The Path to Recovery:
Strategies for Arizona’s Community-Based Behavioral Health System for Individuals with Serious Mental Illness

May 23, 2012
Stakeholder Meetings
Recap... where we have been

• FY’11 and FY’12
  – $40.2m for medication/medication monitoring for non-Medicaid-eligible adults with serious mental illness (SMI)
  – $5.3m for supported housing for Medicaid-eligible adults with SMI
  – $16.4m for behavioral health crisis services for anyone without another payer source
Where we are going...
FY’13 Budget Appropriations

• $95.2m for:
  – Medication/medication monitoring for non-Medicaid-eligible adults with SMI (i.e. the $40.2m from before) +
  – Targeted community-based, recovery-oriented services for non-Medicaid-eligible adults with SMI ($38.7m in new funding) +
  – Behavioral health crisis services for anyone without another payer source (i.e. the $16.4m from before)

• $5.3m for:
  – supported housing for Medicaid-eligible adults with SMI (i.e. same as before)
Targeted community-based, recovery-oriented services for non-Medicaid-eligible adults with SMI ($38.7m in new funding)

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

*Personal Assistance may include: assistance with homemaking, personal care, general supervision/appropriate intervention, and transportation
To summarize...

- **$95.2m** for:
  - The following services for non-Medicaid-eligible adults with SMI
    - Supported employment
    - Peer and family support
    - Permanent supportive housing
    - Living skills training
    - Health promotion
    - Personal assistance
    - Case management
    - Respite care
    - Medication/medication monitoring
  - Behavioral health crisis services for anyone without another payer source, including non-Medicaid-eligible adults with SMI
So, where do we begin?
How can we make the best use of these funds?
A Refresher:
The 9 Guiding Principles for Recovery-Oriented Adult Behavioral Health Services and Systems

• Respect
• Self-determination; the “informed consumer”
• Whole person focus; natural supports
• Promotion of growth and independence
• Integration within the community
• Partnership and shared decision making
• Individualized goals and outcomes
• Flexible, timely, responsive services
• A foundation of hope
A Refresher: 
Raise Your Voice Report, July 2011

- 26 focus groups across Arizona
- 370 peers and family members involved with the SMI system participated
- Applied evidence-based research method, Community Based Participatory Research
- Entire project planned, executed, led, and analyzed by peers in the system
- Three categories for assessment & recommendations:
  - Recovery
  - Individual
  - System
A Refresher: Raise Your Voice Report, July 2011

• Recovery
  • Self-sufficiency, productivity, independence
  • Physical and mental health
  • Ownership, control, and accountability
  • Self-directed and empowering

• Individual
  • Respect
  • Choice
    – Ownership
    – Be in the driver’s seat
    – Make informed decisions
  • Support
A Refresher: Raise Your Voice Report, July 2011

• System
  – Individualized care
    • Treatment to fit the individual
  – Supportive services
    • Peer support services
    • Community based resources
    • Living arrangements
    • Transportation
    • Crisis services
  – Integrated health
    • Treatment; recovery plan developed
    • Care management; holding the individual accountable for meeting recovery goals
A unique opportunity to:

- Make important advancements in service delivery
- Demonstrate Arizona’s commitment to using effective community-based services and supports that allow individuals with serious mental illnesses to live successfully in their own homes and communities
- Not “pick up where we left off”
- Develop recovery coaches, community navigators, benefits coaches
- Foster recovery...not dependency on the system
- Focus on self-empowerment and member responsibility that goes with empowerment, skill-building, and coaching
- Use these funds strategically and responsibly
- Monitor the effectiveness of services and the achievement of outcomes
A unique opportunity to:

• Strengthen self-directed care
  – Member:
    • Will empower members to be proactive
    • Will increase health literacy and self-responsibility
    • Will facilitate members as prudent managers of their own health care
    • Will promote higher member satisfaction
  – System:
    • Impact falling out of care, emergency department use, unemployment, homelessness, incarceration
    • Will address provider/consumer behavior
    • Will support integration
    • Will increase role for peer/family members in the provider system...contributing to workforce development
Considerations and Establishing Parameters...

• Regional needs and variability → flexibility
• Consistent statewide approach
• Administrative resources needed (e.g. prior authorization, member rights/appeals)
• R-9-21

• Of the targeted services, historically:
  – 43% spent on case management
  – 14% spent on transportation
Self Help/Peer Support

• Assistance to more effectively utilize the service delivery system, including:
  – assistance in identifying needs, developing plans of care, and accessing supports

• Assistance with understanding and coping with the person’s illness through
  – coaching, role modeling and mentoring

• H0038 = per 15 minutes; 1:1
• H0038Q = per 15 minutes; group
• H2016 = per diem (3 or more hours)
Family Support

• Face-to-face interaction with family member(s)
• May involve
  – assisting the family to adjust to the person’s illness/challenges,
  – developing skills to effectively interact and/or support the person,
  – understanding the causes and treatment of the illness/challenges,
  – understanding and effectively utilizing the system, or
  – planning long term care for the person and the family.
• Directed toward restoration, enhancement, or maintenance of family functioning to increase ability to effectively interact and care for loved one in the home and community

• S5110 = per 15 minutes
Supported Employment

• To assist a person or group to choose/acquire/maintain a job or other meaningful community activity (e.g., volunteer work) in a variety of settings (e.g., part time job, unpaid work experience or in meaningful volunteer work)

• **Pre-Job Training and Development** (H2027 = per 15 minutes)
  – Services which prepare a person to engage in meaningful work-related activities, such as career/educational counseling, job shadowing, assistance in the use of educational resources, training in resume preparation, job interview skills, study skills, work activities, professional decorum and dress, time management, and assistance in finding employment

