



An Introduction to Arizona's Public Behavioral Health System

Background

January, 2012

The Arizona Department of Health Services/ Division of Behavioral Health Services (ADHS/ DBHS or Division), per Arizona law, is the permanent authority for publicly-funded behavioral health services in Arizona. In this capacity, the Division has many responsibilities, which are summarized as follows:

- Administering a comprehensive, regionalized, behavioral health system of community-based prevention, intervention, treatment and rehabilitative services for individuals and families.
- The application, execution and oversight of numerous federal grants providing funding for mental health, substance abuse and prevention services, as well as workforce development training initiatives.
- Contracting with the Arizona Health Care Cost Containment System (AHCCCS) to plan, administer, and monitor behavioral health services funded through Medicaid.
- Contracting with county and city municipalities to provide necessary services within those communities.
- Providing care to individuals enrolled within other state programs, including the Arizona Long Term Care System for those with Developmental Disabilities (DD-ALTCS), and Child Protective Services.
- Operating the Arizona State Hospital (ASH), accredited by the Joint Commission to provide long-term psychiatric care to the most seriously mentally ill Arizonans. The hospital campus consists of a civil-commitment facility (116 beds), a forensic facility (144 beds) and a facility for sexually violent persons (current census 77).

Arizona has the lowest rate of State-hospitalized residents in the nation at 3.9 per every 100,000 in population.

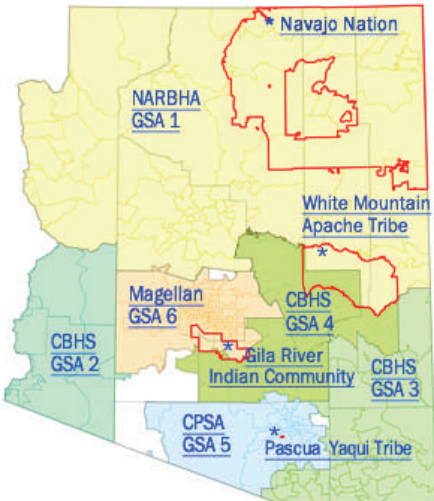
Service Delivery Structure

The Division contracts with Regional Behavioral Health Authorities (RBHAs), and Tribal Regional Behavioral Health Authorities (TRBHAs), to administer integrated managed care delivery services in six distinct geographic service areas (GSAs) throughout the State. This regionalized system allows local communities to provide services in a manner appropriate to meet the unique needs of individuals and families.

In Fiscal Year (FY) 2011, a total of 7,445 licensed clinicians were available to provide support, rehabilitation and treatment services to adults and children enrolled in the statewide network

The Division requires RBHAs to maintain a comprehensive network of behavioral health providers that deliver prevention, intervention, treatment and rehabilitative services to a variety of populations including:

- Children and Adolescents
- Adults with Serious Mental Illnesses (SMI)
- Adults with General Mental Health Disorders (GMH)
- Persons with Substance Use Disorders (SUD/SA)



Enrollment and Demographics

Table 1—FY 2011 Enrollment

| Counties | T/RBHA | Number Enrolled | Percent of Clients Enrolled Statewide |
|--|---|-----------------|---------------------------------------|
| Apache Coconino Mohave Navajo Yavapai | Northern Arizona Regional Behavioral Health Authority (NARBHA) | 27,819 | 13.2% |
| La Paz Yuma Cochise Gila Graham Greenlee Santa Cruz Pinal | Cenpatico Behavioral Health System (CBHS) | 22,980 | 11.2% |
| Pima | Community Partnership of Southern Arizona (CPSA) | 44,223 | 21.5% |
| Maricopa | Magellan of Arizona | 106,008 | 51.6% |
| Tribal Authority | Navajo Nation | 1,937 | 0.9% |
| Tribal Authority | Gila River Indian Community | 1,519 | 0.7% |
| Tribal Authority | Pascua Yaqui | 1,158 | 0.6% |
| Tribal Authority | White Mountain Apache | 295 | 0.1% |

In FY 2011 there were over 205,000 individuals enrolled in the public behavioral health system. Table 1 shows the region where these persons received services and Table 3, below, provides basic demographic information for these individuals.

