

Behavioral Health Treatment in Arkansas

**Division of Behavioral Health Services
Arkansas Department of Human Services**





Handout # 1
Re: E-4

Current Landscape: Behavioral Health in Medicaid

Programs:	SFY2014 Spend:	Populations:	Description:	Available Services, include:
Licensed Mental Health Practitioners (LMHP)	\$1.58 million	Children and Adolescents	The LMHP program certifies individual licensed mental health practitioners to be reimbursed by Medicaid for a limited array of outpatient mental health services.	<ul style="list-style-type: none"> • Psychological Testing • Individual Outpatient Therapy • Marital/Family Therapy • Group Outpatient Therapy
Substance Abuse Treatment Services (SATS)	\$.06 million	Adolescents and Pregnant/Post-Partum Women	The SATS program allows for a limited array of outpatient substance abuse treatment services to be reimbursed by Medicaid to a limited population.	<ul style="list-style-type: none"> • Addiction Assessment • Individual Counseling • Group Counseling • Medication Management • Treatment Planning • Care Coordination • Marital/Family Counseling
Rehabilitative Services for Persons with Mental Illness (RSPMI)	\$301.93 million	Children, Adolescents, and Adults	The RSPMI program reimburses for outpatient mental health services. There is currently a moratorium on becoming an RSPMI provider.	<ul style="list-style-type: none"> • Mental Health Evaluation/Diagnosis • Psychiatric Diagnostic Assessment • Individual Psychotherapy • Group Outpatient Psychotherapy • Marital/Family Psychotherapy • Pharmacologic Management • Interventions • Rehabilitative Day Service
Inpatient Psychiatric Services	\$152.64 million	Children, Adolescents, and Adults	In addition to outpatient services, the Inpatient Psychiatric program reimburses for residential and hospital based services.	<p>For individuals under the age of 21, inpatient psychiatric services are available in:</p> <ul style="list-style-type: none"> • inpatient psychiatric hospital, • residential treatment unit within a psychiatric hospital, • freestanding residential treatment center, and • Sexual Offender Program <p>For adults:</p> <ul style="list-style-type: none"> • Inpatient Psychiatric Hospital stay • Inpatient Detoxification

Key facts in behavioral health for the Medicaid population

Facts in Arkansas

 Total Medicaid behavioral health beneficiaries	~110,000 recipients
 "Core" behavioral health spend (38% IP, 62% OP)	~\$550 M
 "Halo" spend	~\$380 M
 Pharmacy spend of behavioral health clients (BH and halo) ²	~\$150 M

Definitions of key terms

- "Core" behavioral health spend¹:
- Includes behavioral health services delivered to the client, (e.g., services for ADHD or depression)
 - Does not include direct dementia or DD costs, but does include BH spend from these populations
- Halo:
- Includes non-behavioral health services (e.g., medical, support services) delivered to people who also use BH services

