

**Summer Institute, 2015**

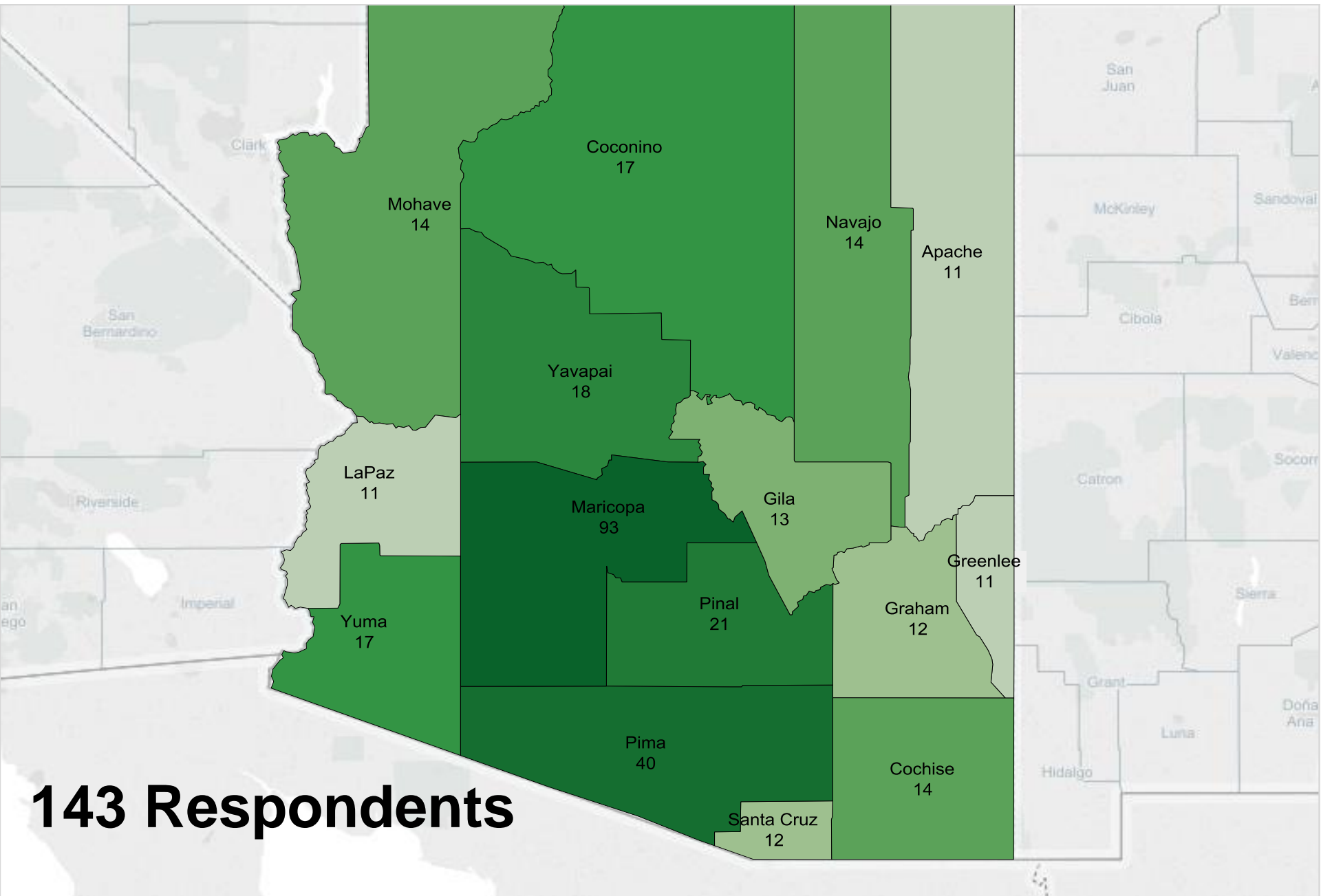
# **Behavioral Health Town Hall 2015**

Arizona State University

