

**ADHS/DBHS
Strategic Plan 2007**

Goal 1: To ensure a comprehensive, unified, high quality behavioral health system for Arizonans.				
Steps:	Objectives:	Measures:	Lead:	Update:
Strategy 1: To promote recovery, resiliency, psychosocial rehabilitation, safety and hope for persons receiving services from the Arizona State Hospital, the Arizona Community Protection and Treatment Center, and the community based behavioral health system.				
1. Chart the recovery vision and champion it in the community, at the Hospital and the ACPTC and with the T/RBHAs and providers.	D1. Establish a Framework and infrastructure within DBHS that promotes a recovery-oriented system of care.	D1. -Establish the Recovery Committee with DBHS, national and local experts by 11/01/06. -Complete staffing and organization of Recovery, Resiliency and Wellness by 12/01/06. -Identify the recovery vision and values by 3/01/06. -Develop plan to communicate the recovery vision and values to community and business stakeholders, ADHS staff, the T/RBHAs, and providers by 4/30/07.	Clinical and Recovery (Vicki Staples)	
		A1. Number of discharged residents with rehabilitation/community re-integration plan in place identifying vocational, leisure and social networks by 6/30/07.	John Cooper	
	D2. Develop a template and model for network services that aligns network development with recovery and the 12 Arizona principles including peer-operated and peer/family-delivered services.	D2. -Develop template for revised network model that aligns with recovery by 3/01/06. -Quantify availability of recovery support services in the existing networks by 3/01/06. -Establish development goals to fill gaps by 6/01/06. -Publish the RBHA Network Reporting Guidelines by 6/30/06.	Clinical and Recovery (Christy Dye & Tom Klemko)	

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	D3. Strengthen the quality and availability of behavioral health services to 18-24 years olds and youth transitioning to the adult system.	D3. -Complete young adult pilot by 11/01/06. -Develop report summarizing lessons learned by 1/01/07. -Revise and update PIP on Transition to Adult Services to reflect implementation, performance and supervision expectations by 7/01/07. - Train workforce on revised PIP by 9/01/07 -Provide TA to RBHAs to ensure adherence to PIP by 10/01/07.	Clinical and Recovery (Jyette Methman)	
	D4. In collaboration with QM, develop and implement a set of indicators that allow for measuring recovery and resiliency based outcomes for behavioral health service recipients.	D4. -Provide TA session to RBHAs on national outcome and recovery measures by 9/30/06. -Release revised version of DUG incorporating recovery measures by 1/01/07. -Evaluate stratifications for reporting and make recommendations by 4/30/07. -Publish first report of recovery measures by 9/01/07.	Clinical and Recovery (Melissa Thomas)	
2. Strengthen the collaboration between the Arizona State Hospital and community-based behavioral health providers to	D1. Develop a Practice Improvement Protocol outlining collaboration expectations, clarifying admission and discharge processes, and stressing the importance of treatment planning focused on recovery goals for persons admitted to the State Hospital.	D1. Practice Improvement Protocol issued by 9/30/06	Dr. Nelson	
	D2. Disseminate the Practice Improvement Protocol to T/RBHAs and network providers, emphasizing the expectations outlined in the document.	D2. Formal notice to T/RBHA Medical Directors by 9/30/06	Dr. Nelson	

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providers to maximize the treatment benefits for persons admitted to the State Hospital.	D3. Track the number of dispute resolutions at all levels and the time until discharge once determined to be ready for discharge.	D3. # Dispute Resolution requests; # discharges <30days and # discharges >30 days reported on an on-going basis beginning 10/01/06	Dr. Nelson	
3. Serve all children/youth and their families according to the Arizona Vision and 12 Principles through the CFT Practice	D1. Assemble CFT expansion plans from the T/RBHAs and monitor expansion.	D1. Review definitions, data on current CFTs by 10/01/06. -Develop region-specific plans to expand the number of children served on CFTs by 12/01/06. -Establish CIS-based monitors by 3/01/07. -Provide direct coaching and TA to RBHAs, providers and CFTs by 6/30/07. -Monitor provision of services in accordance with definition by 6/30/07	Clinical and Recovery Services (Clinical Director)	

