May 11, 2012

Dear Arizona behavioral health members, family members, advocates, providers, and other valued and interested stakeholders:

The Arizona Department of Health Services, Division of Behavioral Health Services (ADHS/DBHS) is pleased to share some very important and positive information related to the recently approved Fiscal Year 2013 (FY13) state budget.

In January, Governor Brewer released a proposed budget that included an additional $38.7 million for community-based, recovery-oriented behavioral health services for individuals with serious mental illness (SMI). The Governor was successful in securing these funds, and on May 7, signed a budget presented to her by the Arizona Legislature. (See Press Release for additional details).

ADHS/DBHS intends to use this additional funding to provide behavioral health services to persons with Serious Mental Illness (SMI) who are not eligible for Medicaid. The services we expect to offer include:

- Supported employment
- Peer and family support
- Permanent supportive housing
- Living skills training
- Health promotion
- Personal assistance
- Case management
- Respite care
- Medications and medication management services
- Crisis services

Together these services will help those persons most in need to achieve their recovery goals through, self-empowerment and the opportunity to live and work within our communities. By focusing on skill-building, self-management of health conditions, coaching, community-based peer and family support, employment, and community integration, we can offer members a choice to become independent and improve their individual quality of life outcomes.

This additional funding offers a unique opportunity for all stakeholders to work together to make important advancements in our service delivery system for some of Arizona’s most vulnerable citizens. Arizona made a commitment long ago to develop and maintain a comprehensive behavioral health system that successfully supports individuals to live successfully in their own homes and communities. While the services offered by this additional funding certainly support this commitment; it is important to emphasize that they are not unlimited and must be spent strategically and responsibly to support the

\[3\] http://www.azgovernor.gov/dms/upload/PR_050712_BudgetSigning.pdf
individualized needs and goals of each member. From a historical perspective, we know that spending on case management services has been much higher than many of the other supportive services listed above (e.g. living skills training, health promotion, supported employment) combined. We believe now is the time to reassess that approach and ask the question: How can we safely and appropriately reallocate funds that would be used for case management services to other less costly services that offer a greater benefit to our members?

To assist us in achieving the outcomes we expect from a community-based behavioral health system that successfully supports individuals to live successfully in their own homes and communities, we want your input. ADHS/DBHS will be hosting several stakeholder meetings on May 22-23, 2012 to share our thoughts and hear your ideas and proposed approaches on the best use for this funding. If you are unable to attend the appropriate meeting below, please feel free to provide your input through our online feedback forum.

- **Meeting with Tribal and Regional Behavioral Health Authority (T/RBHA) Chief Executive Officers (CEOs) and Chief Medical Officers (CMOs):** May 22, 2012, from 2:00 pm to 3:00 pm at ADHS/DBHS.

- **Meeting with behavioral health providers, including peer and family-run organizations that serve individuals with SMI:** May 23, 2012, from 8:30 am to 10:30 am at ADHS/DBHS rooms 215A & B. If you can’t attend in person, you may call in at 1-877-820-7831 code 117270; or join online (registration required; click here to register). Tele-med will also be available through the local RBHA. Please contact them for details.

- **Meeting with peers, family members and advocates involved with the SMI service-delivery system:** May 23, 2012, from 2:00 pm to 4:00 pm at ADHS/DBHS rooms 215A & B. If you can’t attend in person, you may call in at 1-877-820-7831 code 117270; or join online (registration required; click here to register). Tele-med will also be available through the local RBHA. Please contact them for details.

Together, we and our members who have had to deal with cutbacks in services have endured a very challenging time over the last few years as a result of Arizona’s severe fiscal crisis. During this time, our community has risen to the challenge by coming together and collaborating like never before. Many new partnerships have been created, and efficiencies have been realized. From innovative and award-winning suicide prevention programs, to new crisis response centers, to peer-run warm lines, to physical and behavioral healthcare integration initiatives, we have continued to sustain the high level of quality in service delivery and, in some areas, made improvements to our system during this time. Now we have another opportunity to come together, and develop new and creative approaches to use this funding in ways that truly make a difference in the lives of our members by fostering independence and hope for a better future. With your help, I look forward to our continued success.

In closing, I would like to share a copy of a poem written by Bernadette Phelan, Ph.D. that was printed in a newsletter published by the Mental Health Statistics Improvement Program (MHSIP) in 2003. Dr. Phelan, from Phoenix, works at NASMHPD Research Institute (NRI, Inc.) and wrote this poem following an Arizona member focus group NRI organized when developing the SAMHSA-funded

http://www.mhsip.org/MHSIPnewsMay03Color.pdf
recovery tool (ROSI - Recovery Oriented Systems Indicators). She told me she “was so touched by what I heard ... I wanted to preserve the moment by writing a poem using exactly the words they used. It was a precious time for me.”

These words express what all of us who have contact with the behavioral system see, touch and feel every day...let's listen!

Sincerely,

Laura K. Nelson, M.D.
Deputy Director
When we talk about recovery
I see a distinction
Between recovery of my mental health
As opposed to recovery from my mental illness.
The fact that I have a diagnosis of mental illness
Does not exclude the possibility that I, too,
Can achieve a pretty high level of mental health.

Regaining control over my life, having a say
Finding a balance and stability
Access to medications
Access to try different drugs
Access to a psychologist
All these help me find direction in life.

A sense of structure helps me live with a purpose
Attainable goals that help me to focus
Non-judgmental peer support
Spirituality
Organized physical group activities
My cat
Are things that give me better control of my life.

What do I need to keep that control in my life?
I need family support
Case management
Counseling
Vocational Rehabilitation
Connections
Transportation
And being invited to the table and being asked the question.

I need a system that does not assume
That if you're a consumer, you have a problem.
A system that does not jeopardize my recovery
By having layers to go through too many.
A system that is proactive (not reactive)
One that does not say you can't but you can
For these tendencies no doubt will support me.

The most beneficial relationships for me
May have sprouted out of the fact that I have
A psychiatric disorder and needed to make connections.
It's easier to reach out
To people who have been there
Than to depend on a system
That is not always there.

The support system that we build for ourselves
Brings awareness of the resources that are out there
This is a system that understands my difficulty
And not one that thinks of medication adjustment.

It's a shame if a system doesn't teach us
To learn what is a symptom from a normal life
Misguided dependence is to my detriment
For it takes away my sense of independence.

You know I've now moved on (but the system has not)
With self-determination, self-esteem and self confidence
I've used the opportunity to say that I, too, have value
For the honest responsibility of recovery is on me
Nobody else can do that for me.

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The poem was developed by Bernadette E. Phelan, PhD, using words lifted verbatim from the focus group discussion on consumer recovery held on February 9, 2001 at the Arizona Department of Health Services, Division of Behavioral Health Services, Phoenix, Arizona.

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5 This poem was found in the Mental Health Statistics Improvement Program (MHSIP) May 2003 newsletter: [http://www.mhsip.org/MHSIPnewsMay03Color.pdf](http://www.mhsip.org/MHSIPnewsMay03Color.pdf)