Table 2, right, shows the number of persons enrolled in FY 2011 by Behavioral Health Category. As a point of clarification, there are also individuals receiving treatment for co-occurring substance abuse included in the Child/Adolescent, Adult-SMI and Adult-GMH categories. The Adult-Substance Abuse category indicates the number being treated

Table 2

| Behavioral Health Category (FY 2011) | | |
|--------------------------------------|--------|------------------|
| Client Group | Count | Percent of Total |
| Child / Adolescent | 64,277 | 31.3% |
| Adult—SMI | 41,767 | 20.3% |
| Adult—GMH | 67,816 | 33.0% |
| Adult—SA | 31,449 | 15.3% |

solely for a substance use disorder. For more information, please see the Division's [Annual Report on Substance Abuse Treatment Programs](#).*

Table 3—FY 2011 Client Demographics

| Client Financial Eligibility | | Age Distribution | | Race and Ethnicity | |
|------------------------------|-------|------------------|------------|--------------------|-------|
| Title XIX: | 87.7% | Birth –5: | 3.8% | African American: | 7.4% |
| Title XXI: | 0.9% | 6-12: | 14.5% | American Indian: | 5.4% |
| Non-Title XIX/XXI: | 11.4% | 13-17: | 11.5% | Asian: | 0.6% |
| | | 18-21: | 6.5% | Native Hawaiian: | 0.3% |
| | | 22-30: | 15.7% | White: | 84.5% |
| Gender | | 31-45: | 23.0% | Multiracial: | 1.7% |
| Male: | 49.1% | 46-54: | 13.9% | | |
| Female: | 50.9% | 55+: | 11.1% | Hispanic/Latino: | 29.1% |
| | | Median Age: | 29.9 Years | | |

*<http://www.azdhs.gov/bhs/annualrpt.htm>

Behavioral Health Funding

Table 4—FY2011 ADHS/DBHS Funding Sources

| Fund Source | FY 2011 Funds | Percent of Total |
|---|------------------------|------------------|
| Title XIX (Medicaid, including Proposition 204) | \$1,289,301,363 | 88.2% |
| Title XXI (Kids Care) | \$7,398,039 | 0.5% |
| Federal Grant Funds | \$47,727,955 | 3.3% |
| Non-Title XIX State General Funds | \$62,400,245 | 4.3% |
| County Funds | \$47,405,009 | 3.2% |
| Tobacco Tax HLTH Care Fund MNMI | \$6,044,653 | 0.4% |
| Other* | \$1,530,023 | 0.1% |
| Total Funding | \$1,461,807,287 | 100% |

*Includes PASSAR, Bridge Subsidy and DES/RSA

The Division receives funding from a variety of sources. Table 4, above, provides a breakdown of the amount and percentage of the Division's funding.

Continuum of Care

ADHS/DBHS offers a wide range of behavioral health services and the continuum of care spans from services that are more restrictive to those that are less restrictive. Generally speaking, services can be grouped into seven categories: Crisis, Support, Inpatient, Outpatient, Medical/Pharmacy, Residential, and Rehabilitation services. The continuum of care is visually detailed in Figure 1 on page 4

Crisis: In FY 2011, the Division was appropriated a dedicated sum (\$16.4 million) to administer crisis services. Prior to FY 2011, crisis services were funded via other line items in the behavioral health appropriation. Crisis services are available to anyone and include access to a 24/7 telephone hotline, crisis mobile response teams, screening, assessment, evaluation and short-term inpatient stabilization services.

These critical services offer both a front door into the behavioral health system and a safety-net for persons at grave risk of harm. Without a crisis system, police, fire and emergency responders would be left to deal with situations that, in the vast majority of cases, do not involve criminal behavior or public safety issues.

Inpatient Treatment Services are designed to provide continuous treatment to persons experiencing acute and severe behavioral health or substance abuse symptoms. Level I Acute, Level I Sub Acute, and Level I Residential Treatment Center settings refer to the behavioral health license and are based on the level of supervision provided on site.