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model	D2./H2. Implement an in-depth, statewide tool and process and reviews practice and adherence to the CFT and 12 Principles.	D2. Create a sound practice measurement tool by 11/01/06 -Develop sampling methodology by 11/ 01 06 -Develop validation process by 1/01/07 -Use review results to inform QM system and identify needed statewide performance improvement activities by 8/01/07 and ongoing H2. State Hospital will assess CFT Practice model on Adolescent Treatment Unit (ATU) by completing Statewide tool when tool becomes available	QM (QM Division Chief) Clinical and Recovery (Clinical Director) John Cooper	
4. Increase peer involvement.	H1. Engage peer support specialists in hospital activities, including training in recovery, non-violent conflict resolution, de-escalation, use of restraint and seclusion and management of aggressive behavior; clinical activities including WRAP, MICA and vocational/educational programs; Performance Improvement activities; and hospital committees and task forces.	H1. Number of activities involving peer support specialists by 6/30/07.	John Cooper	
	D1. Recruit peers and family members to serve in key DBHS committees	D1. -Implement new contracts for QM/Policy Involvement by 8/15/06. -Involve consumers and family members in RFP activities by 10/01/06.	Clinical and Recovery QM Policy	
	D2. Develop a technical assistance process within Network Operations to support consumer/family-operated organizations.	D2. -Complete recruitments in Network Operations by 10/15/06. -Conduct needs assessment of consumer/family-operated agencies by 3/15/06. -Develop and implement TA plan by 6/30/06.	Clinical and Recovery (C. Dye, T. Klemko)	

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5. Increase family and community involvement.	H1. Increase family involvement in committees.	H1. Number of family members participating on committees by 6/30/07.	John Cooper	
	H2. Conduct educational fairs with family and community.	H2. Number of fairs conducted by 6/30/07.	John Cooper	
	D1. Develop social marketing campaign on recovery, reducing stigma.	D1. -Implement contract for Stigma Reduction Committee by 8/15/06. -Develop stigma reduction workplan by 3/01/06 -Implement at least one activity on the workplan by 6/30/06.	Clinical and Recovery	
	D2. Establish business enterprise committee of business, industry, DHS and community leaders to develop economic incentive programs for employment.	D2. -Research employment models for adults and young adults with BH concerns by 3/01/07. -Identify key business leaders to assist in developing parameters for the enterprise committee by 1/01/07. -Establish the business enterprise committee by 5/01/06. -Design and launch at least one economic incentive programs as a private/public partnership by 10/01/07.	Deputy Director, Clinical and Recovery	
	D3. Establish a DBHS Youth Advisory Council	D3. -Establish panel of youth/young adult experts to advise the process by 9/30/06. -Design scope and operating parameters for the Council by 10/15/06. -Recruit youth/young adult leaders by 9/30/06. -Launch Council by 11/30/06.	Clinical and Recovery (Laticia D'Amore)	
6. Cultural shift to recovery model through training and	H1. Provide the full-course of Recovery training to clinical staff.	H1. Training provided to clinical staff by 3/31/07	John Cooper	
	H2. Provide modified training to various levels of non-clinical staff.	H2. Training provided to non-clinical staff by 5/31/07	John Cooper	

