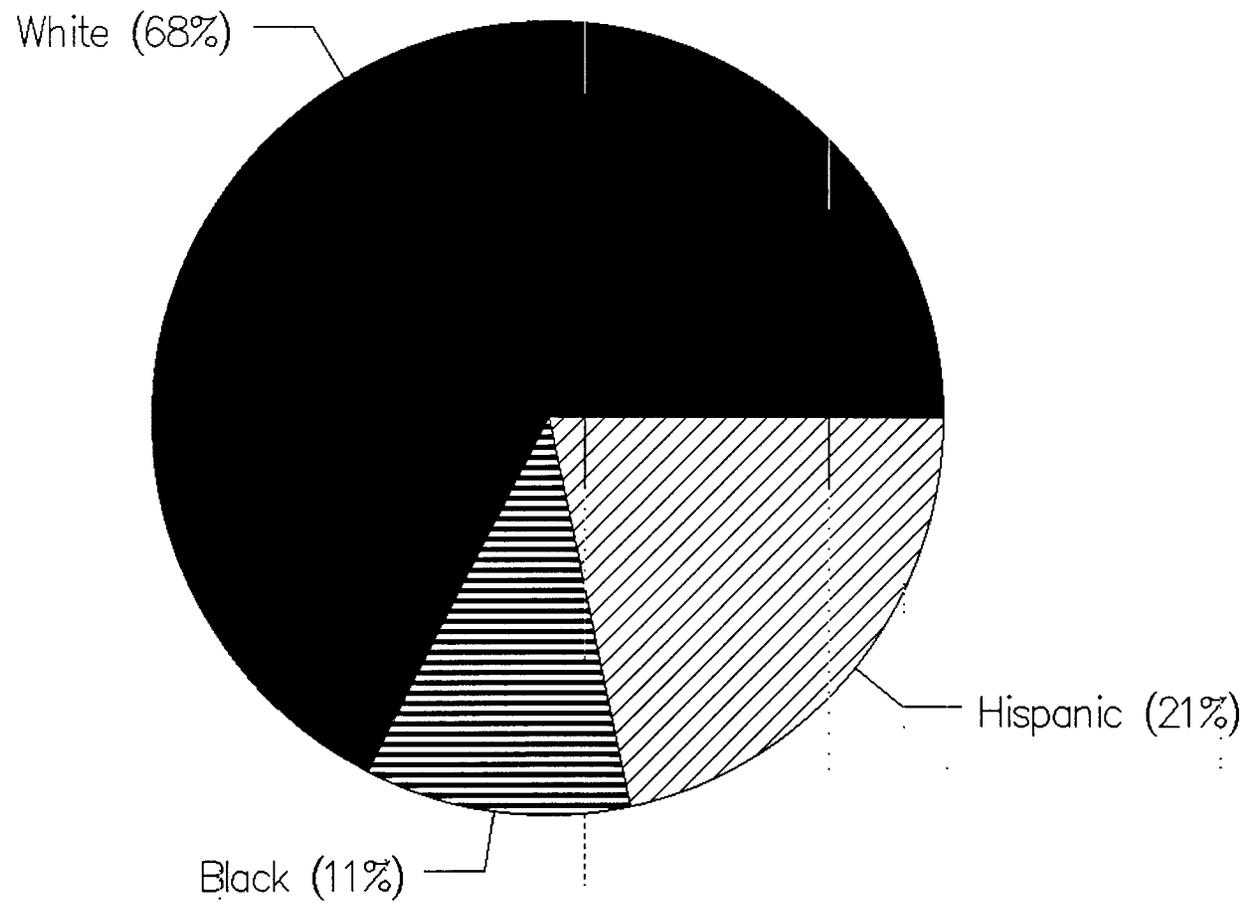
11-20 = Some Danger of Hurting Self or Others or Failure in Maintain Minimal Personal Hygiene or Gross Impairment in Communication
 21-30 = Behavior is Considerably Influenced by Delusions or Hallucinations or Inability to Function in Almost All Areas
 31-40 = Some Impairment in Reality Testing or Communication or Major Impairment in Several Areas
 41-50 = Serious Symptoms or Any Serious Impairment in Social, Occupational or School Functioning
 51-60 = Moderate Symptoms or Moderate Difficulty in Social, Occupational or School Functioning

