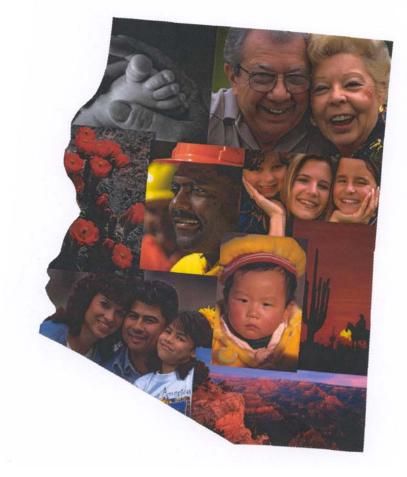
# ARIZONA DEPARTMENT OF HEALTH SERVICES



# 2006 - 2007 Annual Report

Leadership for a Healthy Arizona



### ARIZONA DEPARTMENT OF HEALTH SERVICES 2006-2007 ANNUAL REPORT

### Arizona Department of Health Services Susan Gerard, Director

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### Director's Message:



Arizona entered a new era in public health protection with the passage and successful implementation of the Smoke Free Arizona Act. That historic achievement, though, was just one of many success stories for the Arizona Department of Health Services in 2006-2007. Whether providing services and new hope for thousands of residents with serious mental illness, protecting Arizona's nursing home residents, helping Arizonans

quit tobacco, or placing doctors in undeserved areas, ADHS worked hard to improve and safeguard the health of all Arizona residents.

Arizona voters overwhelmingly approved the Smoke Free Act in 2006, prohibiting smoking in most indoor public places, including restaurants and bars. This landmark act gives ADHS the responsibility of implementing the new law, which took effect May 1, 2007. The result was the Department's successful Smoke Free Arizona campaign, which has won widespread support by the business community and the public. We conducted public hearings across the state before adopting final rules, and waged an aggressive marketing and public relations campaign to educate business owners and the public about the requirements of the Act. As we near the one-year anniversary of the Act, I am proud to say that complaints are down dramatically while compliance with the law is up. The real winners are employees and customers who no longer have to involuntarily breathe some else's toxic smoke. For more information on the Department's campaign, please visit <u>www.smokefreearizona.org</u>.

In 2007, the Department began a fundamental shift in the way it provides services to residents with serious mental illness in Maricopa County by selecting a new company to provide services to the county's 70,000 consumers. Magellan Health Services replaced ValueOptions, which had held the contract in Maricopa County for nearly a decade. The Department oversaw this successful transition, and is now moving to a new model of services that promotes recovery for all persons with serious mental illness. Our goal is to provide a greater voice and more choices for clients, while increasing oversight to ensure funds are being used wisely and that effective services are being provided as promised.

Also in 2007, the Department expanded its program for screening all Arizona newborns for potentially fatal genetic disorders, and launched a website, <u>www.azcarecheck.com</u>, that gives the public access to inspection reports and state enforcement on nursing homes, child care and assisted living centers, hospitals and other health care facilities.

Internally, the Department in 2006-2007 undertook an aggressive and frank self-review that led to a change in the internal culture to be more open and

more customer service oriented. This change also has led to increased accountability of programs and contracts.

ADHS has elevated its commitment to cultural competence by naming Veronica Perez as the Director's Advisor for Cultural Competency and Health Literacy. Veronica will be responsible for developing a plan to improve individual cultural competence of staff, recommending policy changes that support cultural and linguistic competence, and implementing practices to enable ADHS to respond effectively to health literacy needs.

The Arizona Health Disparities Center (AHDC) in the Bureau of Health Systems Development & Oral Health, is now fully staffed with the addition of Zipatly Mendoza as Office Chief. The AHDC has three main goals, around which a strategic plan will develop:

- 1) Create a coordinated system among the agency's activities and programs that addresses needs of minority populations;
- 2) Increase cultural awareness among ADHS staff and incorporate standards of cultural responsiveness in all services provided (directly or indirectly) by ADHS; and
- 3) Improve capacity of minority communities for health promotion and disease prevention.

The Department also continues to lead state agencies in promoting employee wellness through the Employee Wellness Council, and by offering free assistance for all employees seeking to quit tobacco.

Please read on to see all ADHS does to promote, protect and improve the health of all Arizonans every day.

We are moving ahead with strong momentum, and I invite you to follow our progress by visiting the agency's web site, <u>www.adhs.gov</u>.

Sincerely,

Ausan Gerand

Susan Gerard Director

### **Agency Snapshot**

### Description

The Arizona Department of Health Services is responsible for public health, behavioral health – including the Arizona State Hospital, emergency medical services, the state laboratory, public health data and statistics, vital records, disease control, and licensing and certification of health and child care facilities.

### Mission

To set the standard for personal and community health through direct care delivery, science, public policy and leadership.

Vision Leadership for a Healthy Arizona



Friends of the Bobby Be Well Nutrition Campaign Left to Right:: Apple, Miss Milky, and Carrot

### **Guiding Principles**

#### Invest in prevention and health promotion:

Preventing physical and mental illness is ethically and financially preferable to treating avoidable morbidity and mortality.

#### Improve access to healthcare:

DHS plays a critical role in the delivery of health services. This is done by contracting and providing technical assistance to health providers, as a means to sustain a health system that provides high-quality, culturally-sensitive care.

#### Reduce disparities in health:

Compelling evidence illustrates that health is determined primarily by the social conditions in which we live and work. Further, data show that illness and early death are higher among marginalized subpopulation groups. This unfair distribution in the opportunity to be healthy demands priority attention and a long-term commitment to work with other government agencies, communities and the private sector to reduce these inequities in health.

#### Be prepared:

DHS must be able to respond to health threats and emergencies as expeditiously as possible.

#### Build partnerships:

Collaboration across DHS programs and with outside entities is essential to be effective and cost-efficient. A robust health system requires strong cooperation among a diverse group of stakeholders because a broad array of factors determines health. These include: education, transportation, air quality, and housing. DHS must seek out "win-win" partnerships across program areas of work and with agencies in other sectors, in order to work toward achieving mutual goals.

#### Measure results:

Learning from the Department of Health Services' past experiences and from other state departments of health is essential for maintaining a standard of excellence and innovation in Arizona.

