



Planning for the Future Together: Behavioral Health Services in Arizona

*A presentation for behavioral health recipients,
family members, and advocates*

April 2010

Arizona Department of Health Services
Division of Behavioral Health Services

Leadership for a Healthy Arizona



Objectives

- Review the July 1, 2010 - June 30, 2011 budget
- Describe our approach to address budget cuts
- Discuss options and get feedback/ideas from you so we can make good decisions

Our Commitment

- We will:
 - Maintain dignity
 - Promote recovery
 - Keep high quality care in place
 - Use limited funds to serve as many persons as possible
- We will:
 - Share information,
 - Work closely with you,
 - Ask for your input before making critical decisions

The Budget: Then and Now

- Fiscal Year 2010 (July 1, 2009-June 30, 2010)
 - We were given over \$127 million in Non-Title 19 (state dollars) to serve individuals
 - ~\$90 million for services to persons with serious mental illness
- Fiscal Year 2011 (July 1, 2010-June 30, 2011)
 - We were given \$61 million for the same services (a 51% reduction)
 - \$40.2 million is for services to persons with serious mental illness
 - \$16.4 million is for crisis services
 - \$5.3 million is for supported housing

The Budget: Then and Now

Reminder:

If you are eligible for Medicaid (Title 19, AHCCCS), your services will not change.

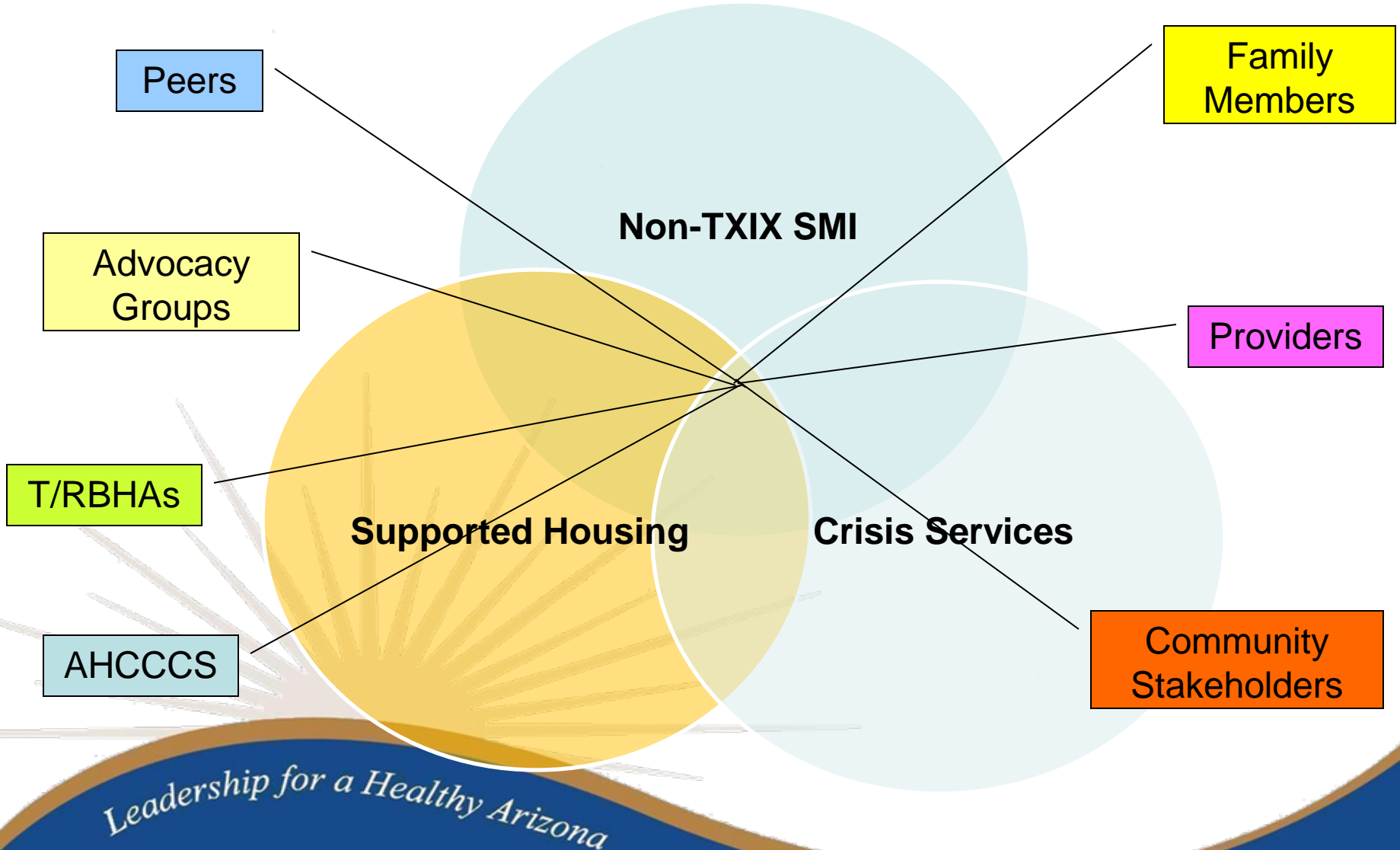
A stylized sun with multiple rays emanating from a central point, positioned above a blue and gold curved banner.

