Arizona

In 2006, Arizona's mental health care system received a grade of D. Three years later, it has improved to a C. The improvement is commendable, but the test will be whether progress can continue in the face of the current economic downturn.

One cannot give a complete overview of the Arizona mental health system without noting that Maricopa County (Phoenix), the fourth largest county in the nation, has been under court order. In 1989, the state Supreme Court ruled in *Arnold v. Sarn* that individuals with mental illness have a right to appropriate treatment.

The Department of Health Services' Division of Behavioral Health Services (DBHS) oversees the state system. It contracts with regional behavioral health authorities (RBHAs) to develop local networks of providers to deliver services, funding them in whole or in part. The state Medicaid program covers antipsychotic medications. A new partnership between the DBHS and the Department of Housing is working to increase access to permanent supportive housing using federal Housing Trust Fund dollars.

With a federal grant, Arizona is working to improve the screening and treatment of individuals with co-occurring disorders in the criminal justice system. It has also made progress on training peer support specialists and plans to continue this trend. It has developed a comprehensive cultural competence plan, useful cultural competence tools, and accessible online information.

Arizona also has established a strategic plan for stigma reduction, a statewide stigma reduction coordinating committee, and a "train the trainer program" for people with mental illnesses engaged in civic presentations and dialogues about stigma. The stigma reduction plan is good in concept, but its execution has been difficult.

Unfortunately, Arizona still struggles to provide timely, quality services to individuals with mental illness. Transition from ValueOptions to Magellan Health Services as the RBHA for Maricopa County has been very difficult. State health officials have repeatedly fined Magellan for failure to supervise case managers, follow clients, and coordinate care with primary care doctors. Although DBHS indicates that many of its programs are statewide, it was unable to provide the number of people served by these programs. Consumers and family members report much variation between communities in service availability and the degree of fidelity to evidence-based practices. The state also has mental health workforce shortages, particularly in rural and tribal areas.

Arizona faces the dual challenge of rapid population growth and a nearly doubled population of foreign-born individuals.

Arizona is trying to move toward a system that places greater emphasis on recovery, resiliency, and wellness, but state budget cuts could undo its progress. Arizona's citizens deserve a system that gets better than a C. With additional investment, further improvement could be within reach.

Innovations

- Cultural competence plan, tools, and online information
- Partnership between mental health and housing agencies
- Screening and treatment of co-occurring disorders in the criminal justice system

Urgent Needs

- Data on numbers of consumers served
- Stronger state oversight to ensure quality of services
- Greater availability of services
- Address workforce shortage, particularly in rural and tribal areas

Consumer and Family Comments

- *"When I first tried to get help after attempting suicide, I was told that I wasn't sick enough to qualify."*
- *"Having case managers with nearly 100 clients does not allow them to do anything but respond to emergencies. Until my family member has an emergency, there is no case management."*
- *"In the town I live in, the population is roughly 100,000. There are very few psychiatrists, and often there is a six to eight week wait to see one as a new patient."*