

**2009 Innovations Awards Program  
APPLICATION**

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ID # (assigned by CSG): 09-W-01AZ

**Please provide the following information, adding space as necessary:**

State: Arizona

Assign Program Category (applicant): Health and Human Services (Use list at end of application)

1. Program Name  
Community Exchange
2. Administering Agency  
Magellan Health Services of Arizona in partnership with the Arizona Department of Health Services / Division of Behavioral Health Services
3. Contact Person (Name and Title)  
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[http://www.magellanofaz.com/azmem-en/getinvolved/community\\_exchange.aspx](http://www.magellanofaz.com/azmem-en/getinvolved/community_exchange.aspx)
9. Please provide a two-sentence description of the program.  
The Community Exchange is a centralized community-based distribution channel for meeting identified needs of behavioral health recipients and their families across all life spans by connecting individuals to needed resources through a web-based program which links community and system partners with available resources to identified needs. The mission of The Community

Exchange is to meet the needs of individuals and family members in a timely manner, by working together to foster hope, recovery and resiliency through sharing, technology, networking and outreach.

10. How long has this program been operational (month and year)? Note: the program must be between 9 months and 5 years old on March 2, 2009 to be considered.

In March of 2004 The Arizona Department of Health Services/Division of Behavioral Health Services funded a similar e-mail based program, which was the predecessor of Community Exchange. When Magellan Health Services of Arizona became the contracted Regional Behavioral Health Authority, they continued development of the concept and fully implemented their Community Exchange program on September 1, 2007, moving from an e-mail based to a fully functional web-based program.

11. Why was the program created? What problem[s] or issue[s] was it designed to address?

In 2003 a resource development workgroup, consisting of children's system service providers and stakeholders from the juvenile court system, was convened to identify unmet needs which prevented children with behavioral health needs and their families from receiving needed resources to assist in developing natural supports within individuals' communities. The workgroup identified the following barriers/unmet needs:

- Case Managers with limited time to spend identifying available community resources in a timely and efficient manner
- Case Managers lack of knowledge of where to find appropriate and individualized resources
- Limitation within other available funding sources, due to specific qualifying criteria
- Difficulty of connecting resources and community networking within such a large county
- Lack of effort to connect individuals served to their own communities to build natural supports
- Difficulty of participating in behavioral health programs when one does not have his/her most basic needs met

Based upon the defined barriers, the workgroup made the following key assumptions:

1. We must help individuals and their families get their basic needs met before we can provide behavioral health services that will be productive and lead towards individual recovery.
2. We know individuals and their families will recover when they have meaningful things to do in their lives and they feel valued by their community.
3. The fragmentation of resources affects individuals and their families, service providers, public and private agencies, community organizations, and the faith-based community.

It became clear that there needed to be a conduit to explore and bring together the many committed individuals and organizations in a sustainable

effort to maximize resources in Maricopa County, the 4<sup>th</sup> largest county ranked in the United States, to a behavioral health service population of 70,000 individuals. It was concluded that in order to create opportunities for all individuals and their families to become productive members of their neighborhoods and communities, becoming part of the informational age via a community accessible web-based application would be a major a “social influencer”.

The goals of the Community Exchange are:

1. Create a new sense of community by linking, developing and sharing resources.
  - The Community Exchange works jointly with the Faith-Based partners to assist the *Christmas Angel Kid Project*, and *Project Help the Homeless* with fundraising and collecting items for individuals and families served through both projects.
2. Educate the community about the individuals Magellan serves and decrease stigma associated with mental illness.
  - Overview training presented to all partners
  - Weekly broadcast emails
3. Increase supports for families to give them hope and independence.
  - In 2008 a Faith Based Network Community Exchange partner adopted 2,500 behavioral health recipients and underprivileged children, giving them a very memorable Christmas and Holiday Season.
4. Serve as a conduit to reallocate resources throughout our community
  - Since September 2007 the Community Exchange has redirected \$330,000 in resources to members of the community
5. Connect a broad base of social service agencies to one another and to the needs in the community
  - Faith-Based network Community Exchange partners provide the Maricopa County Homeless Population with toiletries, hygiene kits, cases of water, clothing, socks, shoes, backpacks, underwear and hats to help during the extremely hot months in Arizona. These donations benefit Magellan’s adult behavioral health clinics, *Phoenix Rescue Mission*, *Once a Month Church for the homeless*, and consumer run recovery centers serving adults with mental illness.

12. Describe the specific activities and operations of the program in chronological order.

The current program, Community Exchange, is a web-based networking system that enables anyone in Maricopa County to seek and/or share resources.

The program was born in March of 2004. It began as an email based program with 17 formal partners. After the first month of implementation, the innovator realized that the program had to include the whole community (rather than just serving individuals enrolled in the behavioral health system) if it was going to be a success. It then developed into a web-based program in April of 2006. A resource page, allowing access for indirect partners and the community at large was developed in October of 2008. The program grew from the original 17 partners, to the current 900 Direct Partners, over 1500 In-Direct Partners, and countless individuals who access the program on their own or through word of mouth of other In-Direct Partners.