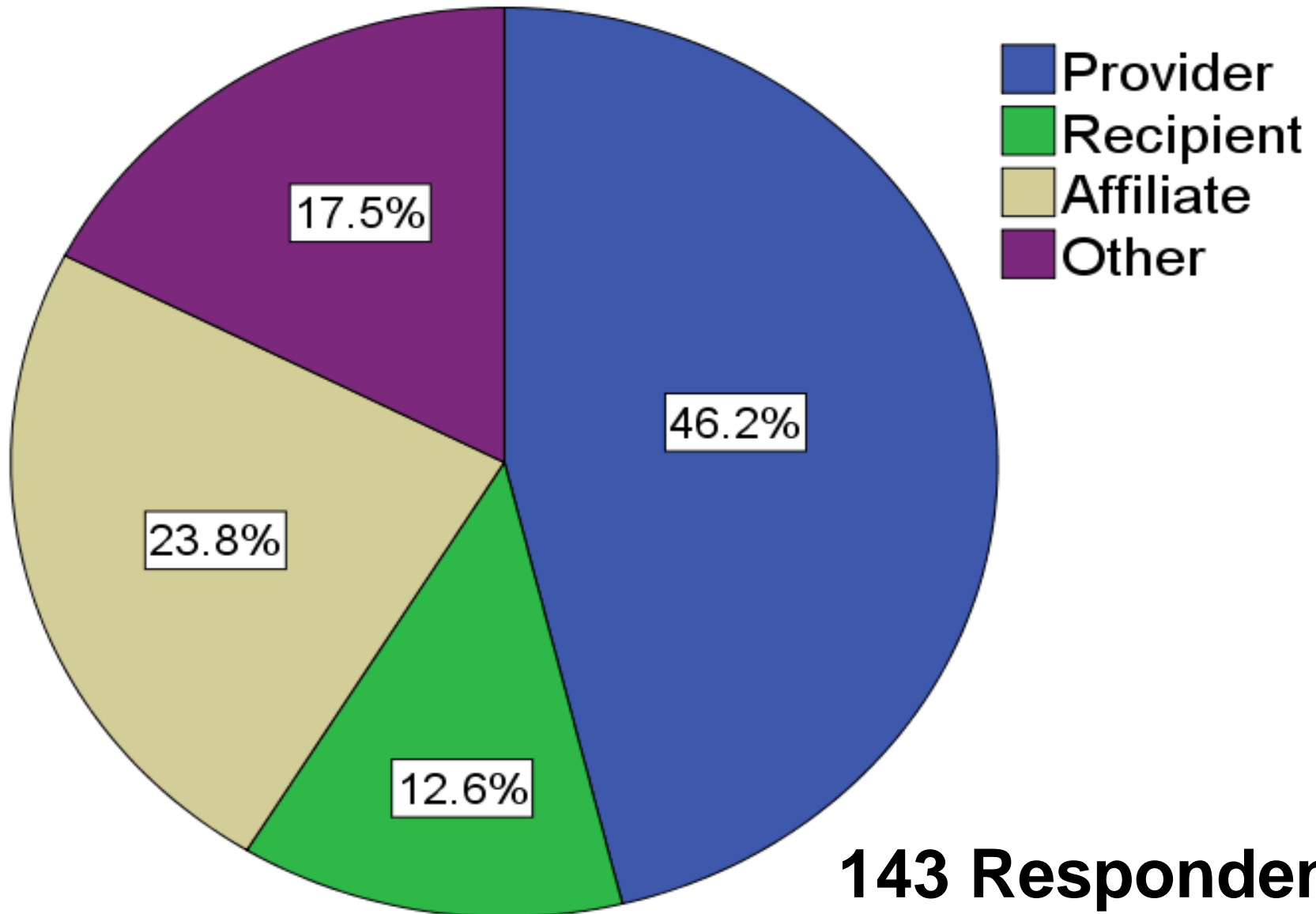


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# Number of Respondents by County



