



MEMORANDUM

Date: January 15, 2015

To: The Honorable Chair and Members
Pima County Board of Supervisors

From: C.H. Huckelberry
County Administrator 

Re: **Transition of the Local Regional Behavioral Health Authority**

Background

The Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) is the entity designated by law as the authority for publicly-funded behavioral health services in Arizona. To administer a comprehensive, regionalized behavioral health system, ADHS/DBHS contracts with Regional Behavioral Health Authorities (RBHAs) and Tribal Regional Behavioral Health Authorities (TRBHAs) to administer integrated managed care delivery services in six distinct geographic areas in Arizona. Pima County is Geographic Service Area (GSA) 5.

The RBHAs are mandated to maintain a network of behavioral health providers that deliver prevention, intervention, treatment and rehabilitative services to children and adolescents, adults with Serious Mental Illness (SMI), adults with General Mental Health Disorders (GMH) and adults with substance use disorders (SUD/SA).

In 2013, ADHS/DHBS developed a new model for integrated behavioral health and primary care to provide for the "intentional, ongoing, and committed coordination and collaboration between all providers treating the individual" and issued a Request for Proposals for all counties other than Maricopa in July 2014. Bids were submitted in October 2014; and in late December, the State announced it had selected new RBHAs for Greater Arizona. Cenpatco was selected as the RBHA for Pima County and will replace Community Partnership of Southern Arizona (CPSA), the RBHA since 1995.

Impact on Pima County

Pima County's Crisis Response Center (CRC) and Behavioral Health Pavilion (BHP) work together and in conjunction with the Emergency Department at the Banner University Health Center South Campus to offer an integrated approach and a continuum of care for people experiencing behavioral health crisis involving mental illness and/or substance abuse. The CRC and BHP, which were built with voter approved bonds, will continue to provide a facility for patients in crisis who previously were routinely brought to the area's

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hospital emergency rooms by law enforcement, community agencies or family members. Pima County leases the BHP and the CRC to Banner University Health Center and CPSA, respectively, and closely monitors the provision of services provided in those facilities.

Conclusion

The Pima County model, which provides innovative, collaborative efforts to bring together healthcare, physical healthcare, law enforcement, families and consumers to deliver an integrated approach to behavioral health treatment, will not change. The attached report from Pima County's Behavioral Health Administrator, Danna Whiting, explains the process and details what action will be required by Pima County over the next several months.

Pima County will work closely with representatives of Cenpatico and CPSA over the next several months to ensure a smooth transition of services and to delineate standards by which Pima County will monitor the new provider to maintain critical services, operations and financial standards.

I will continue to update the Board as additional information becomes available.

CHH/anc

Attachment

c: Jan Leshar, Deputy County Administrator for Medical and Health Services
Danna Whiting, Behavioral Health Administrator



MEMORANDUM

Date: January 9, 2015

To: C.H. Huckelberry
County Administrator

From: Danna Whiting, M.S. *Danna Whiting*
Behavioral Health Administrator

Via: Jan Leshar
Deputy County Administrator for
Medical and Health Services

Re: **Transition of the local Regional Behavioral Health Authority**

Recently the Arizona Department of Health Services, Division of Behavioral Health Services (ADHS/DBHS) announced a decision in selecting two new Regional Behavioral Health Authorities (RBHAs) for the oversight and provision of behavioral health services for greater Arizona. With this most recent decision, there will be a total of three RBHAs operating covering three geographic areas in Arizona beginning October 1, 2015.

THE RBHA SYSTEM

Arizona has historically structured the oversight and management of public behavioral health in a managed care model. Designated regions in Arizona were set up with a single RBHA to oversee the provision of publicly funded behavioral health services. The RBHA does not provide direct services, but instead subcontracts for services and then serves to oversee that the services are delivered according to state and federal rules and laws. The purpose of the RBHA is to ensure access to care, to ensure clinically appropriate services are provided, and to focus resources on recovery-based supportive treatments for those with behavioral health issues. They are also responsible for ensuring that adequate crisis services are in place to evaluate and treat those who present in urgent need.

RBHAs are funded in three ways: The bulk of the funding comes from Medicaid dollars distributed via the Arizona Health Care Cost Containment System (AHCCCS). There are funds from federal grants, and there are state tax dollars designated for health services in Arizona which includes money collected from the counties. Currently, Pima County is mandated to pay \$3,064,936 to the state every year for the provision of behavioral health services pursuant to ARS 11-297.A.2.

There used to be as many as seven RBHAs operating in the state. Over time, DBHS chose to combine geographic areas and thereby decrease the number of RBHAs necessary to manage the behavioral health dollars available for the state. At the current time there are four RBHAs operating in Arizona. Maricopa and Pima Counties each have one RBHA: Mercy Maricopa Integrated Care (MMIC) and Community Partnership of Southern Arizona (CPSA), respectively. The rest of the state is split into northern and southern regions with Northern Arizona Regional Behavioral Health Authority (NARBHA) covering the north, and Cenpatico covering the southern region outside of Pima County.