Currently, Community Exchange Network partners are able to:

1. Send a message throughout our Exchange network requesting assistance in meeting an identified need
2. Donate physical items or goods and resources to meet the needs of others
3. Access donated items or goods
4. Respond to a request for assistance
5. Share important announcements and list community events

All communications go through Magellan Health Services of Arizona and the information is tracked and logged by date and time.

The Community Exchange fosters the belief that people helping people builds a stronger community. Therefore, the Community Exchange is made up of both direct and indirect partners. Direct Partners are individuals that have asked to become a partner and have gone through the overview and website training. Indirect Partners are individuals that have learned about the Community Exchange and want to share a resource/item or be able to contact a direct partner related to an unmet need. Indirect partners can participate at whatever level they desire and do not need to have direct access to a computer. Many individuals prefer to access the Community Exchange program via phone or through contacting a Direct Partner.

Program expansion has included the development of a community resource page that allows anyone in the community to access information about community programs and services without becoming a partner. One does not have to be a partner to use the resource page; however, only Direct Partners have access to post or reply to a need, donation, or announcement. The resource page lists the resource, location, and contact information. If the resource has a website, it is then hyperlinked so that the inquiring individual can be taken directly to the resource website.

Examples of donations within 2008 – 2009 from Indirect Partners include:

- \$20,000 from the 99 cent store (variety of home and personal care goods)
- \$10,000 from a construction company (wheelchair ramps for a church and three private homes)
- \$7,500 from the Comfort Inn (bedding and hygiene items)
- \$2,000 from a Scottsdale Resort (furniture)
- \$10,000 of brand new furniture for an entire household

\$2,000 of furniture for another household  
\$2,000 computer with new software  
\$700. New Three-wheel bike  
\$1,500 for two wheel chair lifts

Additional examples of goods and services provided by both Indirect and Direct partners include:

Music Lessons  
Homes/shelter  
Rent and utility assistance  
Car repair  
Home repair/ home maintenance  
Support groups  
Classes (anger management, parenting)  
Training opportunities  
Schooling  
Jobs  
Camps / summer programs  
Funeral expenses  
Counseling / Therapy  
Medications  
Health care  
Vision care  
Dental care  
Legal services  
Lawn service  
Tax service  
Financial consultation  
Transportation  
Delivery service  
Storage  
Childcare  
Personal Care  
Mentors  
Respite  
Tutor  
Haircuts/personal grooming  
Animal rescue/animal respite  
Veterinary services  
Volunteer opportunities

13. Why is the program a new and creative approach or method?

Innovative factors:

- Easily accessible web-based program
  - User friendly
  - 24/7 technical assistance
  - Individuals who do not have computer access can contact a Direct Partner to take advantage of the benefits of the program without needing to access the online system
- Bringing organizations together in collaboration to meet the needs of the greater community
  - Community Exchange is partner-centric and operates under the philosophy that "*It takes all of us working together to make a better world*". All partners must be willing to share what they know and be willing to help as they can. This solution-focused philosophy and

commitment to meeting the needs of others is the foundation of this program. In order to participate, potential Direct Partners must receive an orientation on the goals of the program and the expectations of program participants. A commitment to be responsive to requests and to share information is solicited up front. Those who choose to join take this commitment seriously and actively identify resources and opportunities that could benefit those in need.

- While the program addresses the needs of individuals enrolled in the behavioral health system, it also addresses the needs of individuals and families within the greater community through focused community organizing efforts
- Community organizing efforts have lead to stigma reduction
- Addresses multiple needs
  - The need is define by the individual in need him/herself
  - Those responding to the need are guided by the things that touch their own heart. The system has multiple partners the partner can identify a need that sings to them.
- Convenience for individual and families needing services and those offering resources
  - By simply accessing the web page a donation can be made or a need registered. The Community Exchange staff then broadcasts across the system and arranges for the reallocation of the resource.
- Involvement of faith-based organizations
  - The Community Exchange is proud to have over 40 Faith-Based partners of the Community Exchange Network. Approximately 10 of these partners are active in monthly faith-based meetings. These Community Exchange partners come together to develop innovative ways to pool resources to meet the needs of Magellan service recipients and families, as well as other community members in need, across Maricopa County.
- Activities of the Faith-Based Community Network include:
  - Monthly networking meetings
  - Partnering with Amazing Grace Christian Church to help with an annual rummage and Holiday sale to benefit the *Christmas Angel Kid Project*.
  - Annual Jail-a-Thon to raise money for the *Christmas Angel Kid Project* and *Project Help the Homeless*.
  - Yearly drive for water, blankets, hygiene products, socks, shoes, and coats etc. to help support Community Exchange partners that work with the homeless community.
  - Outreach to the Faith-Based community to reduce stigma, by educating churches re: mental illness and promoting inclusiveness of that population.
- The Community Exchange Faith-Based Community Network has many wonderful partners that provide vast resources to the community.
  - Some of the Faith-Based partners include:
    - All Tribes Church
    - Amazing Grace Christian Church
    - AZ Heart to Heart

Beatitudes Center D.O.A.R.  
 Expected End Ministries  
 First Southern Baptist Church  
 First Watch Ministries  
 Guardian Angels Independent Catholic Church  
 Joni and Friends  
 New Vision Ministry  
 Once a Month Church  
 Oranewood Nazarene Church  
 Phoenix Rescue Mission  
 Project Light Ministry  
 Ridgeline Church  
 Scottsdale Bible Church  
 Trinity Bible Church  
 Valley Christian Center  
 Vineyard Christian Fellowship

Due to the overwhelming success of the Community Exchange program, Magellan is currently evaluating the process of replicating the program in its other service centers across the U.S.