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The ADHS/DBHS Approach

- Establish special project teams
 - **Non-title 19 SMI**
 - **Crisis Services**
 - **Supported Housing**
 - Each team includes peers, family members and agency representatives
 - They have been researching options for your consideration
- Meet with individuals, family members and advocates statewide to
 - **Answer questions**
 - **Hear from you**
- Guidance to RBHAs must be made by May 1, 2010

The ADHS/DBHS Approach



Non-Title 19 SMI...the facts

- \$40.2 million must last the entire year
 - We will probably not get more money in future years
 - Services will cost more over time (inflation)
- Will pay for medications, but there are other costs as well:
 - Need someone to order the medication (doctor costs)
 - Need blood work to be checked (lab costs)
 - For people who get medication shots...need someone to give the shot (nurse costs)

Non-Title 19 SMI...

the decisions to be considered

- Can we afford brand-name medications?
 - Are there other ways to get brand-name medications?
- Can we simplify the Individual Service Plan (ISP) process?
- How will we pay for new people who want services?
- How can we develop and use other support services for free (peer support, etc.)?

Crisis Services...the facts

- \$16.4 million must last the entire year
 - We will probably not get more money in future years
 - Services will cost more over time (inflation)
- Must be provided to anyone who needs them:
 - Expect need for and use of crisis services will go up
 - 40% of people who use the crisis system do not have any insurance
- Must address mental health and substance abuse needs (detox)

Crisis Services...

the decisions to be considered

- Should we require 24/7 crisis phone lines?
 - Should we have peers and family members available to take “warm-transfers”?
- Should we require mobile teams to be available 24/7?
 - Should peers be part of 2-person teams?
- How many hours/days can we afford for short-term stabilization?
 - What can we do to make sure the money lasts the entire year?
- Should we allow differences by region of the state, based on the needs of that area?

Supported Housing...the facts

- \$5.3 million must last the entire year
 - We will probably not get more money in future years
 - Services will cost more over time (inflation)
- Supported housing is not covered by Medicaid
- There is not enough money for supported housing for everyone

Supported Housing... the decisions to be considered

- How long can we afford to continue housing supports for the Non-Title 19 currently in housing?
 - How can we transition them safely?
 - Are there ways to continue to support these individuals?
- Should 40% (rather than 30%) of a person's income go toward rent?
- Should people pay more for their utilities?
- Should people pay for their own phones and phone bills?
- Should Title 19 people with SMI in residential settings be charged room and board costs?

We Want To Hear From YOU

Suggestions?

Other Questions?

Ideas?

<http://www.azdhs.gov/bhs/>



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We will get through this together

The DBHS 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.



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