With the most current decision by ADHS/DBHS, once again geographic regions have been combined. This time, Pima County was incorporated into the Southern Arizona region and the award for the RBHA contract for the south went to Cenpatico. MMIC continues to oversee Maricopa County, and a newly formed organization, Health Choice Integrated Care (this entity has two principals: Health Choice Northern Arizona and NARBHA) will provide RBHA services for the north. These changes become effective on October 1, 2015. Until that time, CPSA will continue to serve as our local RBHA.

THE CURRENT RBHA

CPSA came into existence in 1995 and has been our RBHA since that time. CPSA has been very involved in the community and has been a great advocate for recovery and behavioral healthcare. CPSA is a local not-for-profit organization that was originally capitalized by local health and behavioral health organizations. As part of the RBHA function, CPSA has subcontracted with organizations that include: COPE Community Services, La Frontera, CODAC, Marana Health Care, and HOPE for adult services, Providence and Pantano for children's services, and Pasadera (formerly Southern Arizona Mental Health Corporation, or SAMHC), Crisis Response Network (CRN) and ConnectionsAz for crisis services. This comprehensive network of service providers also has a long history of service to Pima County residents.

During the Request for Proposal (RFP) process which began last summer, CPSA partnered with United Health Care. This new organization is United Healthcare Integrated Services.

With the RBHA award going to Cenpatico, CPSA will no longer be funded by the State. Because of this, on October 1, 2015, CPSA will no longer exist as the organization it was before. The next ten months will be a time of challenging transition as CPSA winds down and Cenpatico gears up to fundamentally change behavioral healthcare in southern Arizona.

THE FUTURE RBHA

Cenpatico is a for-profit managed behavioral health care company that is the behavioral healthcare arm of Centene, a larger managed healthcare organization. Cenpatico has over three million members in 18 states. They are headquartered in Austin, Texas and have operated since 1994. They are currently the RBHA in Southern Arizona (not including Pima County) and some of the counties they currently serve include Cochise, Santa Cruz and Yuma. Cenpatico entered into a partnership with University of Arizona Health Network (UAHN) to form Cenpatico of Arizona, LLC. in the most current bid process and for which they received the award. It is not yet clear the extent to which UAHN was to participate in RBHA activities, but the proposal suggests that UAHN would use existing clinics and medical offices as part of their model of integrated care.

Part of their proposal includes significant expansion of housing resources for those with behavioral health issues, integration of behavioral health and medical services, and a new

philosophical approach to crisis services that emphasizes early intervention and treatment. Their partnership with UAHN will allow them to immediately integrate behavioral health services at existing UAHN clinic locations and they will leverage the resources at the University of Arizona Medical Center – South Campus (UAMC-SC) to broaden the base of available resources for the community.

BANNER HEALTH

As was already in process, Banner Health bought UAHN and will assume leadership of the University of Arizona Medical Center main and south campuses. This merger means that the partnership created between Cenpatico and UAHN is really a partnership between Cenpatico and Banner as UAHN will also cease to exist as Banner takes over. It is unclear if this will change any of the prior commitments created under Cenpatico of Arizona, but at this time it does not appear that it will have any deep impact on the implementation of integrated care and may indicate the ability to expand upon previous commitments given that Banner has more financial resources.

SYSTEM CHANGES

A major change that resulted from the state's RFP process is a new focus on fully integrated care. Behavioral healthcare has always been segregated from other medical services and treated more as a "specialty" medicine instead of being integrated in a more holistic approach to care. DBHS addressed this by requiring that behavioral health be fully integrated with usual medical services. This means that psychiatrists and primary care doctors will be equally and fully involved in the care of behavioral health patients. This is a great improvement and a positive step in the treatment of those with mental illness as many of these individuals also suffer from health issues including diabetes, high blood pressure, COPD, asthma, and other disease processes.

Another change is the increased focus on consumer choice and recovery-based care. One of the reasons that the state has, over time, reduced the number of RBHAs and consolidated counties into larger geographic areas was largely due to feedback from state behavioral healthcare consumers who sought to de-emphasize the role of RBHAs and emphasize more choice in services and better access. This new philosophy includes more peer-mentoring based services, which is regarded as an evidenced-based practice or "best practice".

IMPACT TO PIMA COUNTY

Pima County, using bond dollars, built the Crisis Response Center (CRC) and Behavioral Health Pavilion (BHP). Both facilities began operations in 2011. Since that time, the local crisis system has centered on the use of the CRC as the hub of crisis services in Tucson.

Initial indications based on the proposal submitted by Cenpatico of Arizona suggest changes to the crisis system locally. Also, indications are that Pima County facilities will be used to meet the needs of other smaller counties who do not have a similar infrastructure for crisis services. This

could mean that fewer beds will become available to Pima County residents as Cenpatico of Arizona implements these changes. Currently, we do have out-of-county residents accessing care via the CRC and local inpatient facilities, but there has not been a proactive push by the local RBHA to have Pima County resources serve the smaller counties as may be the case in the near future.