### Who We Are

The Arizona Department of Health Services is involved in a wide array of activities designed to promote and protect the health of Arizona citizens. These activities include:

• Identifying public health threats by collecting health data, monitoring trends, and performing tests at the Arizona State Health Laboratory.

• Educating and alerting the public and health care providers about public health threats, including bioterrorism.

• Performing screenings of every Arizona newborn to detect eight metabolic disorders so that effective, early treatment is possible.

• Gathering and retaining vaccination information to help ensure Arizona's children are completing recommended vaccination schedules.

• Collecting and disseminating public records information, including birth and death certificates.

• Educating the public about the dangers of smoking, and providing smoking cessation services to thousands of Arizonans through the Arizona Smokers' Help Line.

• Tracking outbreaks of communicable diseases such as HIV/AIDS and Hepatitis C, and providing medications and/or community service referrals.

• Coordinating the State's Women, Infants, and Children program, a federal program aimed at providing nutritional foods for women and their children during pregnancy and postpartum.

• Supporting the primary care of nearly 50,000 uninsured individuals, and supporting the dental care of another 10,000 individuals.

• Licensing and educating over 5,400 health care and over 3,100 child care facilities and group homes to ensure safety and high quality care for Arizonans.

• Delivering publicly funded care to over 130,000 people annually with behavioral health care problems.

### **Agency Priorities**

Over the past year, DHS established several key issues to promote safety, health and well being among Arizona citizens.

Issue 1 – Promoting recovery, resiliency, psychosocial rehabilitation, safety, and hope for persons receiving services from the Arizona State Hospital and the community based behavioral health system.

Psychosocial rehabilitation has been the guiding principle at the Arizona State Hospital for several decades. Actual recovery from mental illness was not considered the operative paradigm. However, recent data have shown that recovery from mental illness is not only possible but is a valid goal for most patients. Incorporating the patient's entire support structure into this effort has proven successful.

# Issue 2 – Responding to threats and emergencies that place the health of Arizona's population at risk.

DHS plays a critical role in protecting the health and safety of Arizona citizens in both man-made and natural disasters and emergencies. We have developed programs and responses to deal with statewide natural emergencies, such as floods or fires, and man-made disasters/emergencies like terrorist attacks. Our ongoing emergency preparedness efforts include rapid communication and response, mobilization and rapid response to any emergencies that endanger the health of Arizona citizens, regardless of the cause.

# Issue 3 – Eliminating health disparities by closing the gaps in health status and access to care among Arizona's diverse populations.

Arizona's demography has changed dramatically in the recent past. According to the 2000 U.S. Census, fully 35% of Arizona residents belong to a racial or ethnic minority and 25.9% speak a language other than English in their home. These shifts have, at the very least, contributed to a growing disparity in the quality and level of health care available to our citizens. AZDHS is committed to addressing disparities in Arizona by communicating directly with communities most impacted and improving all Arizonans' access to vital health care information and services.

#### Issue 4 – Promoting optimal health and wellness.

We believe prevention and good health promotion are the keys to optimal health for all Arizonans. To that end, we are committed to providing expanded leadership and coordination with communities and stakeholders to improve prevention education and information dissemination in an effort to reduce preventable, chronic illnesses such as cardiovascular disease, cancer and diabetes.



Cardiologist, Dr. Paul Underwood, presenting to DHS employees about heart disease among the African American community.

# Issue 5 – Enhancing data collection, public health surveillance, and health information technology.

The effective application of disease prevention strategies is heavily dependent on the quality of surveillance and intelligence information. Standards in the collection, processing, analysis and summarization of health-related data are essential to meeting the needs of DHS and the Arizonans we serve.

# Issue 6 – Pursuing proactive regulation, with an emphasis on timely licensing, investigation, enforcement and technical assistance by a well-trained and adequately staffed workforce.

DHS is committed to working effectively with licenses provides. We are statutorily mandated to license, inspect, monitor and take appropriate enforcement action for non-compliance, we prefer a pro-active regulation model that prevents non-compliance before the fact. Providing training and improved technical assistance enables us to better serve our health care providers and protect the health and well- being of Arizonans.

#### Issue 7 – Prioritizing Tribal issues.

The Department and Indian Tribes and Nations in the State of Arizona share the common goal of decreasing health disparities and maximizing access to critical health services. We have created a six-point initiative to further that cause: 1) the development of a tribal consultation policy, 2) the review and response to public health issues raised at the Tribal Leaders' summits and other Indian tribal conferences, 3) creation of a process for effective feedback to DHS regarding interaction with various Tribal leaders, 4) the initiation of strategic planning for data collection, prevention services, emergency preparedness and behavioral health, 5) training ADHS staff in Native American cultural knowledge, 6) the initiation of site visits to reservation, urban Indian, and Indian Health Services sites by the ADHS Director.

# Issue 8 – Recognizing, involving, collaborating and communicating with public health constituencies.

The public health efforts of DHS depend on strong relationships with our public health partners including other state agencies, Arizona universities and research institutions, county health departments, federal and bi-national health entities, public health associations, non-profit organizations, and advocacy organizations. We are committed to improving these relationships by including such constituencies in planning and resource allocation efforts.

Issue 9 – Improving customer services through E-Business solutions.

DHS is committed to increasing customer service to internal and external customers. As part of this effort, the Department is pursuing an E-Business strategy that allows both internal and external customers to access, manipulate, and use agency information.