SEH TITLE XIX

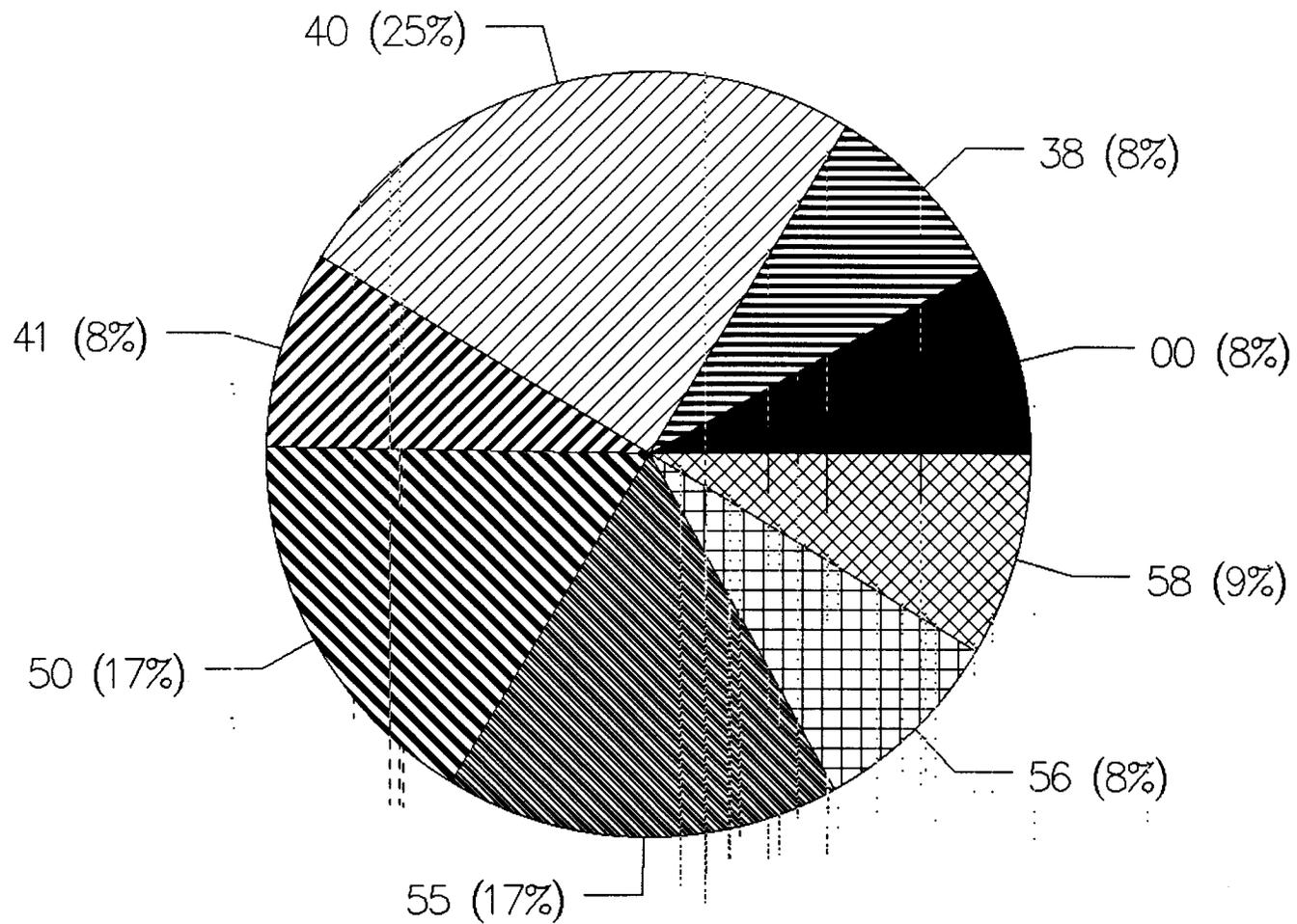
SEX



SEH TITLE XIX ETHNICITY

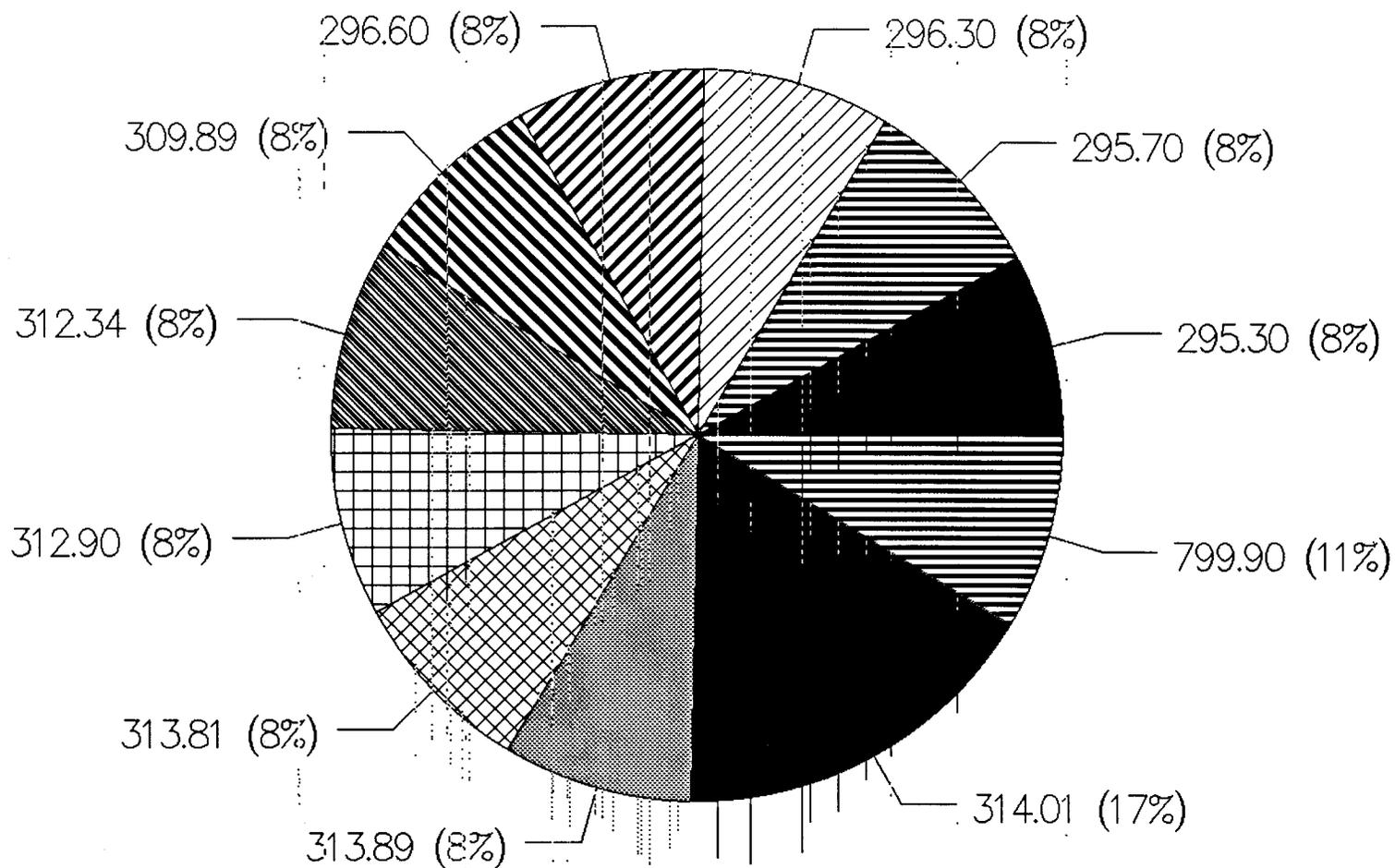


SEH TITLE XIX SEVERITY

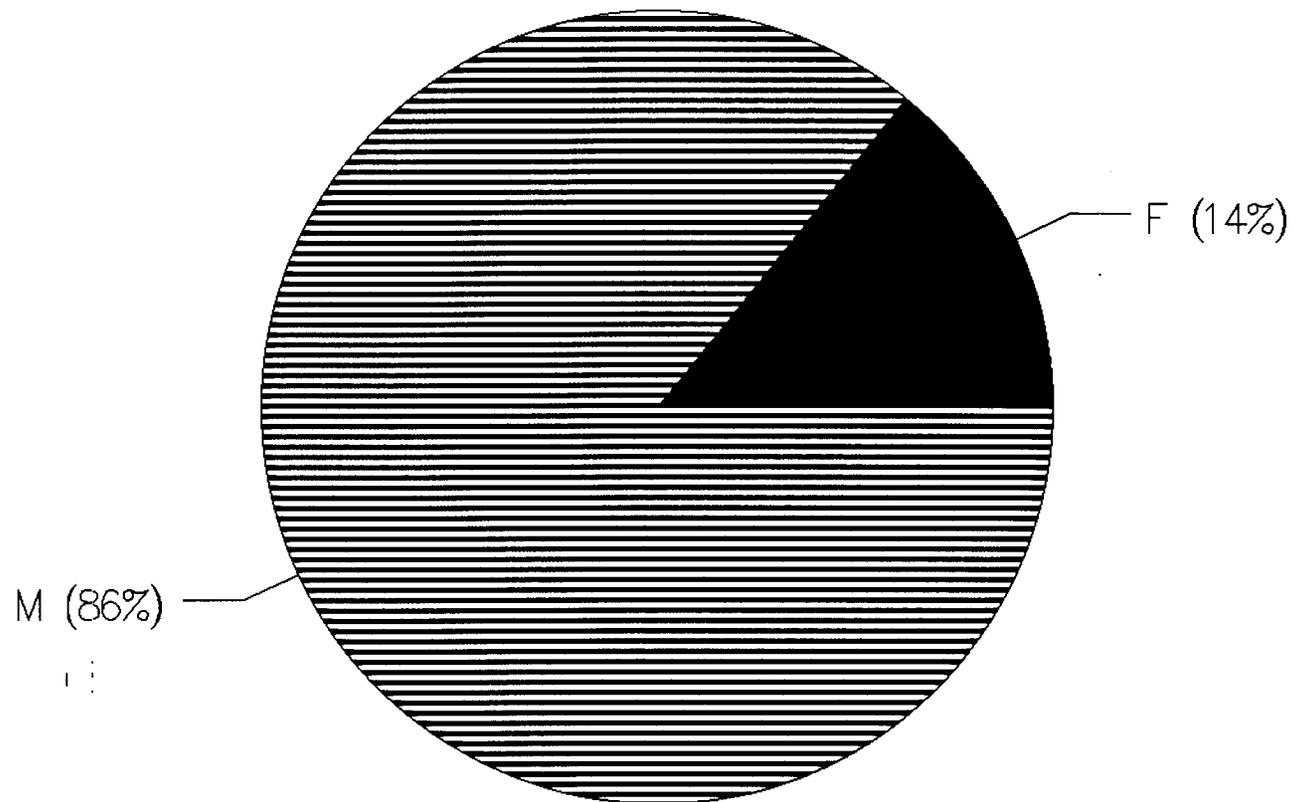


SEH TITLE XIX

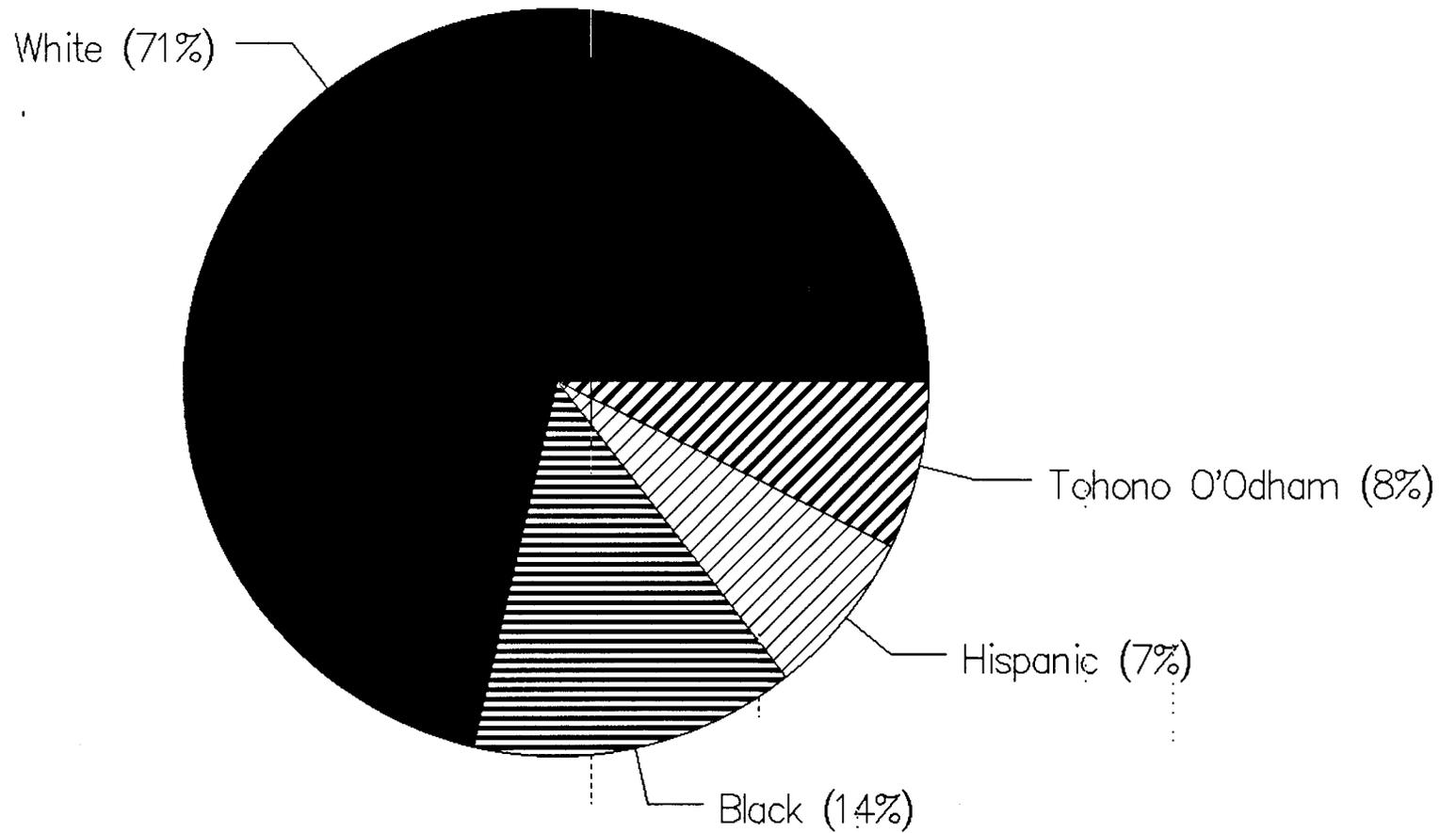
PRIMARY DIAGNOSIS



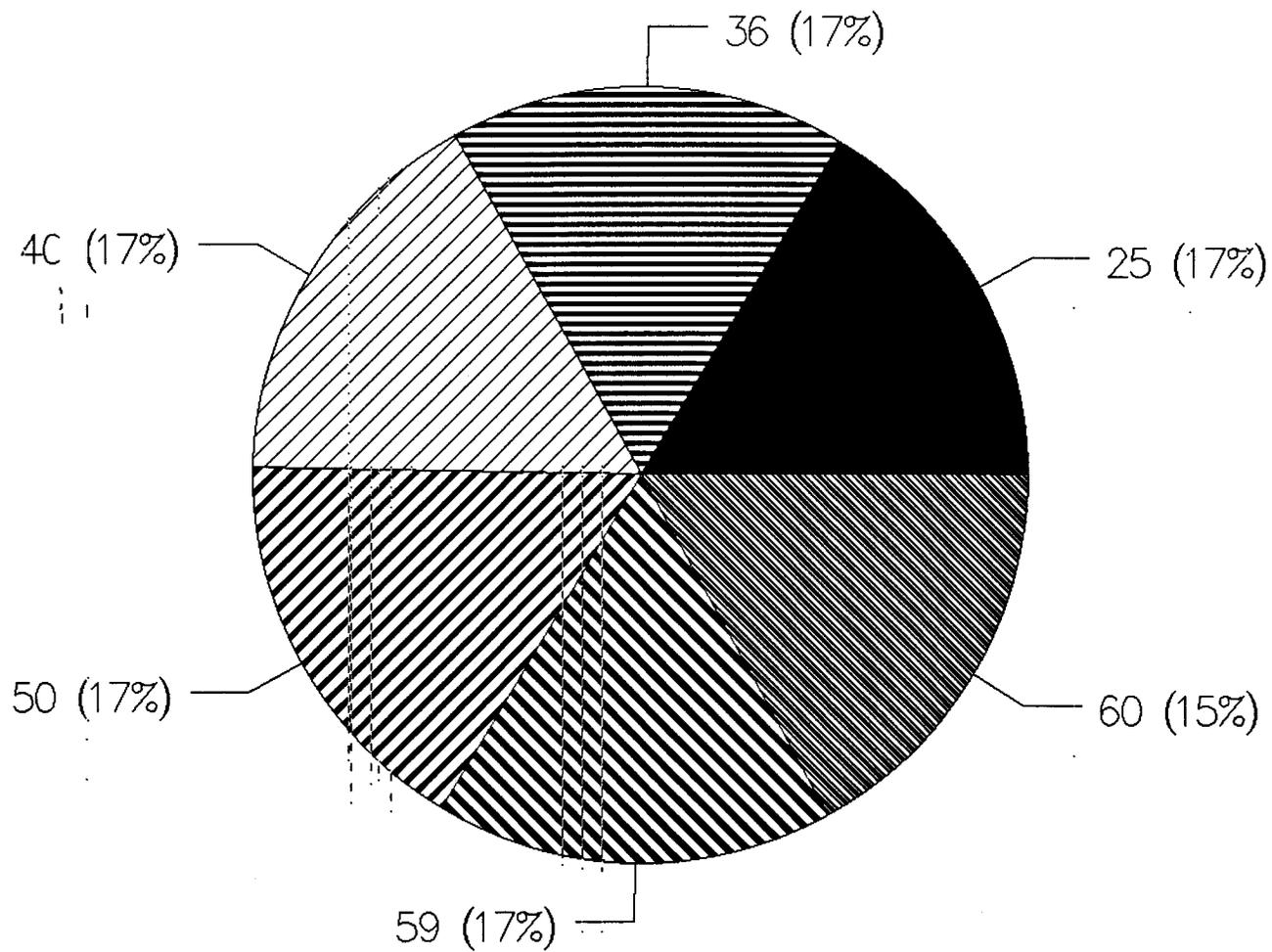
SEH NON TITLE XIX SEX



SEH NON TITLE XIX ETHNICITY

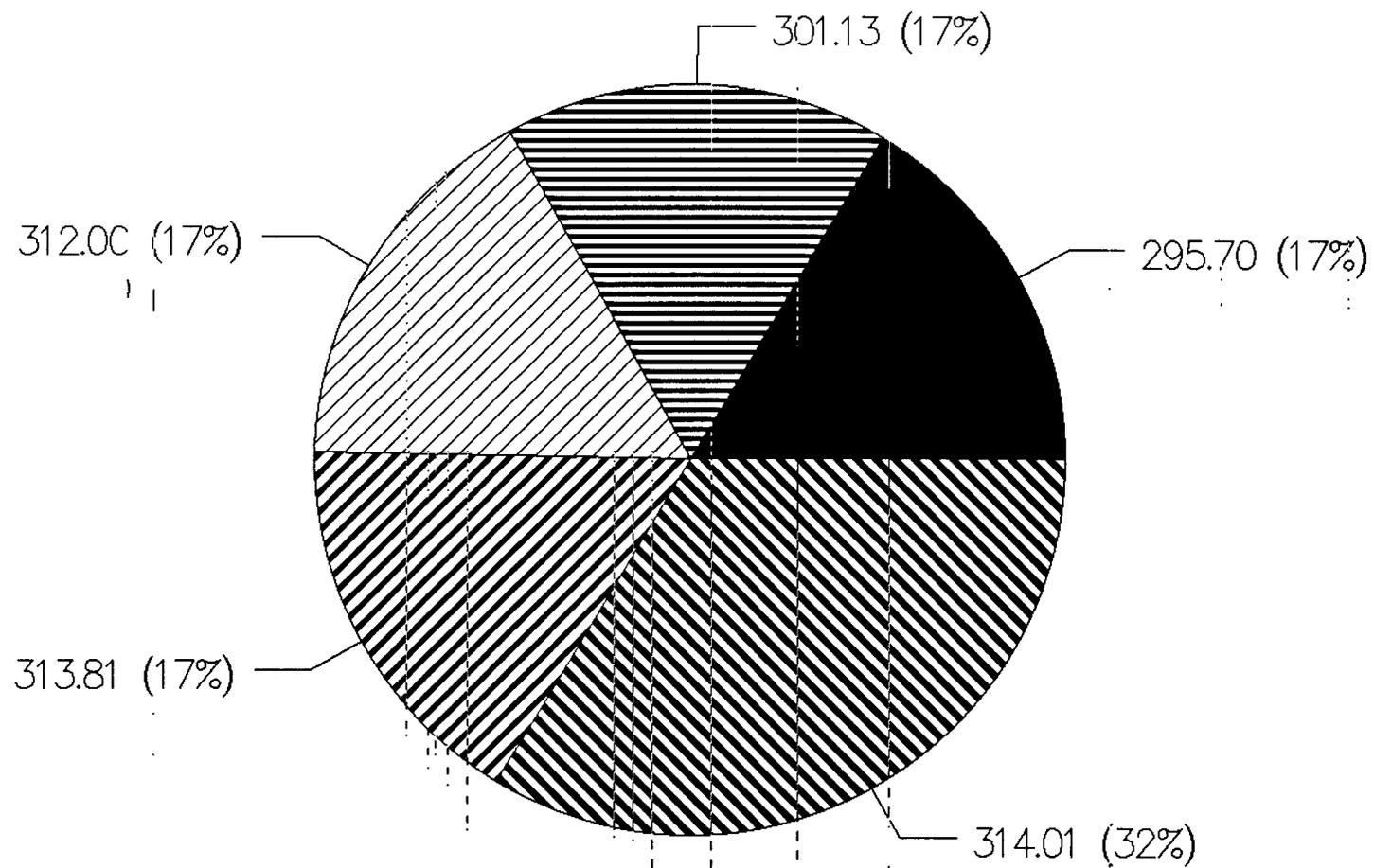


SEH NON TITLE XIX SEVERITY



SEH NON TITLE XIX

PRIMARY DIAGNOSIS



Family Size	Monthly Income From	Monthly Income To	Client Fee	Family Size	Monthly Income From	Monthly Income To	Client Fee	Family Size	Monthly Income From	Monthly Income To	Client Fee
1	408	444	5.00	2	490	526	5.00	3	571	607	5.00
	445	481	7.50		527	563	7.50		608	644	7.50
	482	518	10.00		564	600	10.00		645	681	10.00
	519	555	12.50		601	637	12.50		682	718	12.50
	556	592	15.00		638	674	15.00		719	755	15.00