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supervision.	H3. Provide an introduction to Recovery model in New Employee Orientation.	H3. Training provided to new employees by 9/30/06	John Cooper	
	D1. Implement comprehensive training in principles of recovery and resiliency throughout the behavioral health system.	D1. -Inventory available training programs include Nat. Federation of Families, NAMI, Children of Alcoholics Foundation, IASPRIA by 1/01/07. -Procure or develop modules for comprehensive, multi-level training in English and Spanish by 1/01/07. -Recruit family members, consumers and youth as co-trainers by 4/01/07. -Complete training for all DBHS staff by 6/30/07. -Complete training (formal and informal) to all provider staff and RBHAs by 6/30/07. -Provide training (formal and informal) for community and business stakeholders by 6/30/07.	Clinical and Recovery (Melissa Thomas)	
	A1. Provide Recovery training for Managers.	A1. Training completed by 6/30/07	Dawn Noggle	
	A2. Provide Recovery training for clinical staff.	A2. Training completed by 6/30/07	Dawn Noggle	
	A3. Provide Recovery training for all direct care staff.	A3. Training completed by 6/30/07	Dawn Noggle	
7. Achieve clinical excellence through best practice, quality supervision and superior	D1. Design a triage/screening module for the core assessment that allows for more rapid connection of individuals and families to needed services.	D1. -Establish work group for assessment re-tooling by 10/15/06. -Develop process enhancements for assessment by 1/01/07. -Gain AHCCCS, OBHL approvals for enhancements by 6/30/07. -Conform policy, provider manual, covered services guide to new process by 10/01/07.	Clinical and Recovery Office of Medical Director	

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coaching and training practices.	D2. Design and implement a practice assessment tool and approach to ensure quality assessment and development of individualized service plans using a coaching and technical assistance format.	D2. -Tool and protocol developed by 12/01/06. -Staff trained in coaching approach by 12/01/06 -Assess ICR results and practice assessment tool to target TA on assessment and individualized service planning by 2/01/07. -Implement routine schedule of reviews by 3/01/07. -Design training modules focused on strengths-based assessment practice by 6/30/07.	Clinical and Recovery (Clinical Director, Melissa Thomas)	
	D3. Implement best clinical practices through the Best Practice Advisory Committee.	D3. -Establish the Best Practice Committee, including final by-laws and subcommittee structure by 9/4/06. -Strategic Planning Institute to select 2006-07 practices for implementation by 12/01/06. -Develop template for practice formats, including cost-benefit, fidelity measures, implementation needs, supervision model by 10/15/06. -Implement a minimum of 3 practices in FY 2007 by 6/30/07.	Clinical and Recovery Office of Medical Director	
8. Support recovery model through client education on rights and self-advocacy	D1. Continue to develop and disseminate educational materials on rights and self-advocacy.	D1. September 30, 2006 and ongoing; Ongoing development and dissemination of educational materials on rights and self-advocacy.	Margery Sheridan	
	D2. Develop curriculum and hold educational sessions for clients on rights and self-advocacy.	D2. November 30, 2006 and ongoing; Curriculum developed and educational sessions held.	Margery Sheridan	

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9. Contract Compliance	D1. Create transition plan if new contractor is attained	D1. Transition Plan created by 5/01/07.	Ann Froio/ Compliance	
	D2. Ensure transition to amended contracts	D2. Contract amendments executed by 7/0107.	Compliance	
10. Reduce or eliminate seclusions and restraints and assaults at the Arizona State Hospital.	H1. Ensure implementation of the patient post-incident debriefing and treatment team review of seclusions and restraints.	H1. Documentation of follow-up at the Executive Risk Management Team (ERMT) meetings, starting 8/01/06.	John Cooper	
	H2. Implement conflict resolution initiatives with patient groups.	H2. Meetings with patients conducted by 9/01/06.	John Cooper	
	H3. Ensure follow-up with treatment teams on analysis of victim and perpetrator outlier data.	H3. Reports provided to ARRTF by 9/01/06.	John Cooper	
	H4. Review De-escalation plans for patient outliers during shift reports.	H4. Shift report documentation initiated by 8/01/06.	John Cooper	
	H5. Review Best Practice literature findings at the Assault/Restraint Reduction Task Force (ARRTF) meetings.	H5. Minutes of ARRTF meetings by 12/31/06.	John Cooper	
11. Build a new forensic hospital and facilities for Hospital support functions.	H1. Submit decision packages to the Joint Legislative Budget Committee.	H1. Funding request submitted by 3/31/07.	John Cooper	
	H2. Meet with Department of Administration on construction options.	H2. Meetings occurred by 10/31/06.	John Cooper	
12. Ensure a safe and secure physical hospital environment.	H1. Assess the adequacy of video surveillance system and develop a corrective action plan if indicated.	H1. Video surveillance assessment by 10/31/06.	John Cooper	
	H2. Conduct routine threat assessments and implement corrective actions when indicated.	H2. Threat assessments completed by 6/30/07.	John Cooper	
	H3. Conduct a staff education and awareness campaign to identify and address potential safety issues.	H3. Staff education activities done by 12/31/06.	John Cooper	