# Role of Respondent

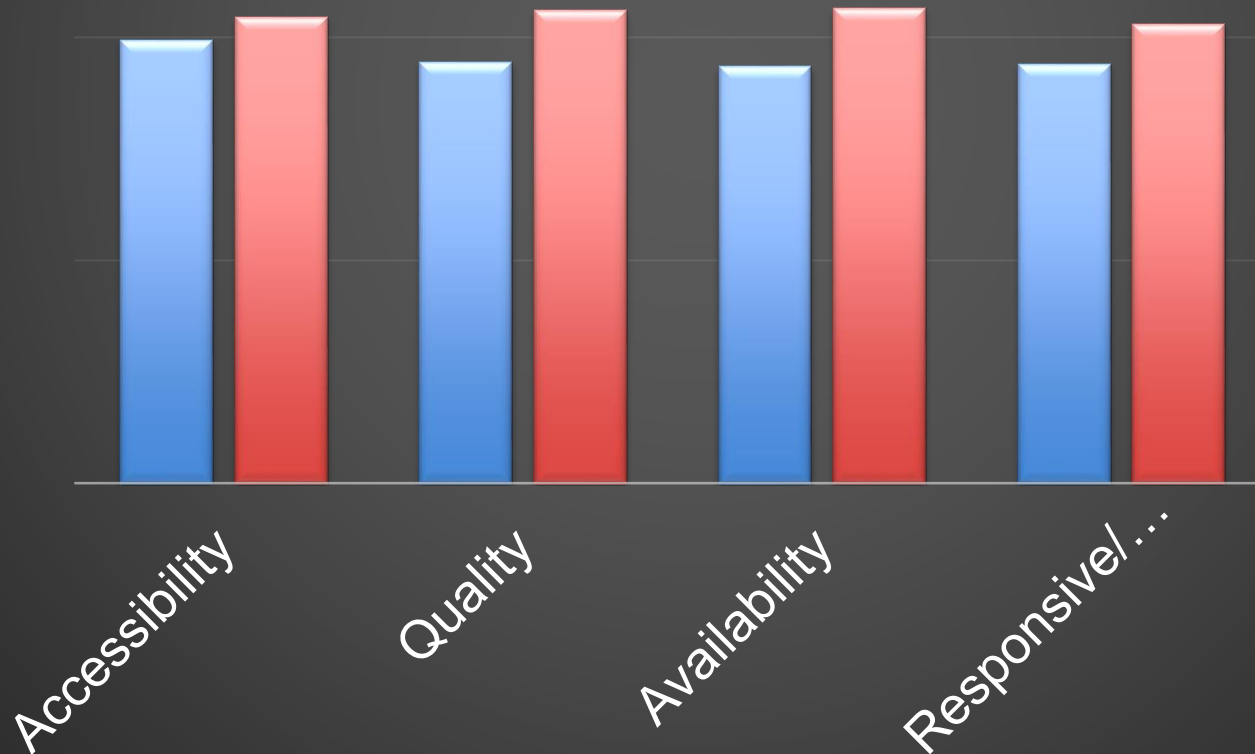


# Ratings of Past and Future Behavioral Health Services

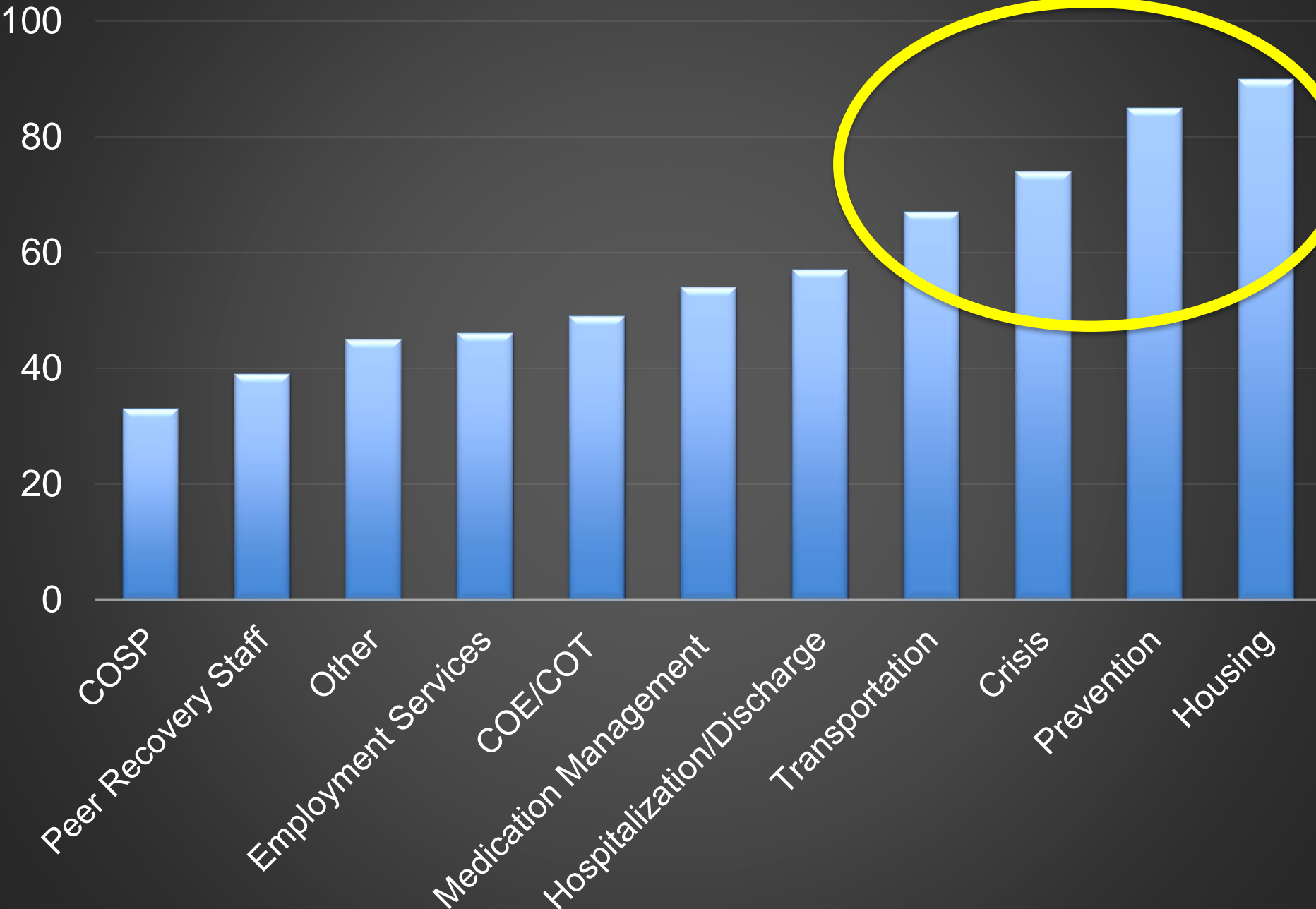
Much Better

■ Past BH Services    ■ Future BH Services

Much Worse



# Top Behavioral Health Service Concerns



# The Challenges Before Us

**Merging of ADHS/DBHS into AHCCCS**

**Ensuring Quality Services**

**Systems & Workforce Capacity**

But first some good news.....



“Improvement has been very noticeable over the past 20 years, particularly the past 10. There is clearly a stronger emphasis on affordable housing and employment and treatment goals are more in line with improvement of quality of life and not simply symptom containment.”

“Some RBHAs have continued to or have made shift toward a paradigm which supports dialogue and collaboration with other systems partners, listening to and assessing needs in the system.”

“The Affordable Care Act and Medicaid expansion have really increased accessibility and availability.”

“Legislative changes to the Board of Behavioral Health Examiners has helped expedite the licensure of qualified behavioral and mental health professionals. We are still a long way from having the professionals we need, but it will help in the future.”

# Tom Betlatch

**Tom Betlatch**

**Margery Ault**

**Tom Betlatch**

**Margery Ault**

**Shawn Nau**

# Merging of ADHS/DBHS into AHCCCS



“Moving to AHCCCS seems like it will be harder to get the services that are needed to help people with mental illness stabilize because they are not seen as “medically necessary” like employment, transportation, and peer support.”

“Work to open more billing codes for integrated providers to expand behavioral health services in the medical settings”