	593	629	17.50		675	711	17.50		756	792	17.50
	630	666	20.00		712	748	20.00		793	829	20.00
	667	703	22.50		749	785	22.50		830	866	22.50
	704	740	25.00		786	822	25.00		867	903	25.00
	741	777	27.50		823	859	27.50		904	940	27.50
	778	814	30.00		860	896	30.00		941	977	30.00
	815	851	32.50		897	933	32.50		978	1014	32.50
	852	888	35.00		934	970	35.00		1015	1051	35.00
	889	925	37.50		971	1007	37.50		1052	1088	37.50
	926	962	40.00		1008	1044	40.00		1089	1125	40.00
	963	999	42.50		1045	1081	42.50		1126	1162	42.50
	1000	1036	45.00		1082	1118	45.00		1163	1199	45.00
	1037	1073	47.50		1119	1155	47.50		1200	1236	47.50
	1074	1110	50.00		1156	1192	50.00		1237	1273	50.00
	1111	1147	52.50		1193	1229	52.50		1274	1310	52.50
	1148	1184	55.00		1230	1266	55.00		1311	1347	55.00
	1185 +		57.50		1267 +		57.50		1348 +		57.50
4	653	689	5.00	5	734	770	5.00	6+	816	852	5.00
	690	726	7.50		771	807	7.50		853	889	7.50
	727	763	10.00		808	844	10.00		890	926	10.00
	764	800	12.50		845	881	12.50		927	963	12.50
	801	837	15.00		882	918	15.00		964	1000	15.00
	838	874	17.50		919	955	17.50		1001	1037	17.50
	875	911	20.00		956	992	20.00		1038	1074	20.00
	912	948	22.50		993	1029	22.50		1075	1111	22.50
	949	985	25.00		1030	1066	25.00		1112	1148	25.00
	986	1022	27.50		1067	1103	27.50		1149	1185	27.50
	1023	1059	30.00		1104	1140	30.00		1186	1222	30.00
	1060	1096	32.50		1141	1177	32.50		1223	1259	32.50
	1097	1133	35.00		1178	1214	35.00		1260	1296	35.00
	1134	1170	37.50		1215	1251	37.50		1297	1333	37.50
	1171	1207	40.00		1252	1288	40.00		1334	1370	40.00
	1208	1244	42.50		1289	1325	42.50		1371	1407	42.50
	1245	1281	45.00		1326	1362	45.00		1408	1444	45.00
	1282	1318	47.50		1363	1399	47.50		1445	1481	47.50
	1319	1355	50.00		1400	1436	50.00		1482	1518	50.00
