Children's Substance Use and Mental Health System Overview

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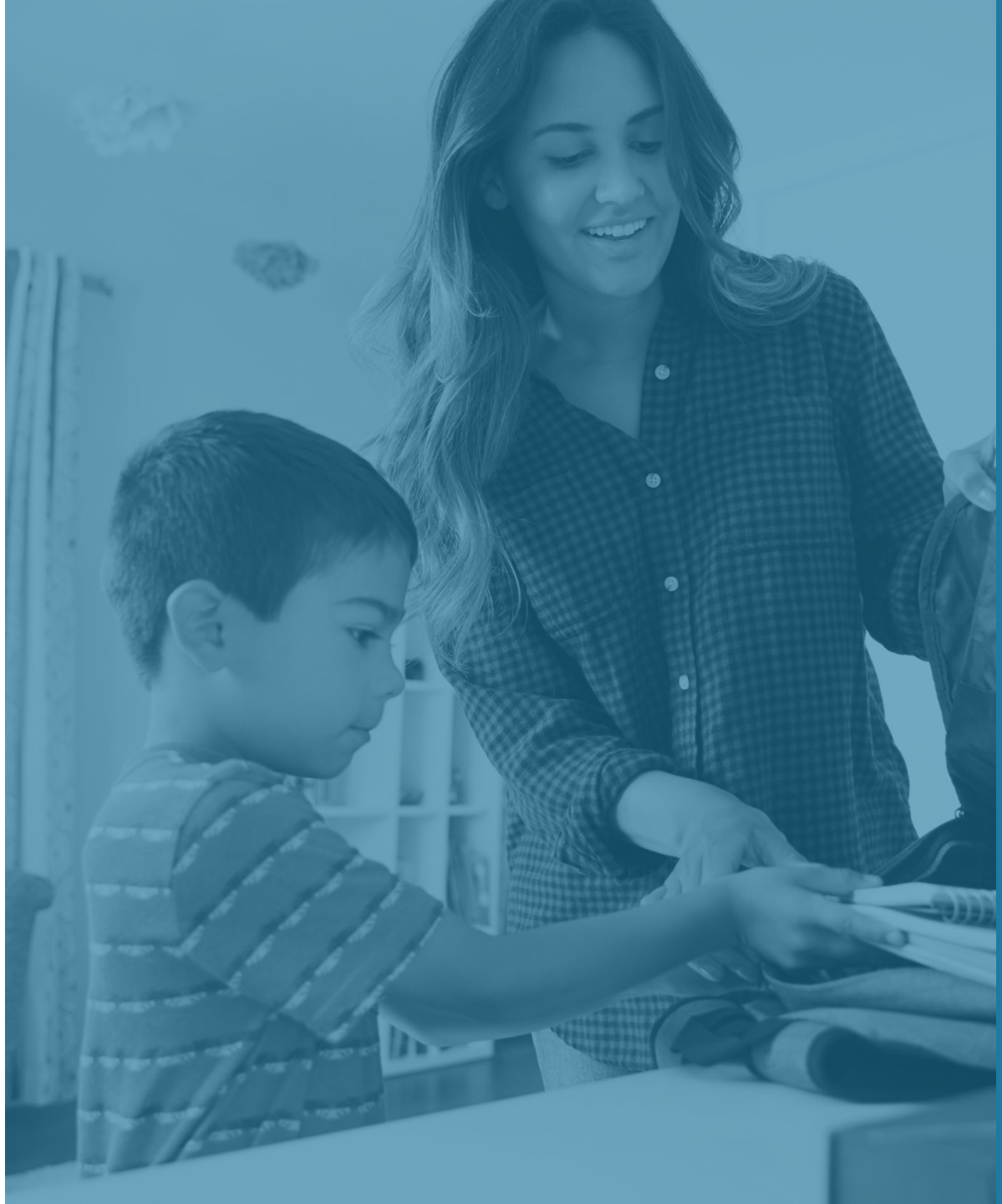
ARKANSAS DEPARTMENT OF HUMAN SERVICES

Arkansas DHS:
The Role of Arkansas Medicaid

- **Arkansas (AR) Department of Human Services (DHS) ensures that every child, regardless of income, geography, or complexity of need, has access to essential supports that promote healthy development and lifelong well-being.**
- **Arkansas Medicaid (AR Medicaid) is the policy and fiscal management arm for healthcare programs for child and family health in AR.**
    - From prenatal care to school-based supports, AR Medicaid aims to meet children where they are, at the right time, in the right setting.
    - AR Medicaid is especially critical for children with complex needs, including those with substance use disorders and mental health diagnoses (SUD/MHD) , intellectual and developmental disabilities (IDD), and co-occurring diagnoses, offering tailored services that strengthen natural supports, child growth and development, and reduce reliance on institutional care.



Arkansas DHS:
Lessons Learned

In March of 2023, AR DHS released a Behavioral Health Recommendations Report to address nine (9) key challenges identified during a comprehensive review that children and families faced at that time.