### Arizona Department of Health Services 2006-2007 Annual Budget

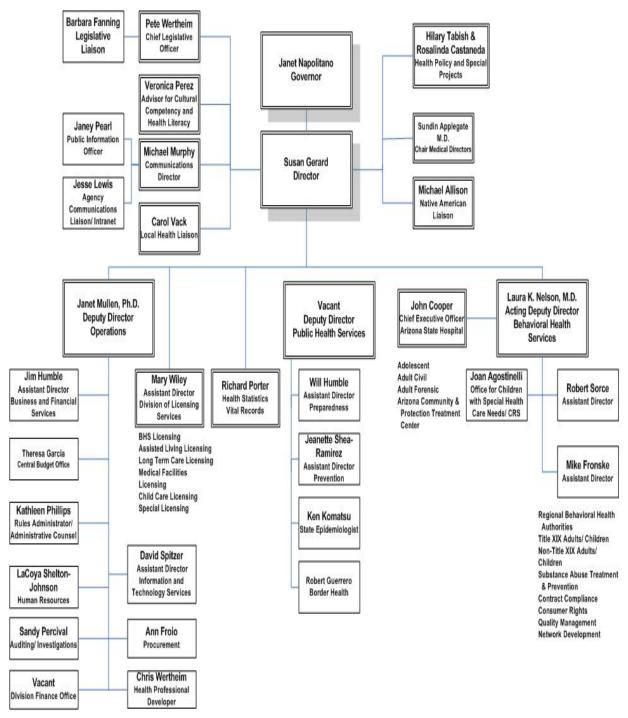
### FY 2007 Budget (Actual) Breakdown by Division

Division	<b>Operating Budget</b>	FTEs
Administration	\$24,641,000	239.9
Arizona State Hospital	\$73,164,100	876.7
Behavioral Health Services	\$1,320,675,900	232.2
Licensing Services	\$15,339,500	257.1
Public Health Services	\$420,016,700	749.0
Total	\$1,853,837,400	2,354.9

### FY 2007 Budget (Actual) Breakdown by Funding Source

General Funds	\$539,561,800
Other Appropriated Funds	\$65,418,200
Other Non Appropriated Funds	\$986,844,600
Federal Funds	\$262,012,800
Total	\$1, 853,837,400

### Arizona Department of Health Services Organizational Chart



Edited By: Jesse Lewis 5/6/2008

### Divisions of the Arizona Department of Health Services

Administration

Public Health Services

Licensing Services

Behavioral Health Services

Arizona State Hospital

The Arizona Department of Health Services is a complex agency. With a budget of nearly \$2 billion and more than 2,000 employees, it is one of the largest departments in Arizona State Government. The Department oversees a wide array of programs and services designed to protect and promote the health of the state's diverse population. These include disease prevention and control, maternal and child health, chronic disease, emergency medical services, emergency preparedness and response, the State Health Laboratory, public health data and statistics and the state's Vital Records. The Department oversees the state's public behavioral health system, with nearly 135,000 enrolled clients, and the state's only public psychiatric hospital, the Arizona State Hospital. The Department also oversees the licensing and certification of nursing homes, assisted living and child care centers, hospitals and other health care facilities.

The Department's five divisions – Administration, Public Health Services, Licensing Services, Behavioral Health Services, and the Arizona State Hospital all have diverse functions, but their missions are one: to protect and improve the health of all Arizonans.

### **Administration**

Mission: To promote and protect the Health of Arizona's children and adults.

General Funds	\$15,223,800
Other Appropriated Funds	\$9,318,200
Other Non Appropriated Funds	\$99,200
Federal Funds	\$0
Program Total	\$24,641,200
Total Full Time Employees	240

#### **Programs within Administration:**

<u>Director's Office</u>: Provides the leadership, direction and support the Agency requires to operate effectively and efficiently.

- Office of Administrative Counsel provides in-house legal support to the Director, Deputy Directors, and Executive team and acts as a liaison between the Department and the Attorney General's Office.
- Administrative Rules Office is composed of a rules administrator and senior rules analysts. Rules, five-year-review reports, and substantive policy statements are drafted by eleven Agency rules analysts who report to the rules administrator.
- Office of Human Resources is responsible for providing services to its customers (all agency employees and the public) in relation to staffing, employee relations, benefits support and operations (classification and compensation matters).
- Legislative Services Office acts as the liaison between the agency and the Legislature; working on legislation, constituent issues, and the state budget.



Smokefree AZ Team

• Public Information Office is committed to providing the public and the media with health information in a timely, accurate and helpful manner.

• Office of Vital Records: Collects, preserves, protects, and provides the records of birth and death events occurring in Arizona which touch the lives of every Arizonan and their descendents.

<u>Business and Financial Services</u>: Provides meaningful financial information and business and consulting services in partnership with ADHS customers.

- Controller's Office maintains the centralized automated accounting and budget control system, payroll office, accounts payable office and all related internal controls to assure that all Agency cash receipts, revenues, expenditures, payrolls, assets, and liabilities are properly recorded and processed. All Agency financial statements and reports, as required by the State or Federal Government, are prepared by staff of this office.
- Procurement Office works with internal customers in developing specifications and scope of work statements. They administer various programs designed to expedite the procurement process for small dollar items while providing customers with alternatives.

<u>Information Technology Services</u>: Provides information technology leadership and solutions to improve the effectiveness and efficiency of the Arizona Department of Health Services' program operations.

### **Public Health Services**

*Mission: To protect and improve the public's health through prevention and control of disease and disability.* 

General Funds	\$77,062,000
Other Appropriated Funds	\$13,846,500
Other Non Appropriated Funds	\$112,747,400
Federal Funds	\$216,360,800
Program Total	\$420,016,700
Total Full Time Employees	749

#### **Programs within Public Health—Preparedness:**

<u>Administration and Local, Border Offices</u>: Provides leadership, coordination and support for statewide public health and to strengthen the family and community by recognizing, involving, and communicating with public health constituencies.

<u>Public Health Statistics</u>: Collects, analyzes and reports public health statistics and information that guide actions and policies to improve the health of Arizonans.



<u>Emergency Medical Services</u>: Protects the health and safety of people requiring emergency medical and trauma services (EMS), and promotes improvements in Arizona's EMS and trauma system through research and education of the public and EMS providers.

#### State Laboratory Services: Provides

environmental, clinical and reference analytical lab services to diagnose, prevent, and treat infectious and communicable diseases,

epidemics, and biological and chemical threats. The Lab also monitors and evaluates the quality of statewide environmental and clinical laboratories, and enhances environmental and clinical capabilities through training, education and consultation.



Arizona State Laboratory

<u>Public Health Emergency Preparedness and Response</u>: Detects and responds to natural or intentional disease events. Funded by the Centers for Disease Control and Prevention, it is the program mission to ensure that the public health system of Arizona is prepared for public health emergencies. The Office is composed of five separate program areas: Preparedness and



Planning, Electronic Disease Surveillance Program, Arizona Health Alert Network, Risk Communication and Public Information, and Education and Preparedness Training.