• **Ongoing Support to Maintain Employment** (H2025 = per 15 minutes; H2026 = per diem)
  – Support services that enable a person to complete job training or maintain employment, such as monitoring and supervision, assistance in performing job tasks, work-adjustment training, and supportive counseling
Living Skills Training

- Teaching independent living, social, and communication skills in order to maximize ability to live and participate in the community and to function independently
  - self-care, household management, social decorum, establishing meaningful relationships, avoiding exploitation, budgeting, recreation, development of social support networks and use of community resources

- H2014 = skills training/development; individual
- H2014HQ = skills training/development; group
- H2017 = living skills training;
Health Promotion

• Education and training usually presented using a standardized curriculum

• To increase knowledge of a health-related topic, such as the nature of an illness, relapse and symptom management, medication management, stress management, safe sex practices, HIV education, parenting skills education and healthy lifestyles (e.g., diet, exercise)

• To affect knowledge, attitude and/or behavior

• H0025 = per 30 minutes (health prevention education)
• H0034 = per 15 minutes (medication training/support)
Respite

• Short term behavioral health services or general supervision
• To provide an interval of rest and/or relief to the family and/or primary care givers
• May include a range of activities to meet the social, emotional and physical needs of the member
• Can be planned or unplanned

• S5150 = per 15 minutes
• S5151 = per diem
Permanent Supportive Housing for adults with SMI

• To assist individuals obtain/maintain housing in an independent community setting including the person’s own home/apartment and homes that are owned or leased by a subcontracted provider

• May include rent/utility subsidies and relocation services

• H0043
Permanent Supportive Housing for adults with SMI

- **$5.3m** for Medicaid-eligible (i.e. same as before) +
- **$2m** for Medicaid-eligible (time-limited bridge subsidy funds) +
- **$2m** for Medicaid and non-Medicaid-eligible (SB1616 for housing acquisitions) +
- **$___** for non-Medicaid-eligible

• How much of the $95.2m should be set aside for housing?
• Estimates indicate $2m was spent on supportive housing for non-Medicaid-eligible adults with SMI*

* Does not include Maricopa County IGA funds used for supportive housing
Medications/Medication Management

- Medications to prevent/stabilize/treat a behavioral health condition
- Services by a physician, nurse practitioner, physician assistant or nurse, including review of effects/side effects of meds and adjustment of prescribed meds
- Medical tests ordered for diagnosis/screening/monitoring of a behavioral health condition, such as blood/urine tests, CT scans, MRI, EKG, and EEG
- Consideration → one formulary
  - Equity across populations; consistent approach
  - Simpler for providers and members
  - Prior authorization for certain medications
  - Use to drive quality of care
Case Management

• Managing the risk that case management will “consume” the limited funds...considerations:
  – Case management as a **service** vs. a person? (this is consistent with R9-21)
  – Consider like any other service (i.e. made **available** to those who need it; incorporated into service plan?)
    • R9-21 indicates case management services can be refused
    • R9-21 indicates when case management services are not provided—that decision can be appealed
  – Does everyone need an assigned case manager? (vs. a right to a case manager)
  – Can some members can be their own “case manager?”
Case Management

• Any team member can assume responsibility for:
  – development and updating of service plan,
  – maintaining, monitoring and modifying the service plan, and
  – coordinating care

• R9-21 definition: “person responsible for locating, accessing and monitoring the provision of services to clients in conjunction with a clinical team”

• Specialized case management
  – ACT teams

• T1016HO = per 15 minutes (behavioral health professional)
• T1016HN = per 15 minutes (BH technician or paraprofessional)
• CPT codes for independent practitioners
Personal Assistance

• To assist a person in carrying out daily living tasks and other activities essential for living in a community, such as cleaning, food preparation, essential errands, bathing, dressing, oral hygiene, general supervision and assistance with self-administration of medications
• May involve performing the task for the person or cueing the person to perform the task to maintain or increase self-sufficiency

• T1019 = per 15 minutes
• T1020 = per diem
Personal Assistance: Transportation

• To facilitate the receipt of medically necessary covered behavioral health services, as identified on the service plan

• Managing the risk that transportation will “consume” the limited funds...considerations:
  – Use peer support/living skills training to teach the use of public transportation?
  – Maximize the use of natural supports to
  – Prior authorization?
  – Focus on self-sufficiency and independence
  – Role of flex funds?
Crisis Services

• Telephone-based support to persons in crisis
• Services to assess and stabilize acute symptoms of mental illness, alcohol and other drug abuse, and emotional distress
  – Mobile response teams
  – Short-stay crisis facilities
• Available to anyone who is in need
What about inpatient and residential services?

• These are not covered services
• Let’s decrease the need for and utilization of these services through:
  – Prevention
    • Peer and family-run drop-in centers
    • Respite services
    • Engagement, natural supports, community inclusion
    • ACT teams
  – Crisis Services
    • Crisis phone lines, mobile crisis teams, peer and family-sponsored “warm lines”
  – Prompt and Collaborative Discharge Planning
Next Steps

• Stakeholder input and commitment
• Clear guidelines and support from DBHS
• Provider Manual updates
  – Non-TXIX SMI section
  – Supported Housing section
  – Medication Formulary section
• Covered Services Guide updates
• Website: http://www.azdhs.gov/bhs/index.htm

• Feedback: https://app.azdhs.gov/bhs/bhsfeedback/
Resources

• 9 Guiding Principles

• Raise Your Voice Report

• Covered Services Guide

• DBHS Provider Manual
  http://www.azdhs.gov/bhs/provider/provider_main.htm

• R9-21
Thank you

Questions/Comments/Suggestions