Part of the CRC is the Pima County crisis call center. This state-of-the-art facility fields nearly 10,000 phone calls per month. CPSA has worked with local law enforcement to implement the real-time transfer of 9-1-1 calls to the call center when the caller needs behavioral health crisis intervention. Mobile Acute Crisis (MAC) teams are dispatched, as needed, and work with law enforcement in the field to address crisis calls and help get those in crisis to the necessary level of care. While their proposal indicates a crisis line, it is unclear if Cenpatico will utilize the existing infrastructure, or if they will continue with similar operations (i.e. 9-1-1 call transfer). If they do not, this could adversely impact law enforcement and other first responders as well as community members seeking crisis services.

Currently, the CRC lease is held by CPSA and the BHP lease is held with UAHN (formerly University Physicians). Both of these leases will need to be renegotiated with new entities. The bond language indicates that the CRC lease should be held by the RBHA. Currently, CPSA subcontracts the crisis services from the CRC to a company called ConnectionsAz. This company took over the CRC operations in April of 2014 due to failures on the part of the previous operator, Crisis Response Network (CRN). The new operator has made positive changes and has proven to be a strong partner with Pima County and has demonstrated a commitment to high quality crisis services for Pima County residents. The future is unclear for ConnectionsAz, as Cenpatico has not committed to keeping the current operator in place if Pima County enters into a lease agreement with Cenpatico for the operations of the CRC. If the operator of the CRC changes, this may lead to more impact to the behavioral health community and create more stress for local consumers.

The lease for the BHP will also need to be renegotiated with Banner. UAHN staff have continued to work with the County in a collaborative and proactive way to allow the County to understand the state of operations at the BHP. We anticipate a smooth transition with the change to Banner and it is our current understanding that no major operation changes are anticipated with regard to the Level I acute inpatient psychiatric beds.

PIMA COUNTY CONSIDERATIONS

Generally, whenever there is a major change in the behavioral health community (as we last saw in 1995), consumers of behavioral health services seek out crisis services at an increased rate, have higher hospitalization rates, as well as higher arrest rates. This increase is usually temporary, but can be both costly to taxpayers, as well as have significant consequences to the behavioral health system. This is largely due to the unstable nature of some of the illnesses from

which people suffer. Change is a difficult stressor for many people, but when added to the challenges brought by schizophrenia, bipolar disorder, major depression, or a substance abuse disorder, the fear of the unknown can become the catalyst for increased anxiety leading to crisis. Sometimes, just the perception of instability in the system is enough to cause some level of panic amongst consumers.

Usually our community has done a great job in anticipating and dealing with those who go into crisis, but the challenge is finding appropriate placements for those who present in the emergency rooms or in the field to law enforcement. Law enforcement, as well as those who work in the behavioral health crisis system will likely rely heavily on the CRC and BHP if the anticipated increase in those seeking crisis services is realized. We must be prepared to deal with a significant uptick in Level I placements.

This is why we have begun to reach out to the newly chosen RBHA to begin having discussions about the transition plan, how the process will take place and how Pima County can be actively involved to ensure that consumers have appropriate access to needed services and to ensure that any changes to the crisis system are strategically timed to minimize impact to Pima County residents, local law enforcement, and local hospitals including the CRC and BHP.

PIMA COUNTY ACTIONS

Pima County must be thoughtful about adding language to the CRC and BHP leases that will ensure communication between the operators and Pima County, that certain expectations of service delivery are defined as lease deliverables (i.e. no capping of bed capacity) and that the philosophy and guiding tenets of the CRC and BHP continue to be at the forefront of Pima County's expectations (i.e. no wrong door policy). We are currently reviewing the lease language and proposing changes to the Pima County Attorney's Office.

There has never been a time of such sweeping change in the behavioral health community in Pima County as is currently underway. Between the formation of new entities and the dissolution of organizations that have been pillars of the local healthcare community for decades, there will be impact to Pima County citizens and to the local government. We will continue to work with all stakeholders to lessen any negative impact to consumers, leverage the leases of County-owned property to ensure continued high quality treatment is accessible and available to all Pima County citizens, and provide oversight to the overall crisis system to minimize negative impacts to law enforcement and first responders.

It is also important for Pima County Behavioral Health to communicate with the Pima County Adult Detention Complex leadership, ConMed leadership, as well as with the operators of the CRC and BHP and area hospitals to both monitor and plan around any significant increases in the demand for crisis services or calls to law enforcement for behavioral health consumers. We will invite key

members of the behavioral health community to discuss potential challenges and to propose strategies for dealing with changes to the crisis system.

ADDITIONAL INFORMATION

It should be noted that a challenge to the state's RBHA award decision has been filed by United Healthcare Integrated Services. It is unclear if this will cause any disruption in the transition, and we are closely watching to see what happens. In the meantime, key Pima County and Cenpatico staff persons are making arrangements to meet and begin a dialogue. We will continue to be proactive and reach out to both the current and future RBHA to create open communication and to foster an exchange of ideas on how the transition might occur in Pima County.

Overall, while we know major changes are underway, it is unclear how deeply the community will be impacted. Our hope is that we will see many positive indications that the transition is seamless and that the impacts will be minimal, while having open discussions with the behavioral health community to plan for any anomalies in requests for crisis services.