<u>Epidemiology and Disease Control</u>: Monitors, investigates, prevents, and controls diseases in Arizona through programs in infectious disease control, environmental health, HIV/AIDS prevention and immunizations. Also, works hard to educate, gain compliance and enforce the Arizona smoke-Free Act.

#### Highlights of the Division of Public Health—Preparedness

• Led the state's public health response during the national TOPOFF 4 preparedness drill, which tested the state's ability to respond to a terrorist act. ADHS's role in the drill was praised nationally by preparedness experts.

• Released new guidelines to schools, athletic departments, coaches, child care centers and



TOPFF 4 exercise in Phoenix, 2007

health care providers to help prevent the spread of staphylococcal and other skin infections. The guidance was developed in response to increased community concerns about reports of infections, including Methicillinresistant *Staphylococcus aureus* (MRSA), in schools.

• Announced a historic agreement with the state of Sonora, Mexico, to begin immediate work on a coordinated pandemic readiness plan. "Diseases don't respect borders, so to protect our citizens, we must work together on our emergency response efforts," said Director Gerard, who joined with Raymundo Lopez Vucovich, Secretary of Public Health of the Mexican State of Sonora, in pledging to collaborate to combat a possible global outbreak and to share information during a public health emergency.

• The Department of Health Services has made great strides in both the prevention and treatment of sexually transmitted diseases. In late 2006, the HIV, STD, and Hepatitis C programs were combined under a single office to take advantage of the synergies of expertise offered by each program to provide education, disease intervention, and prevention activities targeted towards clients with common risk factors.

• On September 20, 2006 – "Just in Case Arizona" was launched by Governor Napolitano as a compelling statewide emergency preparedness campaign. Sponsored by the Arizona Department of Health Services, this program is designed to educate Arizonans on what to do if faced with a public health emergency caused by terrorism, influenza, natural disasters, fires, flooding,



Dr. Ben Bobrow leads first responder training

power outages, etc. All of the information on the campaign -community involvement, preparedness tools, resources and action steps on how to be "prepared to stay or be prepared to go" -can be found at Az211 (online).

• Received its first award from the Centers for Disease Control and Prevention (CDC) for cardiovascular disease prevention and education. The five-year \$325,000 grant calls on ADHS Cardiovascular Disease Prevention Program to support public education, increase cardiovascular disease surveillance, and develop employer resources regarding healthy workplace policies. Arizona is one of 34 states to receive CDC funding for cardiovascular disease prevention efforts.

• Launched aggressive actions to combat a dramatic rise in Valley Fever across the state. The Translational Genomics Research Institute (TGen) and ADHS were awarded a highly competitive Arizona Biomedical Research Commission (ABRC) grant to study the genome of the fungus that causes Valley Fever, a respiratory illness caused by the inhalation of fungal spores that live in the soils of the desert southwest. This research will result in new analytical tools that will help determine where Valley Fever comes from, how transmission occurs and a way to link cases to sites of exposure. This information may lead to important public health interventions to potentially limit the spread of disease.

• Implemented the Smoke Free Arizona Act, the landmark law that prohibits smoking in most indoor public places. Before the law took effect May 1, the Department conducted statewide public hearings and launched an aggressive marketing and public relations campaign to help businesses comply with Act's requirements. The result? Widespread acceptance and public support of the law and compliance.



### **Communicable Disease Summary**

NUMBER OF REPORTED CASES OF SELECTED NOTIFIABLE DISEASES BY CATEGORY FOR EACH COUNTY ARIZONA, 2006																
Disease	Arizona	Apache	Cochise	Coconino	Gila	Graham	Greenlee	La Paz	Maricopa	Mohave	Navajo	Pima	Pinal	Santa Cruz	Yavapai	Yuma
Vaccine Preventable																
Measles	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mumps	40	0	3	2	0	0	0	1	25	1	1	2	2	0	3	0
Pertussis	508	0	0	46	2	0	0	0	409	8	0	32	3	0	7	1
Pertussis confirmed	36	0	0	3	0	0	0	0	21	1	0	10	0	0	1	0
Rubella	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Congenital Rubella Syndrome	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<i>Haemophilus influenzae</i> type b (invasive, age < 5 years)	3	0	0	0	0	0	0	0	2	0	1	0	0	0	0	0
Central Nervous System																
Aseptic Meningitis	720	0	2	0	2	2	0	0	624	8	1	43	24	0	11	3
Meningococcal Disease	16	0	0	0	0	0	0	0	6	0	1	3	0	0	1	5
Viral Encephalitis	18	0	0	0	0	0	0	0	14	0	0	1	1	0	2	0
Enteritides																
Amebiasis	16	0	0	0	0	0	0	0	10	0	2	3	0	0	1	0
Campylobacteriosis	803	69	12	31	9	4	1	4	432	7	28	143	15	13	13	22
Cholera	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cryptosporidiosis	29	0	0	0	6	0	0	0	19	2	0	1	0	0	0	1
Shiga toxin producing <i>E. coli</i>	105	0	0	4	0	1	0	0	68	7	2	12	1	1	8	1
Giardiasis	163	1	0	3	3	0	0	0	66	11	3	65	2	0	6	3
Salmonellosis (except S. Typhi and S. Paratyphi)	949	22	55	27	14	10	0	3	432	22	37	194	71	14	22	26
Salmonella Paratyphi A	2	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0
Salmonella Paratyphi B	7	0	0	0	0	0	0	0	6	0	0	1	0	0	0	0
Salmonella Paratyphi C	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Shigellosis	729	47	8	28	11	0	0	27	390	2	40	123	22	10	4	17
Typhoid Fever	7	0	0	0	0	0	0	0	7	0	0	0	0	0	0	0
Mycosis																
Coccidioidomycosis (Valley																
Fever)	5,535	4	21	11	15	15	2	10	4,209	49	15	897	225	6	29	27
Hepatitides		1									1					
Hepatitis A	179	0	6	4	2	2	0	0	91	1	2	34	4	20	1	12
Hepatitis B (acute)	373	2	5	6	2	2	0	2	265	24	7	29	13	1	6	9
Hepatitis B (perinatal)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Hepatitis C (acute)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Hepatitis D	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
Hepatitis E	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
Zoonoses/Vectorborne	1	1		1	1	1		1		1	1		1			
Brucellosis	4	0	0	0	0	0	0	0	4	0	0	0	0	0	0	0
Colorado Tick Fever	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Dengue	9	0	0	0	0	0	0	0	8	0	0	0	1	0	0	0