Residential Services are those provided in a structured treatment setting with 24-hour supervision from an on-site or on-call behavioral health professional for persons who do not require on-site medical services or who need protective oversight. Level II, Level III, and Therapeutic "Home Care Training" refer to the behavioral health license and are based on the level of supervision provided on site.

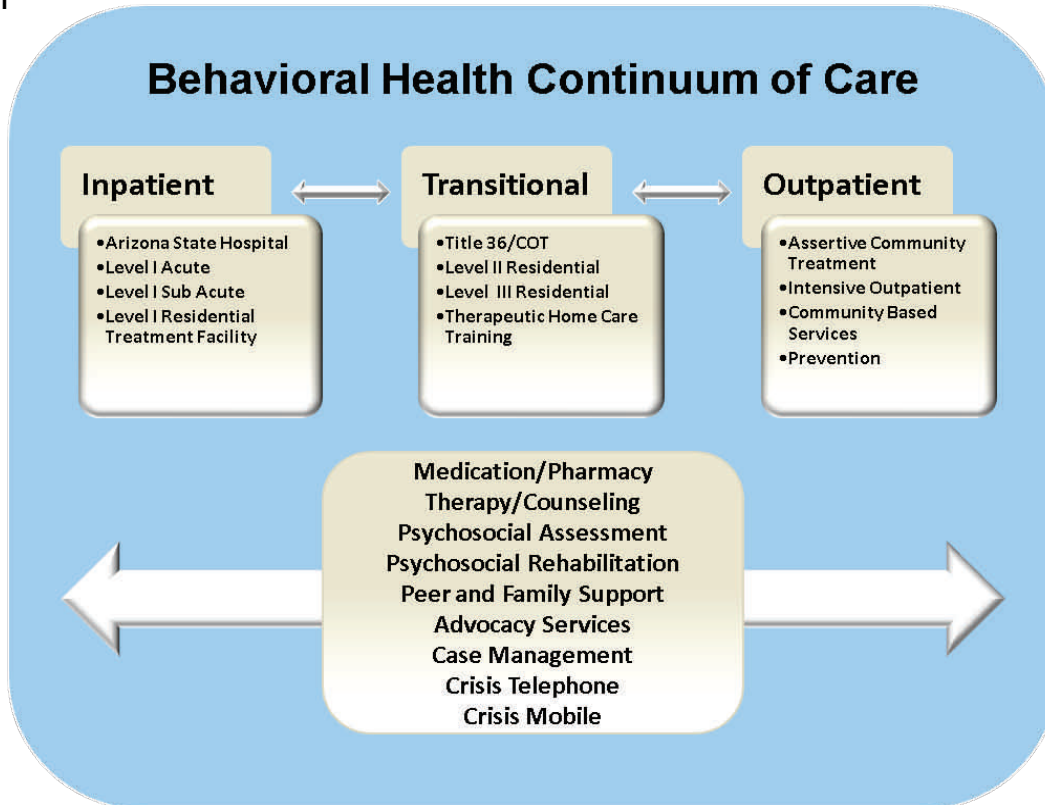
Outpatient Treatment Services are typically provided at a clinic or in the community and include assessment, evaluation, screening, group and individual counseling and other services that help reduce symptoms and improve or maintain functioning.

The vast majority of behavioral health recipients are served in their local communities in an outpatient setting, which is significantly less-costly than inpatient care, or placement within a residential facility .

Medical/Pharmacy services include prescription medications to prevent, stabilize or reduce symptoms of a behavioral health condition. This also includes medical tests ordered for diagnosis, screening or monitoring of a behavioral health condition, i.e. blood and urine tests. Ongoing medical assessment and management services to review the effects of medications and to adjust the type and dosage of prescribed medications are also included here.

(Continued on page 4)

Figure 1



Support Services include a wide variety of activities to help persons with mental illness live independently and remain productive members of the community. This includes case management, peer support, family support, respite, supported housing, transportation and personal care services.

Peer and family support is an especially critical service because it accomplishes two very important objectives. First, because peers have been recipients of behavioral health services, they are able to relate to persons with mental illness in a way that professionals cannot. The use of peer and family support has been very effective in engaging persons who are reluctant to enter treatment or follow through with treatment goals. Second, peers and family members are trained and

employed by provider agencies and serve as an example that persons with mental illness can be productive and successful members of the community.

