

Special Legislative Committee for Taskforce Recommendations

The Mental Health Council of Arkansas is comprised of 12 Community Mental Health Centers, Birch Tree Communities, and the Center for Youth and Families. The member organizations of the Mental Health Council are cumulatively responsible for providing Behavioral Health Care Services to consumers and communities throughout the state of Arkansas and we also serve as the public mental health safety net for our most vulnerable and seriously mentally ill fellow Arkansans. The member organizations of the Mental Health Council served 69,951 unduplicated consumers in 2014 and contributed to the state's economy through the employment of 3,307 staff members this past year. (2014 RS figures)

The Mental Health Council of Arkansas is a mission and value driven organization which embraces its' essential role of serving as the public behavioral health system in the state of Arkansas. We are committed to providing value and unparalleled care to our consumers, stakeholders and communities through the provision of the least restrictive and community oriented system of care which is accessible, cost effective and outcome focused. The Mental Health Council embraces the principles of Recovery in the provision of Behavioral Health Care Services to consumers across the state of Arkansas and values each individual's right to be treated with dignity, respect, and empowerment. We fervently believe that all individuals and families who suffer from Mental Illness have the ability to make a full and meaningful recovery from their Behavioral Health Illness in order to restore them to a healthy, purposeful and productive life.

The Mental Health Council is deeply appreciative of the opportunity to provide the Legislative Health Care Task force and the Division of Behavioral Health Services with our recommendations for health care reform.

The Mental Health Council of Arkansas supports and asserts the follow recommendations for consideration:

I. Sequential Intercept Model

We recommend use of this model by the Criminal Justice Task Force in its planning efforts for improved access to community based behavioral health services.

II. Treatment Compliance

This an important issue when considering cost savings and accountability.

Funding for Assertive Community Treatment (ACT) teams and increased intensive case management is much less costly than inpatient hospitalization or continued incarceration of prisoners with mental health or substance use diagnoses. Individuals' compliance with treatment is also a key component in the success of specialty courts, mentoring programs and other re-entry efforts.

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- III. Support the existing public mental health system through the development and enhancement of the following priority services:
- A. Crisis Intervention services, including the establishment of crisis units.
 - B. Care Coordination is a critical and necessary element to reduce higher levels of care utilization.
 - C. Enhanced Substance Abuse Treatment – Our primary funding stream in Arkansas does not reimburse for these services. Substance abuse treatment needs to be adequately reimbursed by Medicaid.
 - D. Enhance the level of intensive community based services in order to reduce inpatient and residential admissions. This includes a new admissions process with better identified protocols for approval of inpatient and residential care.
- IV. Recommend Elimination of Specific (Now Required) Elements of Service as Opposed To An Across-the-Board Percentage Rate Cut
- A. Change the timeframe for Review of Treatment Plan from every 90 days to a 6 month interval. Arkansas has experienced a 9% growth rate in costs over 4 years for this service. This change will save the state over \$5 million per year.
 - B. Remove the requirement for recurring annual Psychiatric Diagnostic Assessments. This service does not, in itself, improve the quality of care and over-utilizes available physician/prescriber time. This will save the state approximately \$3 million per year. Increases in expenditures for this service have grown by 22% over 4 years.
- V. Certified Community Behavioral Healthcare Centers
- A. The Mental Health Council of Arkansas will collectively support and uniformly participate in achieving this status for community mental health centers in Arkansas.
 - B. This will be a driver that requires community mental health centers to consistently deliver quality care, based on standardized outcomes and service delivery models established by the federal government.

Biographical Sketch

Dan Abreu, MS CRC LMHC

Senior Project Associate II

Mr. Abreu has been employed at PRA as a Senior Project Associate since 2005. Mr. Abreu frequently represents PRA at national meetings and conferences, and coordinates several justice and behavioral health projects and trainings focusing on issues related to justice and behavioral health. As a senior technical assistance specialist for SAMHSA's GAINS Center for Behavioral Health and Justice Transformation, Mr. Abreu provides technical assistance to communities and states on behavioral health and criminal justice collaboration across the criminal justice spectrum and assists with the planning and development of expert meetings that address various issues relating to justice involved persons with behavioral health issues. In particular, Mr. Abreu's work with the GAINS Center involves provides technical assistance and support to the states that received Jail Diversion and Trauma Recovery – Priority to Veterans grants, as well as the communities that were awarded Adult Treatment Court Collaborative grants through SAMHSA. Mr. Abreu also serves as a senior technical assistance specialist for PRA's SAMHSA-funded Service Members, Veterans and their Families (SMVF) Technical Assistance Center, which is a contract that supports behavioral health systems serving service members, veterans, and their families under SAMHSA's Military Families Strategic Initiative. Through his involvement in this initiative, Mr. Abreu has served as a facilitator at the SMVF National Veterans Policy Academies and provided technical assistance, strategic planning, outreach and support to the state teams that participated.

Mr. Abreu is former Associate Director of Operations at Central New York Psychiatric Center (CNYPC) and in his capacity of Associate Director oversaw discharge planning activities for individuals with mental illness returning to the community from prison, as well as development and implementation of the Sing Sing CORP Re-entry Program. He formerly held positions with CNYPC as Regional Supervisor and as Chief of Mental Health Services at Sing Sing C.F.

Prior to employment with CNYPC, Mr. Abreu coordinated jail mental health services in Albany and Rensselaer counties in New York State.

Biographical Sketch

Henry J. Steadman, Ph.D.

Henry J. Steadman, Ph.D., has been President of Policy Research Associates, Inc. since he founded it in 1987. Previously, Dr. Steadman ran a nationally known research bureau for 17 years for the New York State Office of Mental Health. His work has resulted in eight books, over 150 journal articles in a wide range of professional journals, 20 chapters, and numerous reports.

Among Dr. Steadman's major current projects are: (1) the SAMHSA's GAINS Center for Behavioral Health and Justice Transformation; (2) the Service Members, Veterans and their Families Technical Assistance Center; (3) the Veterans Justice Programs Program Evaluation; and (4) Maximizing the Impact of the Langeloth Foundation's Behavioral Health and Justice Portfolio.

Dr. Steadman received his B.A. and M.A. in Sociology from Boston College and his Ph.D. in Sociology from the University of North Carolina at Chapel Hill.

His major awards include: Distinguished Public Service Award, School of Criminal Justice, University at Albany (2012); Distinguished Career Award for the Practice of Sociology, American Sociological Association, 2011; William Foote Whyte Distinguished Career Award, American Sociological Association Section on Sociological Practice and Public Sociology, 2010; Distinguished Service Award from the National Alliance on Mental Illness (2007); Carl A. Taube Award for Outstanding Contributions in Mental Health Services Research from the American Public Health Association (2005); the Isaac Ray Award from the American Psychiatric Association for his outstanding contributions to the psychiatric aspects of jurisprudence (1999); and the Saleem A. Shah Award from the State Mental Health Forensic Directors (1994).