Disease	Arizona	Apache	Cochise	Coconino	Gila	Graham	Greenlee	La Paz	Maricopa	Mohave	Navajo	Pima	Pinal	Santa Cruz	Yavapai	Yuma
Hantavirus Pulmonary Syndrome	13	3	0	0	0	0	0	1	3	0	6	0	0	0	0	0
Human Rabies	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Lyme Disease	12	0	0	1	0	0	0	0	7	0	0	3	1	0	0	0
Malaria	23	1	0	1	0	0	0	0	18	0	0	3	0	0	0	0
Plague	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Relapsing Fever, Tickborne	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Rocky Mtn. Spotted Fever	11	0	0	0	2	0	0	0	3	0	5	0	1	0	0	0
St. Louis Encephalitis	2	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0
Tularemia	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
West Nile Virus	148	1	2	1	1	0	0	0	76	2	0	46	18	1	0	0
Other																
Botulism	5	0	0	0	0	0	0	0	4	0	0	1	0	0	0	0
Legionellosis	38	0	0	0	1	1	0	0	25	2	1	6	0	0	1	1
Listeriosis	7	0	0	0	0	0	0	0	7	0	0	0	0	0	0	0
Reyes Syndrome	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Streptococcal Group A (Invasive)	351	3	5	4	3	1	0	0	216	6	5	77	17	0	8	6
Streptococcal Group B (invasive disease in infants<90 days old)	54	1	3	1	0	3	1	0	39	0	2	4	0	0	0	0
Streptococcus pneumoniae (invasive)	971	25	16	23	10	11	0	4	569	28	26	191	39	2	18	9
Toxic Shock Syndrome	2	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0
Vancomycin resistant <i>Enterococcus</i> spp. (VRE)	2,683	20	35	55	38	7	2	7	1,805	59	37	447	94	6	36	35
<i>Vibrio</i> spp. (except toxogenic <i>V. cholerae</i> )	25	0	2	0	2	1	0	0	10	0	1	8	1	0	0	0
Yersiniosis (except Y. pestis)	11	0	0	0	0	0	0	0	11	0	0	0	0	0	0	0
Ehrlichiosis	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Notes: Non-resident cases have been excluded. Only incident cases are reported. *E. coli* O157:H7, *Streptococcus*-Group B (invasive disease in infants <90 days old), *Streptococcus pneumoniae*, *Vibrio* spp., VRE and Yersiniosis became reportable in 1997. *E.coli* includes both *E.coli* O157:H7 and other Shiga-toxin postive *E.coli*. *Streptococcus pneumoniae* was only reportable by laboratories until Oct. 2004. *Haemophilus influenzae* type b includes all invasive *H. influenzae* type b, not just meningitis, as of 1995. Meningococcal includes all invasive disease caused by *Neisseria meningitidis*, not just meningitis. Salmonella paratyphi A, Salmonella paratyphi B, and Salmonella paratyphi C have been reported separately from other *Salmonella* spp. beginning in 1997. Animal rabies cases are not included. Hepatitis D has been reported separately from Hepatitis non-A non-B beginning in 1998.

Source: Arizona Department of Health Services, Bureau of Epidemiology and Disease Control Services, Office of Infectious Disease Services.

### **Programs within Public Health—Prevention:**

<u>Chronic Disease Prevention and Nutrition Services</u>: Directs the continued promotion, planning, implementation, assurance and evaluation of chronic disease prevention and nutrition programs and services. Collaborates with the public and private sectors, coordinates community education activities, responds to inquiries and referrals from the public and community and oversees several federal nutrition programs and surveillance systems.

<u>Health Systems Development</u>: Optimizes the health of Arizona residents by developing and strengthening systems and services to expand access to primary care and other services. The program works with an emphasis on the

health needs of underserved people and areas by promoting and protecting the health and well-being of Arizona's minority and vulnerable populations.

<u>Oral Health</u>: Assists communities in assessing dental needs and resources; assists in the development of community dental clinics and other dental care delivery



models. Oral health provides technical assistance and consultation for developing oral health care standards, policies and systems; conducts oral health assessments of communities; trains on oral health issues; promotes the use of dental sealants and optimally fluoridated water; and provides preventative services to eligible, high-risk persons.

<u>Tobacco Education and Prevention (TEPP</u>): Manages programs and provides technical assistance to reduce tobacco use in Arizona. TEPP



emphasizes a comprehensive, community-based approach and addresses tobacco use among Arizonans through statewide media campaigns, support of local coalitions, Smoker's Helpline to provide counseling and referral, promotion of tobacco-free school policies and the establishment and guidance of youth coalitions.

<u>Women's and Children's Health</u>: Supports efforts to improve the health of Arizona's women and children.

Activities focus on assessment of health status and identification of health issues, development of partnerships and planning to address health issues, and provision of "safety net" services.

### **Highlights of the Division of Public Health—Prevention**

• Named Wayne Tormala as Bureau Chief of the state's Tobacco Education and Prevention Program (TEPP). Tormala, Community Initiatives Coordinator for the City of Phoenix, has earned national recognition as a champion of human service programs in the public and private sector.

• TEPP produced and launched a media campaign for cessation (launched in Dec 06, running through Dec 07) that increased calls to the quitline sixty (60) percent month for month over last years

numbers when no campaign was running. Our successful media campaign, which follows the travails of a quitter, combined with the implementation of the higher tax and ban on indoor smoking has led to a record number of calls to the ASHline for assistance to quit smoking.

Dallas Teat, Viedo Production Supervisor

• Provided low income women, and children with coupons to purchase locally grown fruits and vegetables from farmers' markets. With obesity on the rise in Arizona and throughout the U.S., this program, subsidized by the USDA and the Health Department, are designed to encourage low income families to buy and eat more fruits and vegetables.

> • The ADHS Newborn Screening Program successfully expanded the panel of disorders screened at birth from 14 to 28. The panel includes screening for hearing loss and the 27 disorders that are recommended by the March of Dimes, American Academy of Pediatrics, and American College of Medical Geneticists.