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	H4. Identify needs and obtain Pandemic disaster preparedness supplies.	H4. Pandemic disaster preparedness supplies obtained by 9/30/06.	John Cooper	
	H5. Participate in a community disaster planning activity.	H5. Participation in a community disaster activity by 6/30/07.	John Cooper	
	H6. Purchase additional radios and cell phones.	H6. Additional radios and cell phones purchased by 9/30/06.	John Cooper	
13. Increase care management activities for residents of ACPTC.	A1. Complete comprehensive assessments upon admission to ACPTC.	A1. Assessments completed for all residents by 6/30/07.	Dawn Noggle	
	A2. Identify strengths and deficits vocationally and socially.	A2. Assessments completed for all residents by 6/30/07.	Dawn Noggle	
	A3. Initiate discharge planning upon admission, providing continuous updates to treatment team members.	A3. Discharge plans completed upon admission for all residents by 6/30/07.	Dawn Noggle	
14. Implement current Best Practices for sex offender treatment.	A1. Compare current research with ACPTC outcome measures.	A1. Analysis completed by 6/30/07.	Dawn Noggle	
	A2. Link Manualized Treatment Approaches with emerging dynamic practices to achieve a best practices model.	A2. Implement the "Good Life and Pathways Model" by 12/31/06.	Dawn Noggle	
15. Increase community supervision and reintegration for residents of ACPTC.	A1. Obtain AZ Criminal Justice Information System (ACJIS) access to check backgrounds on residents and associates.	A1. Memorandum of Understanding by 3/31/07 and/or submit legislation.	Dawn Noggle	
	A2. Utilize GPS monitoring as an educational tool to teach responsibility and internalize self-control for residents.	A2. Evaluation of compliance completed monthly beginning 9/30/06.	Dawn Noggle	
	A3. Formalize disclosure processes to reduce the risk of sexual offending.	A3. Develop and implement an LRA policy by 9/30/06.	Dawn Noggle	
	A4. Explore/develop a range of less restrictive alternatives options and wrap around services for sex offenders.	A4. Meetings with ValueOptions and DES Voc Rehab conducted by 12/31/06.	Dawn Noggle	
16. Achieve coordination	A1. Collaborate with Sexual Offenders Management Assoc.	A1. Reports provided to ACPTC EMT on SOMA activities begun 8/01/06.	Dawn Noggle	

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among criminal justice agencies that deal with sex offenders.	A2. Increase community networking, educating, and sharing information and prevention strategies among agencies dealing with sex offenders.	A2. Identify and meet with stakeholders by 3/31/07.	Dawn Noggle	
	A3. Host a Community Symposium for all agencies to discuss relevant issues and identify gaps.	A3. Symposium conducted by 9/30/06.	Dawn Noggle	

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Steps:	Objectives:	Measures:	Lead:	Update:
Strategy 2: To collaborate with community partners and public health in the design and delivery of behavioral health services.				
1. DBHS and Public Health work collaboratively to achieve a viable and effective behavioral health disaster response.	D1. Participate in public health emergency planning drills.	D1. Ongoing	Compliance/ Dr. Nelson	
	D2. Assign DBHS staff to incident command structure of DBHS emergency response plan.	D2. Revise DBHS Emergency Response Plan by 12/01/06.	Compliance	
	D3. Train DBHS staff on Incident Command Structure.	D3. Training completed by 6/01/07.	Compliance	
2. Establish a common vision for individuals in multiple state systems.	D1. Develop a joint workplan for each state agency that refers adults/youth to the behavioral health system.	D1. - Develop format for a joint workplan by 9/30/06. -Conduct a Director-to-Director meeting for DBHS and each sister agency by 3/01/07. -Develop format for a routine data report on agency referrals for behavioral health services by 12/01/06. -Hold quarterly meetings with sister agencies to assess progress, needs by 1/01/07 and ongoing.	Deputy Director Clinical and Recovery (Norma Garcia-Torres) Quality Management	
3. Ensure accessibility to behavioral health services to tribes and residents of rural Arizona.	D1. Establish indicators and network performance measures for urban and rural regions of the state, including 24/7 crisis services and telemedicine. Modify contract language to conform.	D1. -Complete recruitments in Network Operations by 10/15/06. -With consultant, establish network performance indicators to augment current logic model process by 12/30/06. -Conduct a telemedicine inventory by 3/15/07. -Establish '08 network goals on rural/tribal access to care by 6/01/07.	Clinical and Recovery (Christy Dye, Tom Klemko)	