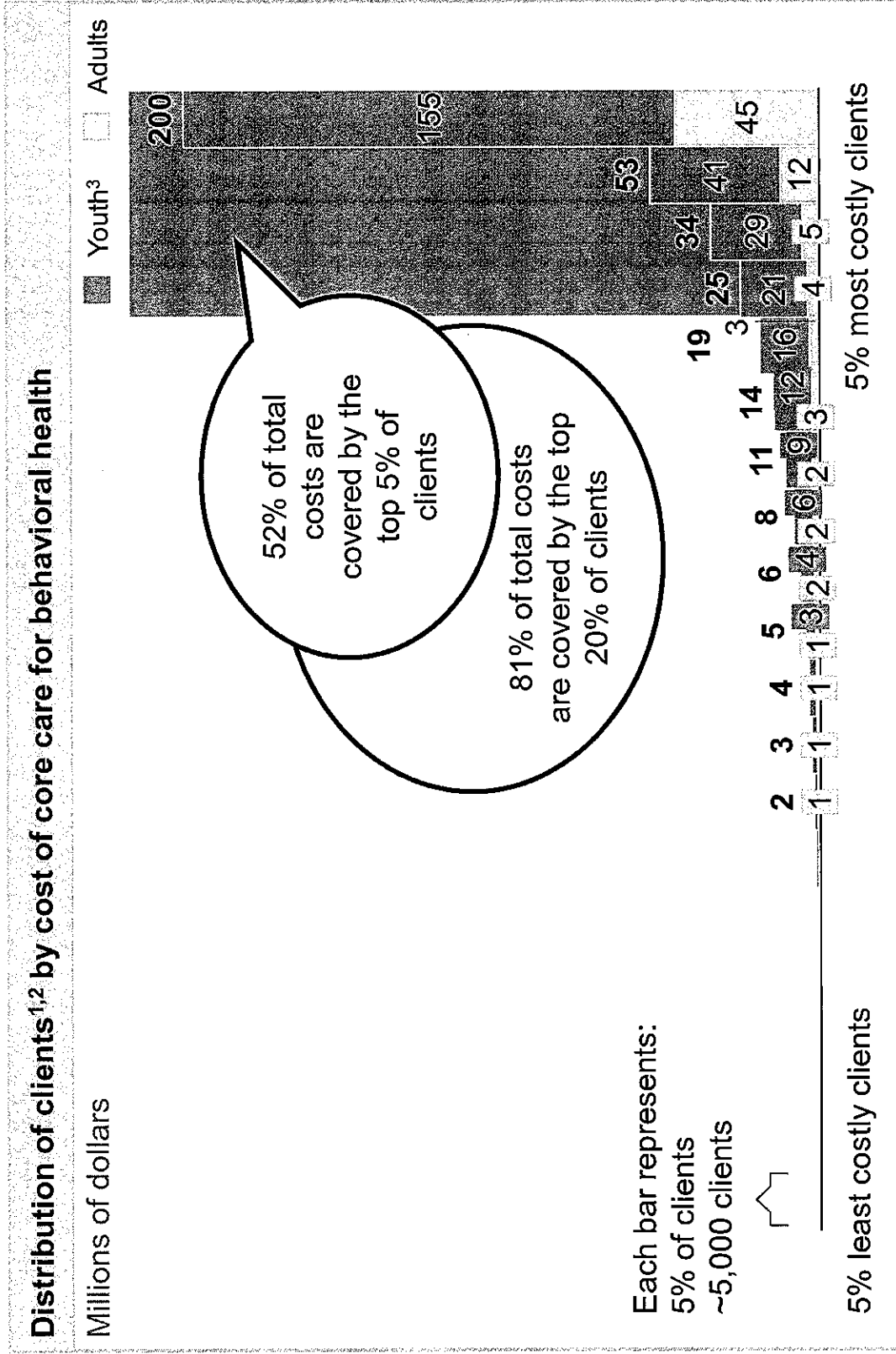
NOTE: Does not include those funded solely from state general revenue. Analysis underway to incorporate broader behavioral health programs

¹ Details of BH spend: ICD9 291 – 314 excluding autism (299) and dementia codes in 294, excludes pharmacy

² Pharmacy includes some spend from some DD and dementia clients that has not yet been excluded

SOURCE: 2011 Medical claims for behavioral health diagnosis codes. Does not include pharmacy, crossover or third party liability

Behavioral health core spend is concentrated amongst the highest need clients



1 Includes all clients with at least one core related claim

2 Excludes clients with DD and LTSS because this group is likely to have multiple health home options

3 Youths are clients < 21 years of age; Adults are clients ≥ 21 years of age

SOURCE: 2011 Medicaid BH claims (ICD-9 291 – 314 excluding 299 and dementia codes in 294), excludes pharmacy and crossover claims

There are many opportunities within the behavioral health care system to make a positive impact on other key systems

Criminal Justice

• "More than 80% of state prisoners, 72% of federal prisoners, and 82% of jail inmates meet the criteria for having either a mental health or substance use issue."¹

Juvenile Justice

• "Studies have found that for youth in the juvenile justice system, 50% to 70% met criteria for a mental disorder and 60% met criteria for a substance use disorder."¹

Child Welfare

• "Up to 80% of children who enter foster care have serious mental health challenges, including developmental, emotional and behavioral problems."²

• In the third quarter of SFY2015, substance abuse was the most prevalent reason for children entering foster care in the state of Arkansas.³

1 Substance Abuse and Mental Health Services Administration

2 Simms, M.D. Dubowitz, H., & Szilagyi, MA (2000) Health care needs of children in foster care system. Pediatrics, 106 (4): 909-918.