“AHCCCS availability is fine. It’s providers taking private insurance that is lacking. If I qualified for AHCCCS, I would have access to an abundance of services. This is a disparity for people who pay for their insurance can’t receive the same services as those who don’t.”

# Ensuring Quality Services

“My case manager is not available most of the time because of the paperwork demands. “

“Reduce process reporting and replace with outcome focused reporting.”

“The behavioral health systems has always operated under ‘**The Emperor Has No Clothes Model**’. Lip service is given to policy manuals, compliance and what should be delivered but that is not based on what is really being delivered.

“Confront RBHA for services that are in name only. They look good on the outside but are empty and worthless on the inside”



# System & Workforce Capacity

“Most of our licensed mental health professionals have moved away, passed away, or limited the number of clients they will see. This has resulted in a tremendous problem as we have clients adjudicated of sex offenses or who have severe co-morbid conditions. **There is little hope for recovery when there are no treatment resources.**”

“Agencies put little to no money into training and staff support to ensure effective and ethical services.”

We have a system where the least trained, least qualified individuals out of school with the least experience are assigned to individuals/families with the most complex and serious mental health needs. Agencies assign clinicians with little experience caseloads of 50-80 clients that they cannot possibly provide ethical, effective services ...”

“Arizona has spent years building a paraprofessional system and it shows. Case management is the most common service offered. Caseloads for adults can be 300 or above. You can’t offer quality services with those numbers, but the shell game continues.”

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