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	D2. Implement HB 2554 Addiction Reduction and Recovery Fund, targeting methamphetamine and alcohol use in rural and tribal areas.	D1. -Finalize criteria for capital expansion plans by 8/30/06. -Establish DBHS project team to review proposals by 10/15/06. -Select 2-3 expansion projects and incorporate into 2007 Network Development Plans by 11/01/06. -Meet with community planning teams by 2/15/07. -Monitor implementation of plans by 11/01/06 and ongoing.	Clinical and Recovery (Christy Dye, Clinical Director)	
	D3. Identify new opportunities for collaborations with tribes, including un-obligated funds, establishment of direct contracts with RBHAs.	D3. -Awards for \$77K tribal suicide and meth programs completed by 8/15/06. -Monitor RBHA Network Development targets related to tribal expansions by 10/30/06 and quarterly thereafter. -Assess availability of NTXIX funds to support collaborations with tribes by 12/01/06 and ongoing. -Establish guidelines for a grants-in-aid process for tribal organizations by 6/30/07.	Clinical and Recovery (Christy Dye, Clinical Director)	

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Strategy 3: To obtain and maintain a viable work force.				
1. Implement competitive salaries and benefits for DBHS, the Hospital and ACPTC.	H/A1. Seek external expert consultation to complete a salary analysis and grade analysis.	H/A1. Consultation provided by 3/31/07.	John Cooper/ Dawn Noggle	
	H/A2. Conduct a survey of employees to identify potential educational reimbursement needs.	H/A2. Survey completed 3/31/07.	John Cooper/ Dawn Noggle	
	H/A3. Seek funding for Licensure/certification reimbursement.	H/A3. Submit proposal for funding 5/31/07.	John Cooper/ Dawn Noggle	
	H/A4. Pursue Loan forgiveness funding.	H/A4. Submit proposal for funding 5/31/07.	John Cooper/ Dawn Noggle	
	H/A/D5. Flexible Schedules: including telecommuting, Virtual Office, etc.	H/A/D5. Establish rates of flex schedules and telecommuting among staff by 3/31/07.	Chris Petkeiwicz Jane Thompson	
2. Staff Development for Hospital and ACPTC.	H/A1. Develop and implement a staff development plan.	H/A1. Plan developed and implemented by 4/30/07.	John Cooper/ Dawn Noggle	
	H/A2. Enhance leadership and supervisory training.	H/A2. Training provided by 6/30/07.	John Cooper/ Dawn Noggle	
3. Opportunities for staff advancement.	H1. Career ladders/promotions within - As staff increase their qualifications, consider them for advanced positions.	H1. Support staff who seek to further their education by funding tuition reimbursement programs by 12/31/06 All covered vacant positions will be posted in the workplace setting as well as sent out electronically by 10/01/06	John Cooper	
	D3. Opportunity to increase job skills even if outside of current job title or class.	D3. Identify and make available opportunities by 10/01/06	Sondra Stauffacher (QM staff)	
4. Expand internal and external pool of potential candidates in Behavioral Health field.	H1. Implement RN preceptor program.	H1. RNs in preceptor program by 6/30/07	John Cooper	
	D/H/A/2. Collaborate with schools of higher education.	D/H/A/2. Meetings with schools by 12/31/06	John Cooper/ Ann Froio	
	H/A3. Provide clinical experiences – externships.	H/A3. Students enrolled by 6/30/07	John Cooper	