3 Quarterly Performance Report 3rd Quarter SFY 2015 January 1, 2015 – March 31, 2015. Arkansas Department of Human Services Division of Children and Family Services. Hornby Zeller Associates, Inc.

To make a more meaningful impact on these systems it is essential to address the following

- **Substance abuse treatment services** are not adequately accessible
- **Lack of access to a continuum of crisis services**
- **Care coordination** is not a reimbursable service
- **Overutilization of residential treatment** for children
- **There is not an emphasis on Family Support Services** and other evidence based practices

Enhance the Accessibility of Substance Abuse Services

- **Expand the populations eligible for substance abuse services within traditional Medicaid**
- **Enhance the available service array**

Implement a Continuum of Crisis Services

While there are pockets of crisis services in the behavioral health system, the state lacks a coordinated crisis system. Crisis services for behavioral health emergencies have the potential for significant cost savings by reducing:

- Inpatient Hospitalization
- Emergency Department Utilization
- Jail Overcrowding

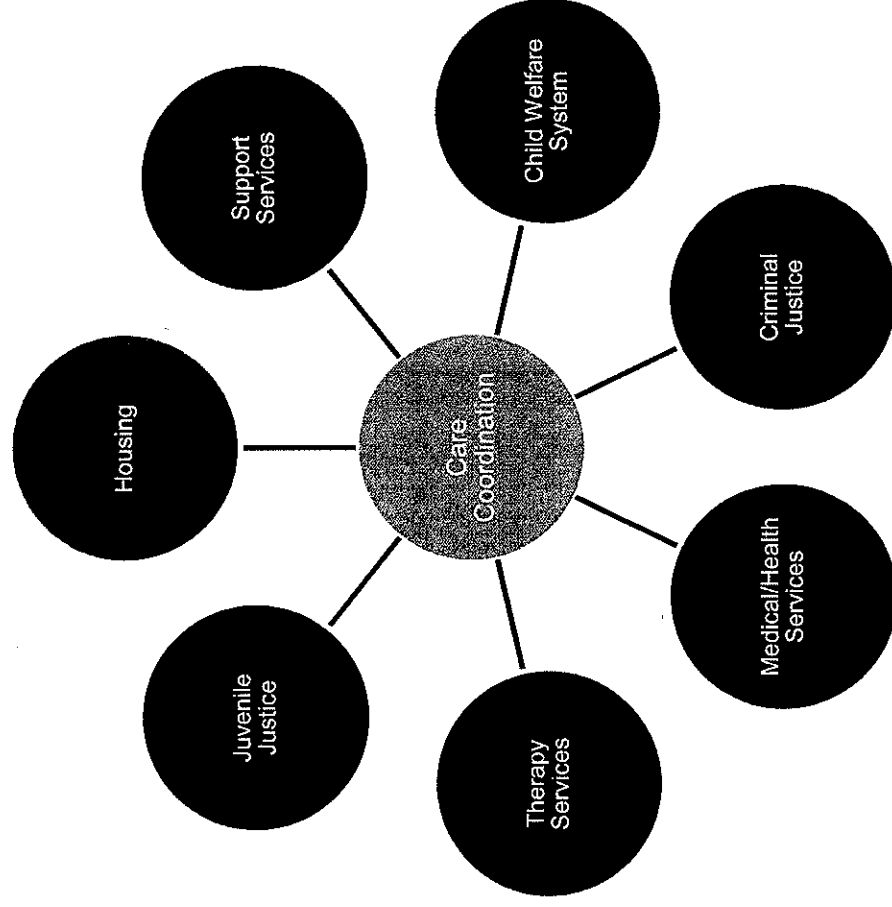
Cost savings and public safety can be dramatically increased by providing access to a handful of crisis services:

- Crisis Units
- Crisis Response and Intervention
- Substance Abuse Detoxification

“...research found that one year’s worth of trial and jail time for each mentally ill person costs the state about 20 times as much as crisis treatment and counseling for the same person with mental illness.”

