

A Review of the Public Behavioral Health System in Rural Arizona

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Rural Mental Health Needs

- 62 million people live in rural areas of U.S.
- 16 -25 % age 18 and older have a diagnosable mental health disorder
- In Arizona this means we have about 310,500 rural people that need good behavioral health care
- Arizona's publically funded behavioral health clients die an average of almost 32 years sooner than the general population. The national average is 25 years of potential life lost by individuals with serious mental illness



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A 2008 National Rural Health Association policy paper stated that, "Leadership is critically needed to develop comprehensive policies that:


1. adequately account for rural realities regarding access to behavioral health care
2. do not result in smaller, under-resourced versions of urban programs, &
3. do not perpetuate the tendency to seek single policy solutions to the panoply of issues that affect the provision of quality behavioral health for America's rural residents."



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Review of the Status of Rural Behavioral Health Care in Arizona


- The first phase - A Review of the Public Behavioral Health System in Rural Arizona – represents a case study of behavioral health care services currently available to rural residents who qualify for public funding.
- Other phases to come:
 - Private Insurance Rural Behavioral Health
 - VA Rural Behavioral Health
 - IHS Rural Behavioral Health
 - Rural Prison Behavioral Health



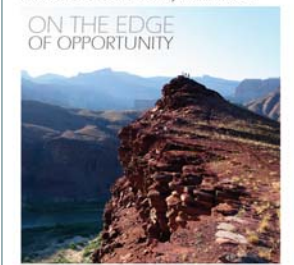
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Study Methodology

- Interviews with 11 key informants
- Focus group with 6 rural behavioral health providers at FQHCs
- Extensive review of online documents
- Data analysis to determine report content and recommendations
- Report preparation including review by key informants and 4 others
- **Problem:** We were studying a rapidly moving target




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A Review of the Public Behavioral Health Systems in Rural Arizona

Arizona Rural Health Office
Mel and Essie Zuercher College of Public Health
The University of Arizona | March 2011
Lynda Bergman, Susan Fulkerson, Beth King and Jessica Patten

The resulting 45-page report documents ways that the rural Arizona public behavioral health care system is working well & where there are challenges & opportunities for improvement, including 9 action recommendations



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“The way Arizona divides their money between physical and mental health goes against treating the whole person”

“Never has there been more interest in integrating behavioral health services and primary care”





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Arizona Strengths

- A coordinated system of behavioral health care including mental health services, substance abuse services, and prevention under ADHS/DBHS.
- Ahead of many states in its embrace of the concept of community treatment – very few residents are served in institutions.

“We seem to be pretty far ahead of a lot of the other states”



- Focus is on recovery that emphasizes hope, meaningful social contribution, and independent living



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Arizona Challenges

- Hi leadership turnover – since 1993 9 ADHC directors and 7 DBHS directors – interferes with planning for a proactive vs reactive system
- Hiring freeze since 2008 results in current 37% DBHS vacancy rate
- Ongoing budget crisis
- DBHS overall budget reduced & funds for non-AHCCCS members reduced by 50% since 2008

We can expect that the rural hospitals are going to be slammed in terms of their emergency departments (because of behavioral health cuts) – when all else fails you go to the hospital and they have to take care of you. But that's not something that a lot of rural hospitals have, a psychiatric facility or capacity.

- People not on AHCCS rolls and budget reductions have a disproportionate effect on rural areas, particularly rural hospitals.

