

Arizona's Public Behavioral Health Program

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Outline

- Federal level
 - SAMHSA update
 - Essential Health Benefits
- State level
 - Governor's FY13 budget proposal
 - Integrated health initiatives

SAMHSA's Working Definition of Recovery

Through the Recovery Support Strategic Initiative, SAMHSA has delineated four major dimensions that support a life in recovery:

- **Health** : overcoming or managing one's disease(s) as well as living in a physically and emotionally healthy way;
- **Home**: a stable and safe place to live;
- **Purpose**: meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society; and
- **Community** : relationships and social networks that provide support, friendship, love, and hope.

SAMHSA's Guiding Principles of Recovery

- *Recovery emerges from hope;*
- *Recovery is person-driven;*
- *Recovery occurs via many pathways;*
- *Recovery is holistic;*
- *Recovery is supported by peers and allies;*
- *Recovery is supported through relationship and social networks;*
- *Recovery is culturally-based and influenced;*
- *Recovery is supported by addressing trauma;*
- *Recovery involves individual, family, and community strengths and responsibility; and*
- *Recovery is based on respect.*

SAMHSA Budget Overview

- President Obama signed the \$1 trillion “*Consolidated Appropriations Act*”, H.R. 2055, into law on December 23...for FY2012
- Under the final *Labor-HHS-Education Appropriations Act of 2012*, SAMHSA received \$3.35 billion for mental health and substance abuse services, which is **\$25 million (0.7 percent) less** than the fiscal year 2011 level.
- This agreement is a major victory as Congress was seriously considering reducing SAMHSA’s budget by at least \$200 million in FY 2012.
- The Budget Control Act mandates FY 2013 funding cuts across HHS and SAMHSA of at least 7.8%.
- SAMHSA may face even larger cuts as Congress attempts to significantly reduce the federal budget deficit over the next 10 years.

SAMSHA Budget Overview: FY2012 and Proposed FY2013

FY2012:

- Mental Health Block Grant, +\$40.6 million (10%)...\$784k for AZ
- National Traumatic Stress Network, +\$5.1 million (12%)
- Primary/Behavioral Health Integration, +\$3.0 million (10.8%)
- Project LAUNCH, +\$10 million, (40.5%)
- Minority Fellowship Program, +\$.820 million, (19%)
- Substance Abuse Block Grant, +\$20.9 million (1%)
- Military Families Initiative, +\$3.5 million (100%)
- FYI: Youth Violence Programs reduced 70%; U.S. Dept. of Education did not make it a priority in its budget; SAMHSA had ties to this effort.

Proposed FY2013:

- Mental Health and Tribal Prevention grants put back on the table...
- <http://www.samhsa.gov/budget/>



HHS Bulletin and Essential Health Benefits

- HHS released a bulletin on defining Essential Health Benefits on December 16, 2011....precursor to proposed rules
- HHS stated current intent is to balance affordability and State flexibility while maintaining comprehensive coverage for the ten required categories of service set forth in the Affordable Care Act
- Public comments were due end of January

Essential Health Benefits

- Essential health benefits must include all ten categories of services included in the Affordable Care Act.
- If the state-selected benchmark plan does not cover all ten categories of services, QHPs must add these required benefits to their plan design, essentially supplementing the benchmark.
- **Mental health and substance use disorder services would be required essential health benefits, with benefit designs that comply with mental health parity requirements, regardless of whether these services are included or treated at parity in the benchmark plan.**
- HHS particularly notes that habilitative services, pediatric oral services and pediatric vision services – all services that the ACA explicitly includes within essential health benefits – are less likely to be covered by benchmark plans.

Public Comments

- Federal floor- detailed EHB package dictated by federal government OR strong oversight
- Enforce parity- make sure parity protected at state level
- Align EHB with CHIP and Medicaid
- No small group plan default- the small group plans are “the weakest and most variable option”
- Comprehensiveness in each category
- “medical necessity” definition
- No substitutions across benefit categories
- Coalition for Whole Health comments:
<http://www.coalitionforwholehealth.org/>

Non-TXIX SMI

The Governor's Budget Proposal



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DBHS Budget

- ~\$39m in new funding for:
 - Case management
 - Supported employment
 - Supported housing
 - Peer and family support
 - Living skills training
 - Health promotion
 - Personal assistance
 - Respite care
- Crisis services (no change...~\$16m)
- Medication Services (no change...~\$40m)
- Supported Housing (no change...~\$5m)

What this means...