 Arizona Nutrition Network partners completed more than 152 million indirect and more than 1 million direct nutrition education contacts. The Network distributed 1,037,861 nutrition education items including the printed materials, posters, and innovative teaching tools with nutrition education messages. The Network uses Bobby B. Well as a larger-than-life animated spokesperson. He was chosen because he can be a fun, playful and cool character that encourages the target audience to improve health habits.

• Joined with the Arizona Small Business Association (ASBA) to launch a Web-based tool designed to help employers assess their work environments and develop policies that support the health and wellness of employees. With the Healthy Arizona Worksites tool (www.azhealthyworksites.com) employers learn about and implement worksite wellness initiatives related to healthy eating, physical activity, and tobacco-free lifestyles.



Administrator for BHS and son Preston



### **Licensing Services**

Mission: To protect the health and safety of Arizonans who utilize child and health care facilities by providing information and establishing standards for licensure and regulation.

General Funds	\$9,478,700
Other Appropriated Funds	\$1,072,000
Other Non Appropriated Funds	\$1,501,300
Federal Funds	\$3,287,500
Program Total	\$15,339,500
Total Full Time Employees	257

The Division licenses health care and child care facilities, establishes appropriate rules, monitors for compliance, offers technical assistance and training to providers, and provides consumer education. The Department's goal is to ensure the health and safety of Arizonans in health care facilities and child care facilities.

#### **Programs within the Division of Licensing Services:**

<u>Office of Assisted Living Licensing</u>: licenses and inspects the following facilities:

- Assisted Living Centers (11 or more residents)
- Assisted Living Homes (10 or fewer residents)
- Adult Foster Care (4 or fewer residents)
- Adult Day Health Care Centers
- Unclassified Respite Care

Office of Long Term Care Licensing: licenses the following skilled

nursing facilities:

- Nursing Care Institutions
- Intermediate Care Facilities for the Mentally Retarded (ICFMR)

Office of Medical Facilities Licensing: licenses the following medical facilities:

- Hospitals
- Home Health Agencies
- Hospices
- Outpatient Treatment Centers
- Ambulatory Surgical Centers
- End-Stage Renal Dialysis Centers (including those on Federal or Tribal Land)
- Recovery Care Centers

<u>Office of Behavioral Health Licensing</u>: licenses the following behavioral health facilities:

- Inpatient
- Residential
- Outpatient
- DUI
- Misdemeanor Domestic Violence Offender Treatment Program
- OPIOID Treatment Centers
- Adult Therapeutic Homes

Child Care Licensing: licenses the following child care facilities:

- Child Care Facilities
- Child Care Group Homes

Office of Special Licensing: licenses and regulates the following individuals:

- Non-Nurse Midwives
- Hearing Aid Dispensers
- Audiologist
- Speech/Language Pathologists

In addition to the licensing and regulating the above individuals, the Office of Special Licensing Architectural Review Section is responsible for reviewing construction/modification projects, providing technical assistance and consultation to providers and their architects, engineers and contractors, providing technical assistance to licensing program staff, and reviewing the child care physical plant architectural evaluation for any

construction/modification. The program is also responsible for the physical inspection of Developmentally Disabled Group Homes regulated by the Department of Economic Security.

Type of Facility	Number of Facilities	Number of Complaints Received
Assisted Living	1,759	495
Behavioral Health	1,148	217
Child Care	2,668	1,154
Long Term Care	152	795
Medical Facilities	1,393	678

#### **Facility and Complaint Breakdown**

Arizona's dramatic growth has resulted in an increased number of health care and child care facilities. The health care industry is changing rapidly. Regulated facilities are providing more complex patient care. The level of acuity is much greater than previous years. Now many people who used to be in hospitals are in a skilled nursing facility. The skilled nursing facilities are also handling more types of residents. Assisted living facilities are providing the level of care that once was provided in nursing care facilities. All of these changes have lead to an increased number of complaint investigations. The Department of Health Services serves a crucial role in protecting the health and safety of Arizonans in health care and child care facilities.

### Highlights for the Division of Licensing Services

• Unveiled a new Web site that allows residents to obtain a wealth of information about Arizona nursing homes, child care and assisted living

centers at the click of a button. The Web site, www.AZCareCheck.com, enables users to easily search for licensed nursing homes and assisted living and child care centers, and obtain important, up-to-date information regarding inspection reports and complaint investigations, as well as recent enforcement actions taken by ADHS.



• Nursing Care Quality Improvement Grants:

The purpose of the nursing care institution quality improvement grant is to improve the quality in the particular facility in reference to one or more of six specific quality measures:

- 1. Reduction in incidences of pressure ulcers
- 2. Reduction in physical restraints
- 3. Improvement in pain management
- 4. Reduction in incontinence
- 5. Reduction in falls
- 6. Reduction in the use of anti-psychotic medication

Funding was provided through the Nursing Care Institution Resident Protection Fund - \$400,000. A total of up to \$360,000 was available for awards to multiple qualified applicants. Awards were available for up to \$30,000 per application.

• E-Licensing: E-licensing is a service provided by Division of Licensing Service (Office of Special Licensing) allowing speech and hearing professionals to renew their licenses on-line. It also allows them to report on continuing education, change address and other personal information.

• At a survey conducted at a skilled nursing facility, surveyors found residents in immediate jeopardy and restrained in "enclosure beds" (netting that surrounds the sides and top of the bed). Surveyors stayed until the residents were safe and made sure the enclosure beds were removed. One resident grabbed our surveyor's hand and said 'thank you for saving my life'.

• Pressure Ulcer Conference: In accordance with the Governor's Executive Order 2007-01 Ensuring Quality in Long Term Care, the ADHS has sponsored several conferences focusing on reducing pressure ulcers and restraints.

### **Behavioral Health Services**

Mission: To ensure a comprehensive, unified behavioral health system for Arizonans.

General Funds	\$373,872,400
Other Appropriated Funds	\$32,901,000
Other Non Appropriated Funds	\$871,538,000
(Medicaid and KidsCare Funding)	
Federal Funds	\$42,364,500
Program Total	\$1,320,675,900
Total Full Time Employees	232

The Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) serves as the single state authority to provide coordination, planning, administration, regulation and monitoring of all facets of the state public behavioral health system. ADHS/DBHS contracts with community based organizations, known as Regional Behavioral Health Authorities (RBHAs), to administer behavioral health services throughout the State. RBHAs function in a fashion similar to a health maintenance organization. The Division also supports the Office of Children with Special Health Care Needs (OCSHCN).