In FY 2011, the Behavioral Health System employed over 1,550 Peer and Family Support Professionals, with hundreds of additional Peer and Family member volunteers actively participating, and providing valuable input, on various committees across the State.

Rehabilitation Services include teaching of independent living, social and communication skills, health and wellness promotion, and ongoing support to maintain employment—most often provided in an outpatient setting.

Service Utilization

In addition to client demographic and system performance data, service utilization information is reviewed on a quarterly and annual basis to identify instances of over-utilization of services, potential fraud, and to determine if clients are receiving services that coincide with their treatment needs. This information is also necessary to assess network sufficiency through gap analyses, by highlighting services that are being under-utilized in

certain areas of the state, potentially due to an inadequate number of providers.

The treatment delivery network provided services to over 205,000 adults and children in FY 2011. Table 5, page 5, shows the average cost per client per year. As expected, adults with SMI were the highest service utilizers due to their need for higher

(Continued on page 5)

Table 5

| Client Group | Average Cost Per Client Per Year |
|------------------------|----------------------------------|
| Adult—SMI | \$9,754.71 |
| Adult—GMH | \$2,798.07 |
| Adult—SA | \$3,989.97 |
| All Adults | \$5,165.09 |
| Children / Adolescents | \$4,832.10 |

-intensity treatment services including inpatient psychiatric care and residential placement. For instance, SMI adults were more likely to receive inpatient services than the overall adult population (12.7% versus 8.6%). Adults with GMH or SA disorders and children/adolescents typically receive support, rehabilitation, medication and other treatment services in less-restrictive outpatient settings at a significantly lower cost per client.

There are numerous effective treatments and supports available, other than medications, to address certain symptoms. This is evident when considering the findings in Table 6. Less than half of those served required medications to alleviate symptoms and promote recovery; SMI adults were more likely than any other group to receive medications, including those needed to address psychiatric conditions such as bipolar disorder, major depressive disorder, and schizophrenia (see table 6, below).

Table 6

| Percent of Clients Receiving Medications | |
|--|-------|
| Adult—SMI | 76.2% |
| Adult—GMH | 50.2% |
| Adult—SA | 25.1% |
| All Adults | 54.2% |
| Children / Adolescents | 39.3% |

Treatment Outcomes and System Performance

Table 7

| | Adults | Children/Adolescents |
|---|---|----------------------|
| Outcomes: Our Clients | How has participating in the behavioral health system impacted the lives of our clients? | |
| Show Reduced or No Substance Use* | 48.9% | 55.2% |
| Are Not Homeless | 96.7% | 99.7% |
| Are Employed Full or Part-Time | 30.4% | NA |
| Attend School or a Vocational Program | 13.7% | 87.0% |
| Have No Recent Involvement with the Criminal Justice System | 91.2% | 96.5% |
| Participate in Self-Help Programs | 10.8% | 4.2% |


* Restricted to clients with a noted primary substance type

ADHS/DBHS employs a variety of mechanisms to measure whether treatment is effective. One key mechanism is to examine outcomes of persons receiving behavioral health services and comparing those results to nationally-recognized outcome measures in the areas of employment, educational participation, abstinence from alcohol and other drugs, criminal activity, and homelessness.

When performance falls below accepted benchmarks, the Division initiates corrective action to drive system improvement. In January, 2011, the Division launched an Outcomes Dashboard on its website at www.azdhs.gov/bhs. This dashboard reflects statewide and RBHA performance similar to Table 7, above.

VISION

All Arizona residents touched by the public behavioral health system are easily able to access high quality prevention, support, rehabilitation and treatment services that have resiliency and recovery principles at their core, which assist them in achieving their unique goals for a desired quality of life in their homes and communities.



Arizona Department of Health Services
Division of Behavioral Health Services

Information Sources: Financial Table—2011 DBHS/ASH Annual Report; FY 2011 Enrollment and Demographics—ADHS/DBHS, Bureau of Business Information Systems; 2011 Annual Network Inventory; 2011 Adult System of Care Plan; 2011 Children’s System of Care Plan; ADHS/DBHS Outcomes Dashboard