

11/10/2014
Re: E-1

Mental Health Council of Arkansas

Behavioral Healthcare Recommendations

The Mental Health Council of Arkansas is comprised of 12 Community Mental Health Centers, Birch Tree Communities, and Centers 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 Governor Hutchinson and the Legislative Healthcare Reform Taskforce with our recommendations for behavioral healthcare 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 is 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 provide increased access to needed clinical care for our clients.
- 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 as a national initiative.