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	H4. Explore CNA, Job Corps, and medical students at Midwestern University.	H4. Students involved by 6/30/07	John Cooper	
	H5. Explore CNA/Behavior Tech Program.	H5. Students involved by 6/30/07	John Cooper	

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Strategy 4: To Enhance Technology to Support Hospital, ACPTC and Division Business				
1. Implement automated time clocks for time and attendance tracking at the Hospital.	H1. Coordinate Project w/ADOA to ensure interface with HRIS.	H1. Meeting with ADOA by 8/31/06	John Cooper	
	H2. Further research products in Industry.	H2. Research conducted 9/30/06	John Cooper	
	H3. Develop Program Investment Justification (PIJ) and budget projections for product.	H3. PIJ developed by 10/31/06	John Cooper	
	H4. Choose a product.	H4. Product selected by 1/31/07	John Cooper	
	H5. Develop and implement policies and procedures related to the new system.	H5. P&Ps implemented by 5/31/07	John Cooper	
	H6. Implement system.	H6. System operational by 6/30/07	John Cooper	
2. Implement electronic medical records at the Hospital, the ACPTC and in the community based behavioral health system.	A1. Purchase and install the Clinical Work Station Software in the ACPTC.	A1. CWS AVATAR Mobil to be installed by 9/30/06	Dawn Noggle	
	A2. Train ACPTC staff on Clinical Work Station software.	A2. Number of staff trained by 6/30/07	Dawn Noggle	
	H/A1. Integrate medical record software with lab and pharmacy.	H/A1. Include in Hospital decision package; seek funding by 12/31/06	John Cooper	
	H/A2. Explore wireless options, notebooks and tablets.	H/A2. Write and submit PIJ; seek funding 12/31/06	John Cooper	
	H/A3. Implement the AVATAR treatment planning module.	H/A3. Super users group to join with treatment plan coordinators in writing AVATAR dictionaries for treatment planning module by 12/31/06. IT staff to input dictionaries into system 6/30/07. Super users group to develop an implementation a hospital wide implementation plan and then implement accordingly by 6/30/07.	John Cooper/ Dawn Noggle	

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	H/A4. Obtain additional staff resources to support expansion.	H/A4. Number of staff trained in AVATAR Mobil by 6/30/07	John Cooper/ Dawn Noggle	
	H/A5. Install a Nursing acuity-scheduling program.	H/A5. Five notebooks purchased by 6/30/07	John Cooper/ Dawn Noggle	
	D1. Participate in the E-Health Initiative meetings conducted by AHCCCS.	D1. Kick off began in 7/06; On-going meeting participation	Dr. Nelson	
3. Install e-mail in the ACPTC.	A1. Wire ACPTC for online electronic communications.	A1. Wiring installed by 9/30/06	Dawn Noggle	
	A2. Train staff	A2. Computer literacy survey completed by 8/31/06 and number of staff scheduled for training by 10/31/06	Dawn Noggle	
4. Configure the information system to support the recovery focus of the Division.	D1. Review the Client Information System demographic file fields to ensure recovery data elements are present.	D1. Review conducted by 9/30/06	Sondra Stauffacher	
	D2. Data compatibility between databases using common terms, references and measures.	D2. Report indicating database compatibility to Senior Leadership by 4/01/07	Sondra Stauffacher	
	D3. Communicate trends in services and behavioral health issues between Divisions.	D3. Provide reports on service trends and issues to other Bureaus by 10/01/06 and on going	Sondra Stauffacher /all	
	D4. Develop and implement OHR database for tracking of individual cases, special assistance cases, outreach/education and projects/systemic issues.	D4. March 30, 2007 and ongoing; OHR database is developed and implementation begun	Margery Sheridan	
5. Ensure department operations remain within budget.	D1. Maximize PASRR and grant money.	D1. Report to Medical Director on ways to utilize PASRR and grant money by 12/31/06	Sondra Stauffacher/ Melissa Thomas	

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