- This is NOT
 - “picking up where we left off”
 - “restoration” of funds or services
- This IS
 - a necessary step in order to repair some key aspects of the behavioral health safety net for some of Arizona’s most vulnerable citizens
 - an opportunity to make important advancements in service delivery

What this means...

- Arizona's public behavioral health system remains committed to using community-based services and supports that allow individuals with serious mental illnesses to live successfully in their own homes and communities
- The focus must be on recovery, self-empowerment and responsibility that goes with empowerment, skill-building, coaching, peer and family support, employment, and community integration
- These funds will be used strategically and responsibly on services that demonstrate effectiveness, and to monitor that individuals accessing these services achieve the best outcomes possible
- ADHS Annual Report will track access to services, utilization and expenditures (especially for high cost beneficiaries), medical necessity oversight, and program integrity

Integration of behavioral health and physical health services



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Anticipated Benefits

- Lengthen the lifespan and improve healthcare outcomes for members
 - Overcome disparities through integrated care
- Strengthen the focus on screening, prevention, early intervention, care management, patient education, wellness, AND RECOVERY FROM MENTAL ILLNESS AND SUBSTANCE ABUSE
- Control costs
 - 60% of Medicaid's highest cost beneficiaries with disabilities have co-occurring physical and behavioral health conditions
 - Current healthcare system is unsustainable

Timeline for the Maricopa County pilot

Original “end date” for Maricopa County 5-year RBHA Contract	June 30, 2012
New “end date” for Maricopa County RBHA Contract (granted 6th year extension)	Sept 30, 2013
Received Section 2703 Planning Grant for Health Homes	March 2011
Established ADHS/AHCCCS Steering Committee	March 2011
1st Request for Information (RFI)	July-Sept 2011
Consumer/Family Focus Groups and Interviews	Sept-Oct 2011
Provider Focus Groups (Behavioral Health and Physical Health)	Dec 2011
Public Meetings on Licensing Rules	Dec 2011
Focus Groups to gather input on non-SMI populations	Feb-April 2012
Ongoing Community Input via Electronic Surveys	Feb-April 2012



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Timeline (con't)

2nd Request for Information (RFI)	March 2012
Release Request For Proposal (RFP)	July 2012
Proposals Due	Oct 2012
RFP Evaluation Period	Oct 2012-Jan 2013
Contract Award	Jan 2013
Readiness Reviews/Transition Period	Feb-Oct 2013
“Go Live” date for next Maricopa County RBHA Contract	Oct 1, 2013
Other RBHA contracts “end date”	Sept 2014 (4th year) Sept 2015 (5th year)

Community Input Sessions

Tribal Consultations

- September 2011 at AHCCCS
- January 2012 at ADHS

Peer and Family Focus Groups

- 10 sessions , including 2 specific for AA and Hispanic populations
- Most sessions were held at peer and family-run organizations in Maricopa County
- Individual interviews also completed
- Organization/facilitation/documentation completed by Peer and Family Integrated Care Group
- Report pending

Provider focus groups

- 5 sessions; 4 for BH providers; 1 for acute care providers- primarily physicians
- Some individual interviews scheduled, telephonic participation encouraged, all input welcome
- Report pending

Public Meetings Licensing Rules

- 4 meetings (3 in Phoenix, 1 in Tucson)