14. What were the program's start-up costs? (Provide details about specific purchases for this program, staffing needs and other financial expenditures, as well as existing materials, technology and staff already in place.)

<b>Total</b>	<b>\$150,000</b>
<i>IT</i>	\$126,750
<i>Personnel</i>	\$ 23,250

\*It is important to note that start-up costs do not include any fees related to purchasing software or hardware, since Magellan Health Services already owned the necessary technology for development.

15. What are the program's annual operational costs?

<b>Total</b>	<b>\$214,823</b>
<i>Salary and ERE</i>	
<i>Manager</i>	\$ 71,032
<i>Coordinator</i>	\$ 57,287
<i>Chief (30%)</i>	\$ 36,504
<i>Salary and ERE Total</i>	\$164,823
<i>Operations</i>	\$ 50,000

16. How is the program funded?

The Arizona Department of Health Services / Division of Behavioral Health Services funds *The Community Exchange* through a contract with Magellan Health Services.

17. Did this program require the passage of legislation, executive order or regulations? If YES, please indicate the citation number.

No, development and implementation of the program did not require the passage of legislation, executive order, or any regulations.

18. What equipment, technology and software are used to operate and administer this program?

A web-site was designed by program staff and Magellan IT. The application is written in the following programming languages Java, jsp, js, jquery, ajax and sql. Jboss and SQL2005 servers are also used for this application.

19. To the best of your knowledge, did this program originate in your state? If YES, please indicate the innovator's name, present address, telephone number and e-mail address.

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The innovator worked in partnership with the Arizona Department of Health Services / Division of Behavioral Health Services, specifically under the guidance of the Office of Individual and Family Affairs through Cynthia Henry, to ensure a smooth and sustainable implementation of this program. The collaboration between the two agencies has immensely assisted in increasing the impact and sustainability of the program.

20. Are you aware of similar programs in other states? If YES, which ones and how does this program differ?

No

21. Has the program been fully implemented? If NO, what actions remain to be taken?

Yes

22. Briefly evaluate (pro and con) the program's effectiveness in addressing the defined problem[s] or issue[s]. Provide tangible examples.

Pros

- Peoples' willingness to share resources and information about their own organizations and what's happening in the community.
- Faith-based, community-based, private sector and public sector partnerships
- Ability to reallocate resources to the most needy.

Cons

- As the program has grown and become recognized throughout the community the inability of the Community Exchange to warehouse and transport large items or multiple donations has impacted the distribution of these items.

23. How has the program grown and/or changed since its inception?

When originally designed, the program was meant to serve only the mental health community. It has grown beyond the mental health community to serve the community at large. Today, the program has grown to over 2,000 partners and includes membership from an array of service providers and community stakeholders. The growth is a result of vast community outreach, good customer service, monthly partner meeting, training and orientation for

partners, weekly email broadcast and the successes broadcast through word of mouth. Additionally, within the past year a resource page which is accessible without membership has been implemented. This resource page was developed in collaboration with Magellan's Interagency Advisory Committee.

24. What limitations or obstacles might other states expect to encounter if they attempt to adopt this program?

The success of this program is due in large part to its underlying philosophy of commitment to community. This is a concept that must be consistently modeled and reinforced by the program administrators. It is important that program leadership have good communication skills, be willing to do outreach, and have marketing skills, including the commitment to present and participate at multiple events and venues.

## **2009 Innovations Awards Program Program Categories and Subcategories**

Use these as guidelines to determine the appropriate Program Category for your state's submission and list that program category on page one of this application. Choose only one.

### *Infrastructure and Economic Development*

- Business/Commerce
- Economic Development
- Transportation

### *Government Operations*

- Administration
- Elections
- Public Information
- Revenue

### *Health & Human Services*

- Aging
- Children & Families
- Health Services
- Housing
- Human Services

### *Human Resources/Education*

- Education
- Labor
- Management
- Personnel
- Training and Development
- Workforce Development

### *Natural Resources*

- Agriculture
- Energy
- Environment
- Environmental Protection
- Natural Resources
- Parks & Recreation
- Water Resources

### *Public Safety/Corrections*

- Corrections
- Courts
- Criminal Justice
- Drugs
- Emergency Management
- Public Safety

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CSG Innovations Awards 2009  
The Council of State Governments  
2760 Research Park Drive, P.O. Box 11910  
Lexington, KY 40578-1910

### **Contact:**

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This application is also available at [www.csg.org](http://www.csg.org), in the Programs section.

**Deadline: March 2, 2009**