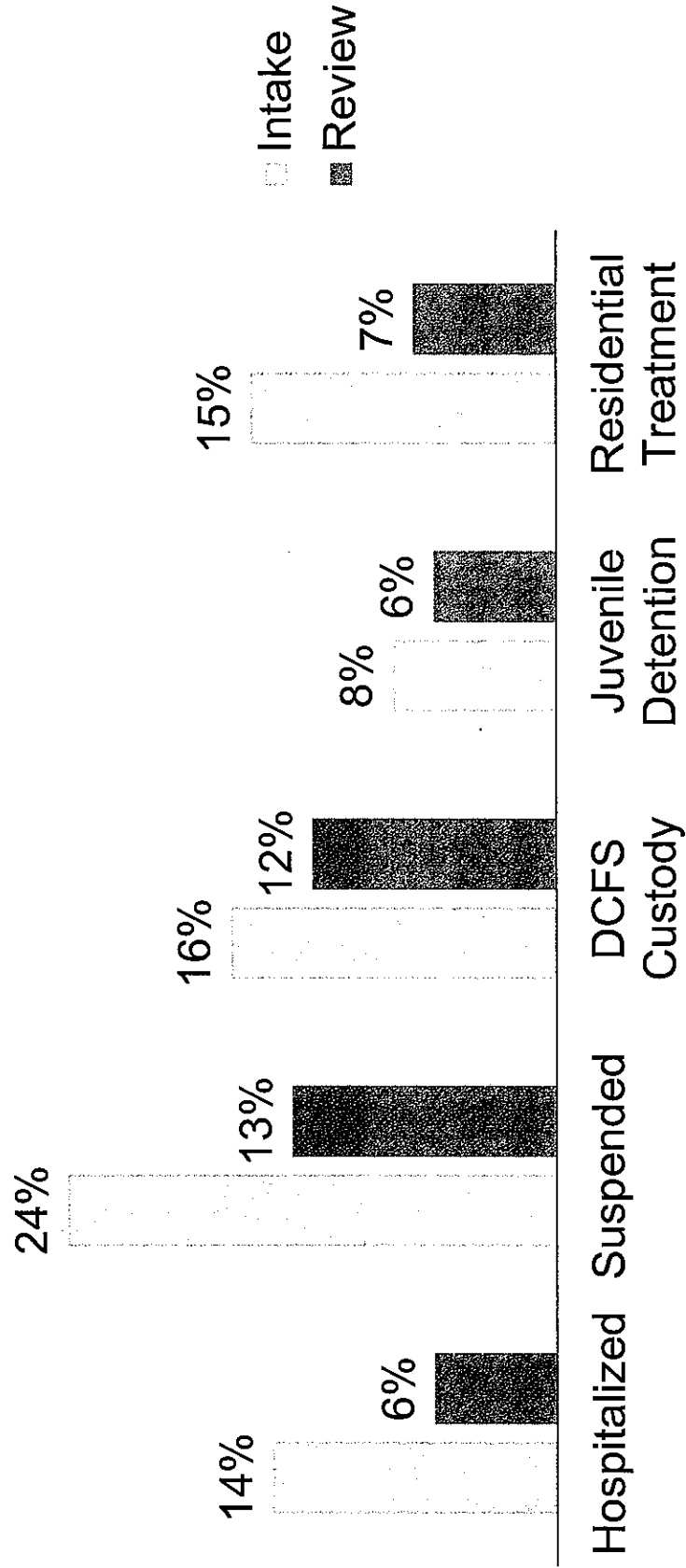
Introduce Care Coordination as a Medicaid Reimbursable Service

Care Coordination assists adults and children with behavioral health needs develop person centered plans and access to needed services across multiple systems. Medicaid does not currently reimburse for care coordination for individuals with behavioral health challenges.