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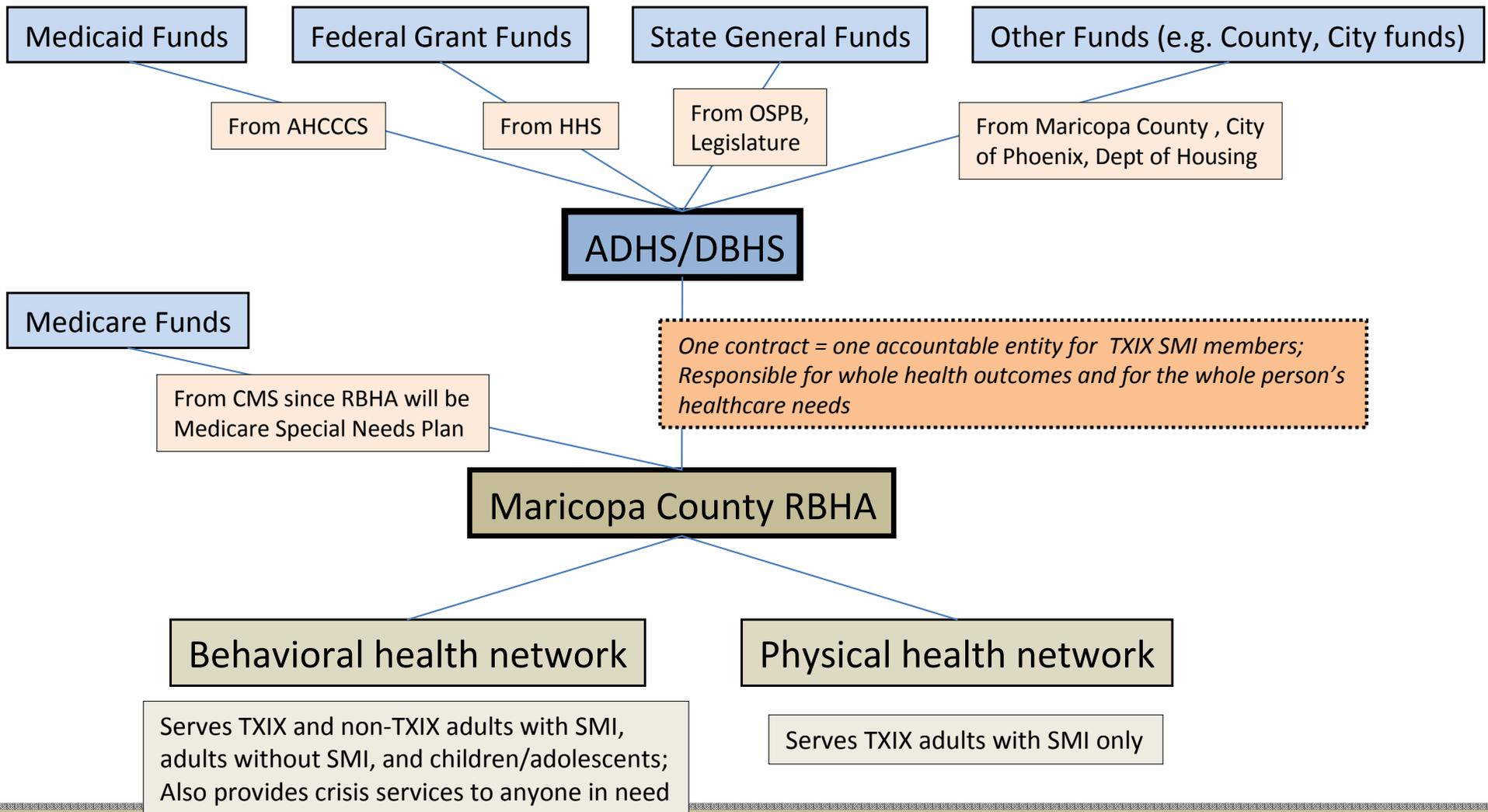
Peer and Family Focus Group Findings

- Want administrators and providers to really **LISTEN** to them
- Want a **VOICE** in planning/implementing/evaluating their healthcare
- Want to be treated with **RESPECT** (not stigmatized)
- Want **INDIVIDUALIZED** healthcare
- Want **HIGHLY SKILLED** providers who know how to work with persons with SMI
- Want coordinated, consistent, and high **QUALITY** services
- Want a focus on improving health **OUTCOMES** and ensuring health **EQUITY**
- Want **COORDINATION** around medications