	1356	1392	52.50		1437	1473	52.50		1519	1555	52.50
	1393	1429	55.00		1474	1510	55.00		1556	1592	55.00
	1430 +		57.50		1511 +		57.50		1593 +		57.50

Children's Prescreening Form

Date: _____ Time: _____ Staff: _____

Status: Emergency High Priority Routine Information Only

Last Name: _____ First: _____ MI: _____ SS#: _____

DOB: _____ Age: _____ Sex: M F School & District: _____

Client Address: _____ City: _____ CO: _____ ST: _____ Zip: _____

Client Phone #: _____ Work #: _____ Cultural Group: White Hispanic Black Native Amer. Other: _____ Primary Language: English Spanish Other: _____

Legal Guardian: _____ Address: _____ Phone #: _____ Rel.: _____

Referral Source: _____ Relationship: _____ Phone #: _____

Presenting Problem: _____

Is Client Presently Involved With (Name; Phone #): Juvenile Probation Officer _____ SEH/EH
 DES Caseworker _____ Out Of Home Placement for Special Ed Services/DDD
 Juvenile Parole Officer _____ DDD Caseworker _____

Private Med. Insurance: _____ Other Coverage: _____ Insurance Disclaimer Requested

AHCCCS ID: _____ Health Plan: _____ PCP Name: _____ Coverage/Rate Code: _____

Verified Title 19: Yes No Date Verified: _____ Initials: _____ No Coverage Receiving Behavioral Health Services Where: _____

Check (✓) If Significant Problem:

<input type="checkbox"/> Danger to Self/Self Abuse	<input type="checkbox"/> Hospitalization Hx--# _____	<input type="checkbox"/> Parental Emotional/Mental Disability
<input type="checkbox"/> Danger to Others	<input type="checkbox"/> Outpatient Tx	<input type="checkbox"/> Parental Illness/Physical Disability
<input type="checkbox"/> Physical Aggression	<input type="checkbox"/> Medication	<input type="checkbox"/> Chronic Medical Problems/Child
<input type="checkbox"/> Sexually Inappropriate	<input type="checkbox"/> Suicide Attempts--# _____	<input type="checkbox"/> Victim of Physical/Emotional Abuse
<input type="checkbox"/> Peer Relationship Problems	<input type="checkbox"/> Child Substance Abuse	<input type="checkbox"/> Victim of Sexual Abuse
<input type="checkbox"/> Parent-Child Problems/Defiance	<input type="checkbox"/> Parent Substance Abuse	<input type="checkbox"/> Neglect
<input type="checkbox"/> School Failure/Behavior Problem	<input type="checkbox"/> Anxiety/Phobias	<input type="checkbox"/> Death/Loss Issues
<input type="checkbox"/> Truancy/Drop Out/Expulsion	<input type="checkbox"/> Sadness/Depression	<input type="checkbox"/> Single Parent Home/Foster Placement
<input type="checkbox"/> Legal Involvement	<input type="checkbox"/> Eating/Sleeping Disturbance	<input type="checkbox"/> Financial Crisis
<input type="checkbox"/> Runaway Potential		