ADHS/DBHS is focused on the principle of recovery by providing the following: Voice and Choice – giving members a voice and a choice in their services; a comprehensive array of covered behavioral health and recovery services; culturally proficient care; and consumer rights.

ADHS/DBHS currently contracts for behavioral health services with four RBHAs:

- Northern Arizona Regional Behavioral Health Authority (NARBHA; GSA 1) includes the counties of Mohave, Yavapai, Coconino, Navajo and Apache
- Community Partnership of Southern Arizona (CPSA; GSA 5 and GSA 3) includes the counties of Pima, Graham, Cochise, Greenlee, and Santa Cruz
- Cenpatico Behavioral Health of Arizona (GSA 4 and GSA 2) includes the counties of Gila, Pinal, La Paz, and Yuma
- Magellan Health Services of Arizona (GSA 6) includes Maricopa County

In addition, ADHS/DBHS has Inter-Governmental Agreements (IGAs) with five tribes, which serve as Tribal Regional Behavioral Health Authorities (TRBHA):

- Gila River Indian Community
- Pascua Yaqui Tribe
- White Mountain Apache Tribe
- Colorado River Indian Tribe (prevention services only)
- Navajo Nation (case management services only)

#### **Programs within Behavioral Health Services:**

Adult Mental Health Services: As a result of ADHS/DBHS policy and procedural changes, recovery and wellness planning is now a routine component of behavioral health treatment in the adult system. Adult Recovery Teams also are empowering our most vulnerable consumers by providing family and peer support. Along with the typical covered services of case management, medication and counseling, members are further provided employment support, supported housing and other social, health and supportive services, including those provided by peer-run organizations. ADHS/DBHS has also started initiatives to reduce the impact stigma has on those affected by mental health issues.

<u>Children's Mental Health Services</u>: The main goal for ADHS/DBHS has been to create sustainable and trusting partnerships with families and other child-serving systems using two primary tools: The Child and Family Team (CFT) and the 12 Principles for Children's Behavioral Health. The CFT model has become the primary tool in children's mental health services in order to support family decision making. Using CFTs, family members and youth are

involved in planning, policy and service delivery. In concert with CFTs, the missions of the 12 Principles are also applied:

- In collaboration with the child and family and others, Arizona will provide accessible behavioral health services designed to aid children to achieve success in school, live with their families, avoid delinquency and become stable and productive adults.
- Services are also tailored to the child and family and provided in the most



appropriate setting, in a timely fashion and in accordance with best practices, while respecting the child's family's cultural heritage.

ADHS/DBHS has also worked to develop community structures to support collaborative relationships and family involvement, as well as to implement behavioral health assessment and planning processes across child-serving systems. <u>Substance Abuse Prevention and Treatment /Suicide Prevention</u>: ADHS/DBHS has several substance abuse prevention and treatment programs such as underage drinking prevention ("Draw the Line" campaign), methamphetamine prevention, Methamphetamine Centers of Excellence, methamphetamine treatment for adults with serious mental illness, specialty women's treatment programs, the Young Adult Substance Abuse Team and the expansion of detoxification centers.

In 2005, ADHS/DBHS received a \$1.2 million Garrett Lee Smith Memorial Act Suicide Prevention grant from SAMHSA payable over three years, which has been used to enhance the capacity of prevention providers, including Arizona's Tribal Nations, to implement science-based suicide prevention strategies statewide.

Office for Children with Special Health Care Needs: The Office for Children with Special Health Care Needs (OCSHCN) provides leadership, policy, direction and administration to promote a system of care in which children are able to reach their full potential. Children's Rehabilitative Services (CRS) combines Title XIX and XXI funds, as well as state funds, to create a statewide network of providers that serves children with certain medical and disabling conditions. Over 23,000 children were served by CRS during State FY2007.

Other programmatic activity is funded through the Title V Program, which promotes access to care and best practices for the 232,500 children with special health care needs estimated to live in Arizona. These programs include gap-filling and care-coordination services, as well as education and outreach. During FY2006 and 2007, OCSHCN brought all areas of the CRS Program into contract compliance, while increasing family satisfaction with services for two consecutive years. Overall, care was rated at an average of 9.1 on a 10-point scale.

### **Highlights of the Division of Behavioral Health Services**

• In 2007, the Arizona Department of Health Services awarded a \$500 million contract for the provision of public mental health services in Maricopa County to one of the largest and most experienced behavioral health management firms in the nation.

Magellan Health Services was selected to provide services in Maricopa County beginning Sept. 1 over two other bidders – ValueOptions, the previous provider of public mental health services in Maricopa County, and Cenpatico Behavioral Health.

An exhaustive review of the three proposals by an independent evaluation team consumed three months. The contract will run three years, with an estimated value of \$500 million annually, with an option for two more years based on performance. The contract also provides clearer expectations, holding the provider more accountable to the stipulated requirements.

The agency made a seamless transition to the county's new mental health services provider, which ValueOptions has provided behavioral health services in Maricopa County since 1998.

There are approximately 70,000 adults and children receiving behavioral health services in Maricopa County.

• ADHS/DBHS spent the bulk of 2006 in dispute resolution for the Jason K agreement with plaintiffs' counsel to review progress and clarify expectations to ensure a successful settlement.

• During FY2007, the ADHS/DBHS Cultural Competency training was initiated and provided statewide to behavioral health staff. This effort was conducted in collaboration with each RBHA. An additional version of the curriculum was developed for non-clinical staff, expanding the numbers of staff members who could receive the cultural competency training. The training is being used to train administrative, prevention and non-behavioral health staff statewide.

• During FY2007, ADHS/DBHS began planning an exciting campaign aimed at increasing the utilization of in-home, community-based support and rehabilitation services for enrolled children. An extensive curriculum was developed for the *Meet Me Where I Am* Campaign to assist providers and family members in better understanding the potential benefits of these services and how to ensure they are used strategically and effectively to achieve the desired outcomes. Financial incentives were incorporated into contract amendments for FY2008. This program resulted from the 2007 legislative session that increased the capitation rate for children's services.