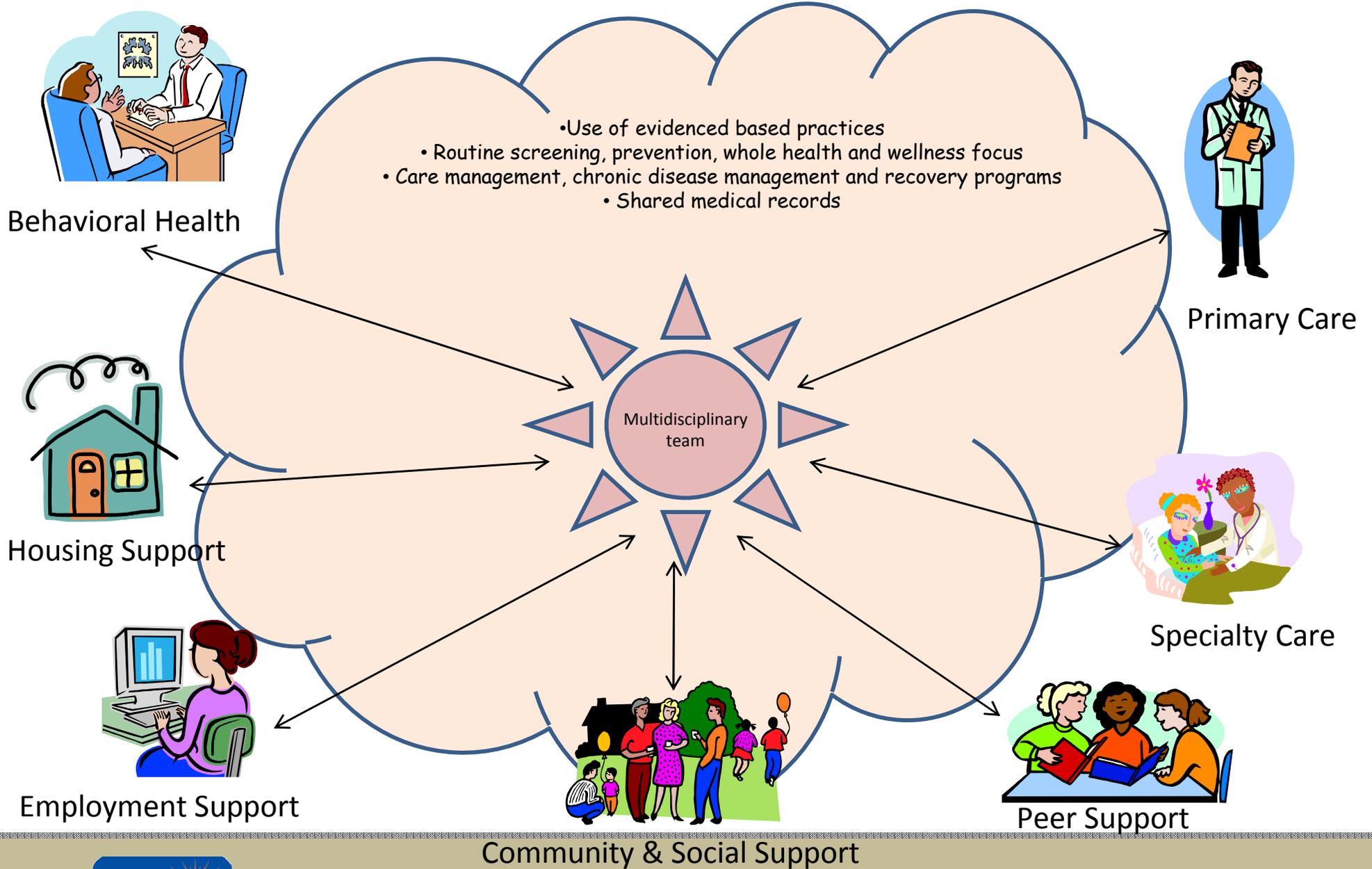
Other Important Feedback from Consumers and Family Members...

- Want **HOLISTIC** approach to healthcare
- Want better **COMMUNICATION** among all team members
- Want greater **ACCOUNTABILITY** for healthcare delivery and health outcomes
- Want **CONFIDENTIALITY** to be respected
- Want **CHOICE** of service providers; not lose current providers
- Want a large **SERVICE ARRAY** with timely access to services
- Want **ACCESS** to all needed medications