Special Needs: (Comments: _____)

<input type="checkbox"/> Hearing Impaired	<input type="checkbox"/> Interpreter	<input type="checkbox"/> Homebound	<input type="checkbox"/> No Phone
<input type="checkbox"/> Monolingual _____	<input type="checkbox"/> Sign Language	<input type="checkbox"/> Cognitive Impairment	<input type="checkbox"/> Frail/Disabled
<input type="checkbox"/> Sight Impaired	<input type="checkbox"/> TTD/TTY	<input type="checkbox"/> Transportation	
<input type="checkbox"/> Siblings in Tx (name; where): _____			

Referred to: Emergency 911 MAC/Crisis Community Service Agency Intake Team CCATS Other: _____

Non-Guardian Call Legal Guardian Contacted (Date: _____ Time: _____)

Date Intake Offered: _____ Time: _____ Date Intake Scheduled: _____ Time: _____

Location/Staff: _____

ACCM Managed Care: Approved Denied Reason: _____ Initials: _____

No Show Canceled Rescheduled (Date: _____ /Date: _____)

Adult's Prescreening Form

Date: _____ Time: _____ Staff: _____

Status: Emergency High Priority Routine Information Only

Last Name: _____ First: _____ MI: _____

DOB: _____ Age: _____ Sex: M F Legal Guardian: _____

Client Address: _____ City: _____ CO: _____ ST: _____ Zip: _____

Cultural Group: Hispanic Black White Native American Other: _____

Soc. Sec. #: _____ Work Phone: _____ Home/Message: _____ Primary Language: English Spanish Other

Referral Source: _____ Relationship: _____ Telephone: _____

Presenting Problem: _____

Client Presently Involved With: COT Yes No Probation/Parole Officer Yes No DES/DDD Caseworker Yes No

Private Med. Insurance: _____ Other Coverage: _____ Insurance Disclaimer Requested

HCCCS ID: _____ Health Plan: _____ PCP Name: _____ Coverage/Rate Code: _____

Verified Title 19: Yes No Initials: _____ No Coverage Receiving Behavioral Health Services Where: _____

<p>Check (✓) If Significant Problem:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Danger to Self <input checked="" type="checkbox"/> Danger to Others <input type="checkbox"/> Gravely Disabled <input type="checkbox"/> Physical Aggression <input checked="" type="checkbox"/> Sexually Inappropriate <input checked="" type="checkbox"/> Relationship/Social Problems <input type="checkbox"/> Parent-Child Problems <input checked="" type="checkbox"/> School/Employment Problems <input checked="" type="checkbox"/> Legal Involvement <input type="checkbox"/> Walkaway Potential <input checked="" type="checkbox"/> Hospitalization Hx--# _____ <input type="checkbox"/> Outpatient Tx <input type="checkbox"/> Medication <input checked="" type="checkbox"/> Suicide Attempts--# _____ <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Child/Spouse Abuse <input type="checkbox"/> Thought Distortion <input type="checkbox"/> Anxiety/Phobias <input type="checkbox"/> Sadness/Depression <input type="checkbox"/> Mood Swings <input type="checkbox"/> Sleep Disturbance <input type="checkbox"/> Eating Disorder <input type="checkbox"/> Emotional/Mental Disability <input type="checkbox"/> Illness/Physical Disability <input type="checkbox"/> Chronic Medical Problems <input type="checkbox"/> Victim of Sexual Abuse <input type="checkbox"/> Victim of Physical/Emotional Abuse <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Impaired Active Daily Living <input type="checkbox"/> Death/Loss Issues <input type="checkbox"/> Homeless <input type="checkbox"/> Financial Crisis 	<p>Special Needs:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Monolingual _____ <input type="checkbox"/> Sight Impaired <input type="checkbox"/> Cognitive Impairment <input type="checkbox"/> Interpreter <input type="checkbox"/> Homebound <input type="checkbox"/> Sign Language <input type="checkbox"/> Frail/Disabled <input type="checkbox"/> TTD/TTY <input type="checkbox"/> No Phone <input type="checkbox"/> Outreach <p>Comments: _____ _____ _____ _____</p>
---	---

Referred to: Emergency 911 MAC/Crisis Community Service Agency Intake Team SMI Evaluation Team Other:

Date Intake Offered: _____ Time: _____ Date Intake Scheduled: _____ Time: _____

Location/Staff: _____

ACCM Managed Care: Approved Denied Reason: _____ Initials: _____

No Show Canceled Rescheduled (Date: _____ /Date: _____)