• In the FY2007, ADHS/DBHS prioritized the identification of telemedicine availability. This technology is used by health care providers for many reasons, including increased cost efficiency, reduced transportation expenses, improved patient access to specialists and mental health providers, improved quality of care, and better communication among providers. Northern Arizona Regional Behavioral Health Authority (NARBHA) has received national recognition for its use of telemedicine services.

• Awarded more than \$2 million in grants to provide treatment for methamphetamine abuse in Maricopa and Pima counties and the Gila River Indian Community, and for education and training in other parts of the state. The grants are part of Gov. Janet Napolitano's comprehensive approach to combat the public health threat of methamphetamine, combining prevention, education, treatment and law enforcement.

### Arizona State Hospital

Mission: To restore and enhance the mental health of persons requiring psychiatric services in a safe and therapeutic environment.

General Funds	\$40,631,882
Other Operating Funds	\$12,631,013
Federal Funds	\$42,364,500
Program Total	\$62,029,370
Full Time Employees	876

As the only long-term hospital in Arizona providing services for severely mentally ill persons, that is publicly funded, the Arizona State Hospital (ASH) serve as an active and contributing partner in an evolving and maturing statewide system of behavioral healthcare. Opened in 1887, ASH provides inpatient psychiatric hospitalization services for individuals with severe mental disorders. Historically, it served mostly civilly committed patients, but in recent years there has been a growth in the number of forensic population and a decrease in the civilly committed population.



Arizona State Hospital Civil Patient Unit

#### Patient Population:

• Civil Patients – Ordered by a court to receive treatment because they pose a danger to themselves or to others.

2007 Average Monthly Census: 110 patients

- Adult Forensic Patients Ordered to the Hospital by the criminal courts either Guilty Except Insane or Restoration to Competency
  - 2007 Average Monthly Census: 147 patients
- Adolescent Civil and Forensic

2007 Average Monthly Census: 9 patients

 Sexually Violent Persons (SVP) - Individuals who are civilly committed because they may present a danger to society and who have a mental disorder that makes the person likely to engage in acts of sexual violence.

2007 Average Monthly Census: 79 patients

### **Programs within the Arizona State Hospital (ASH):**

<u>Clinical Support Services</u>: Provides leadership, direction and management for all hospital services and personnel.

<u>Clinical and Program Services</u>: The preeminent tertiary care facility for Arizonans who suffer from serious and persistent mental illnesses.

<u>Arizona Community Protection & Treatment Center</u>: Provides quality services for the treatment, care and control of individuals committed by the court as sexually violent persons.

<u>Psychiatric Review Board</u>: Ensures public safety by maintaining jurisdiction and properly monitoring persons who are committed to a secure state mental health facility.

### Arizona State Hospital FY 2007 Financial Summary

Funding Sources (General Operations Based on Budget Allocations): *	
Personal Services and Related Benefits - General Fund	\$40,631,882
All Other Operating - General Fund/Az State Hosp Fund	\$13,631,013
Non-Title 36 Revenue	\$65,927
Rental Income	\$527,248
Endowment Earnings	\$350,000
Patient Benefit Fund	\$45,000
Donations	\$10,000
Psychotropic Medications	\$63,500
Community Placement - General Fund	\$5,574,100
Community Placement - Az State Hosp Fund	\$1,130,700
Total Funding	\$62,029,370
Total Funding	φ02,029,370
Expenditures: *	
Personal Services and Related Benefits	\$40,624,426
Professional and Outside Services **	\$8,015,735
Travel (In-State)	\$74,986
Travel (Out-of-State)	\$7,862
Food	\$0
Other Operating	\$6,217,688
Capital Equipment	\$141,070
Assistance to Others	\$6,704,800
Total Cost of Operations	\$61,786,567
Collections:	
Patient Care Collections to General Fund	\$836,297
Patient Care Collections to Az State Hosp Fund - RTC	\$2,880,127
Patient Care Collections to Az State Hosp Fund - Title XIX	\$1,650,076
Non-Patient Care Collection to General Fund	\$3,778
Total Collections	\$5,370,278
Daily Costs by Treatment Program: ****	
Specialty Rehabilitation	\$547
Adolescent Treatment	\$981
Psychosocial Rehabilitation	\$488
Forensic - Restoration to Competency	\$532
Forensic Rehabilitation	\$435
Average	\$506
* Excludes SVP Program.	
Contract Physicians, Outside Hospitalization Costs, Outside Me	dical Services, and
** privatization of support services.	
**** Rates became effective 7/01/05.	

#### Highlights of the Arizona State Hospital:

• In 2007, the Arizona Legislature approved \$32 million for the lease purchase construction of a new forensic hospital at ASH. The Legislature approved funding to renovate facilities in 2000 for new construction of the entire Arizona State Hospital; however, the forensic funding was later repealed during the budget deficit in 2002. The Department of Health Services requested funding for a new forensic hospital every year since FY 2004. This funding was a huge success for the Department and will enhance the already excellent services provided at ASH.

• Also in 2007, a team of surveyors from the Centers for Medicare & Medicaid Services made a surprise visit to the Arizona State Hospital and issued a positive report. During an oral report, the surveyors' overall comments were glowing. "It's been a very, very positive experience," one surveyor said. "We're all very impressed ... You guys are doing good work," added another.

• The State Hospital embraced the "Recovery Model" to provide services and treatment in a consumer and family-centered way. The hospital's mission is to offer consumers meaningful choices and treatment options by changing its focus, as well as services, to consumers. In addition, recovery focuses on the consumer's ability to be successful when coping with life's challenges.

• In partnership with Recovery Innovations, the hospital provided patients with:

WRAP program development and design (Wellness Recovery Action Plan): an individualized plan designed to assist the consumer not only during their stay in the hospital setting, but also at their time of discharge.

Wellness program: further development of skills and coping abilities which assist consumers' plans for success during their hospital stay and upon discharge.

Peer mentoring training: Extended training sessions for patients that allowed some patients to become certified a Peer support training specialists. A few patients then became eligible for positions with Recovery Innovations (META) as Peer Support Staff in a paid capacity. This role not only provided a "hands on peer mentoring" for some patients, it also provided the opportunity, upon discharge, to continue to provide these skills as a community vocational placement option.



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For more information about Arizona Department of Health Services programs, goals, and services, please contact the Public Information Office at 602-542-1001, or visit us on the web at www.azdhs.gov