Recovery through Whole Health: the Administrative Level



Vision for SMI Health Homes



Recovery through Whole Health: Optimizing Coordination of Care

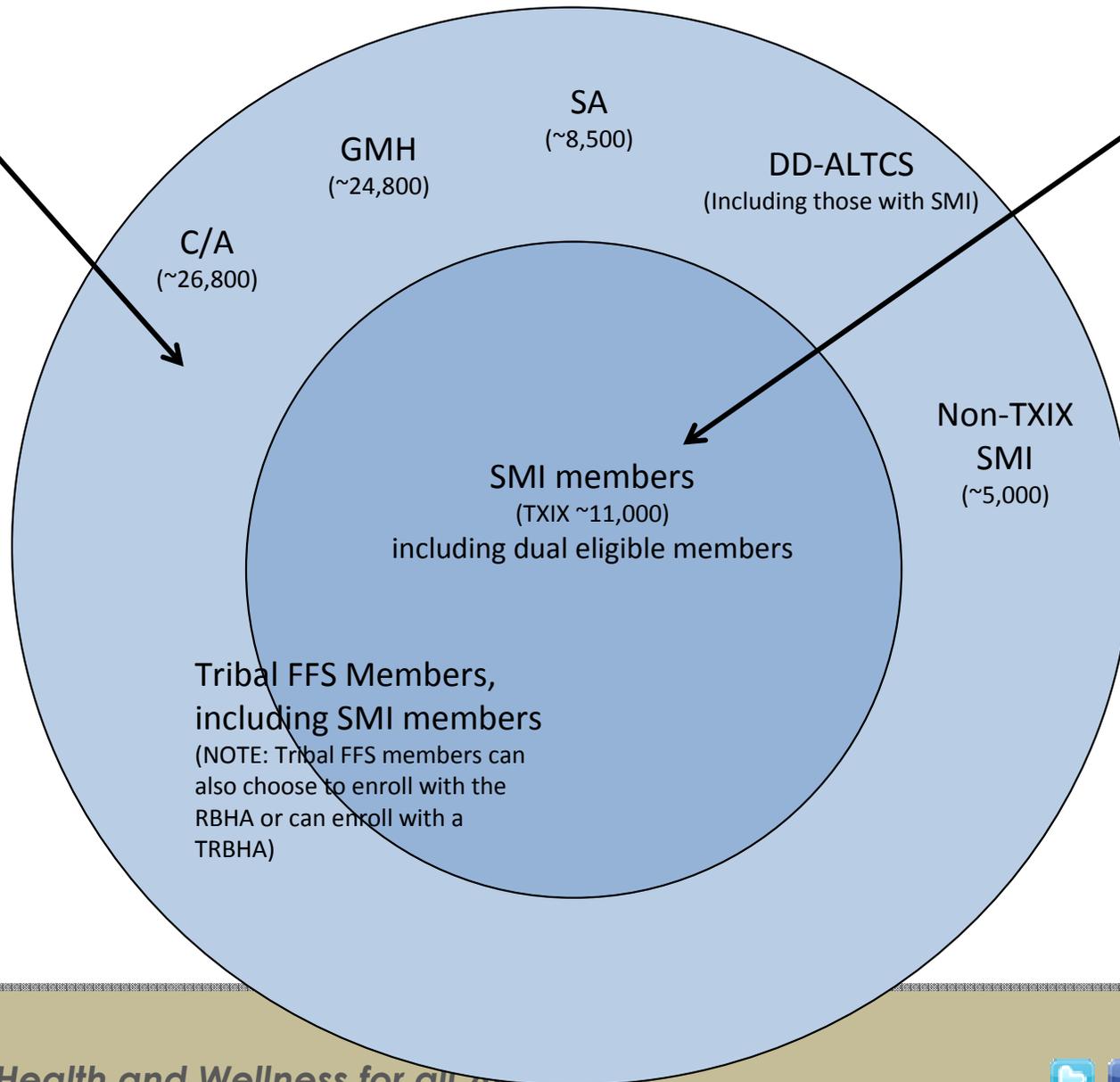
- **Goal:** RBHA funded to provide behavioral & physical healthcare for all TXIX SMI members *except for DDD-ALTCS and Tribal FFS SMI members*

- **Goal:** RBHA also serves as Medicare SNP and all, or at a minimum, the currently aligned SMI dual eligibles will be automatically enrolled in this Health Plan for Medicaid and Medicare)

- **Integrated care will be required through contract with expectations around:**

- Care management
- Care coordination
- Transitional care
- Health promotion
- Support services
- Referrals

1. What should we measure?
2. How will we know we have achieved our goals?
3. Will there be incentives?



RBHA coordinates physical healthcare with AHCCCS Health Plan, IHS, VA, & other involved

- payors:**
- APIPA
 - Care 1st
 - Health Choice
 - Maricopa Health Plan
 - Mercy Care Plan
 - Phoenix Health Plan
 - PIMC
 - Medicare
 - etc.

1. How can we improve coordination of care?
2. What should we measure?
3. How will we know we have improved?
4. What should go in RBHA contract to drive improvement here?
5. What should go in the AHCCCS Acute Care Health Plan contracts to drive improvement here?



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