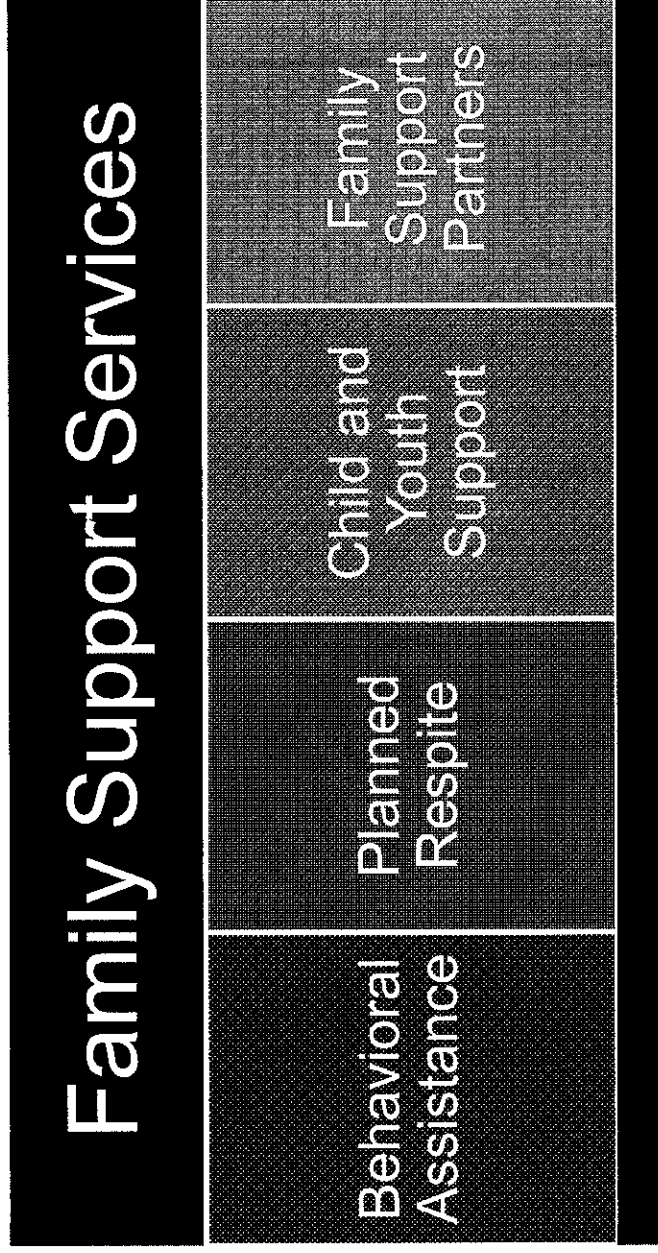
Care Coordination Outcomes for Children in Arkansas

The Division of Behavioral Health Services has funded a model of Care Coordination, Wraparound Facilitation, at a small scale in communities across the state. The Arkansas Youth Information Form was developed to track outcomes from the beginning of Care Coordination and at 90 day reviews.



An Alternative to Residential Care

To divert children from residential services, keep families out of the child welfare system, and assist in community integration, it is essential to provide access to a continuum of family support services in their homes and communities.....

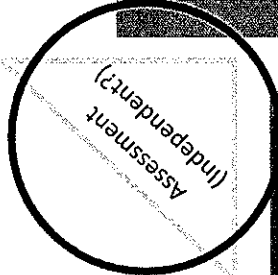
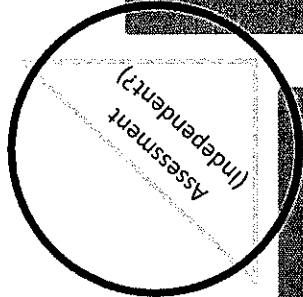


These services are not only effective with proven outcomes, but cost efficient.

Cost of Residential vs. Outpatient Services for Children

	Residential	Outpatient
Total Spend	\$148,330,000	\$205,940,000
Unique Beneficiaries	5,923	55,443
Average Spend per Beneficiary	\$25,043	\$3,714

Behavioral Health Payment Improvement Initiative: Service Availability and Thresholds



Residential

- **Goal:** Stabilize and prepare for integration in to community
- **Population Served:** Children with Serious Emotional Disturbance and Adults with Serious Mental Illness
- **Available Services :**
 - Inpatient Psychiatric Services
 - Therapeutic Communities

Rehabilitation

- **Goal:** Promote recovery and maintain integration in community
- **Population Served:** Children with Serious Emotional Disturbance and Adults with Serious Mental Illness
- **Available Services (Not Inclusive):**
 - Care Coordination
 - Peer support
 - Family support partners
 - Behavioral assistance
 - Pharmacologic Counseling
 - Individual/Group life skills development
 - Child and youth support services
 - Individual/Group Recovery support

Counseling

- **Goal:** Improve access to needed services
- **Population Served:** Medicaid beneficiaries in need of mental health and/or substance abuse treatment
- **Available Services (Not Inclusive):**
 - Mental health counseling
 - Substance abuse counseling
 - Psychoeducation
 - Pharmacologic management

In Crisis?

- Mobile response and crisis stabilization
- Acute crisis units
- Substance abuse detoxification
- Acute hospitalization