Since the Report's release, AR Medicaid has developed and implemented solutions using a ***Right Time Intervention*** approach.

Implementing ***Right Time Interventions*** focuses on three key areas to ensure timely and effective services for children and families in AR:

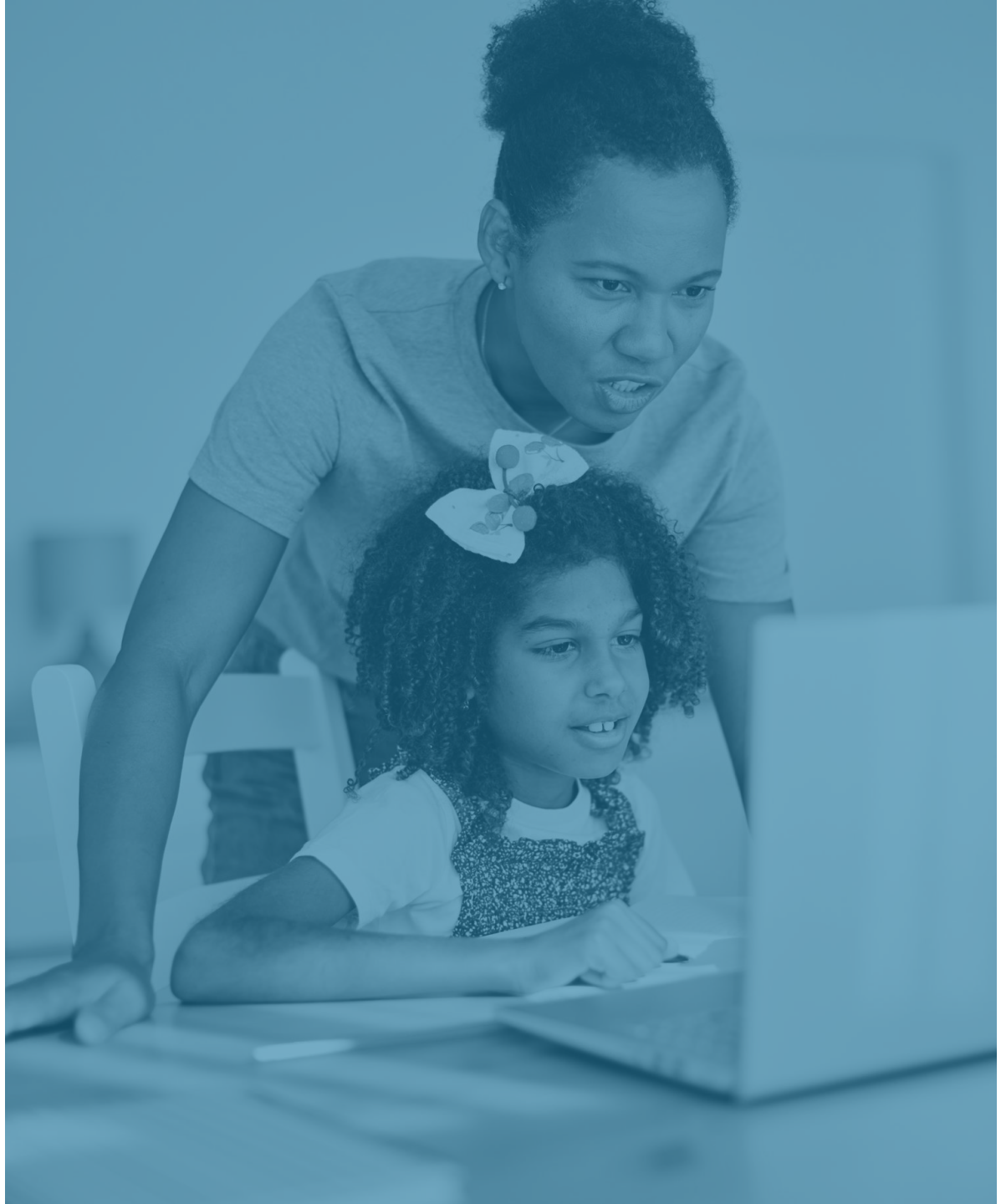
Entry Points: Key developmental milestones to support periodic screenings and increase the number of access points for families to connect to AR Medicaid-funded services.

Partnerships: Partner with other state agencies to reduce duplication, improve efficiency, and stretch limited resources to reach more families in need.

Programs: Direct medical services and community supports for AR children and families to promote natural support systems, keep families together, and reduce the need for institutional care.

Partnerships: Guiding Children and Families to the Right Touchpoints

- AR Medicaid partners with other state agencies to provide AR children and families with the broadest array of medical services and community supports through the most efficient use of resources, including:
    - Health
    - Education
    - Child Welfare
    - Juvenile justice
- Effective partnerships maximize resources by minimizing duplication of services.
- Partnerships expand the range of subject matter experts available to provide right-timed services.
- **AR Medicaid is able to increase the number of entry points without additional costs through referrals built on a foundation of strong partnerships.**



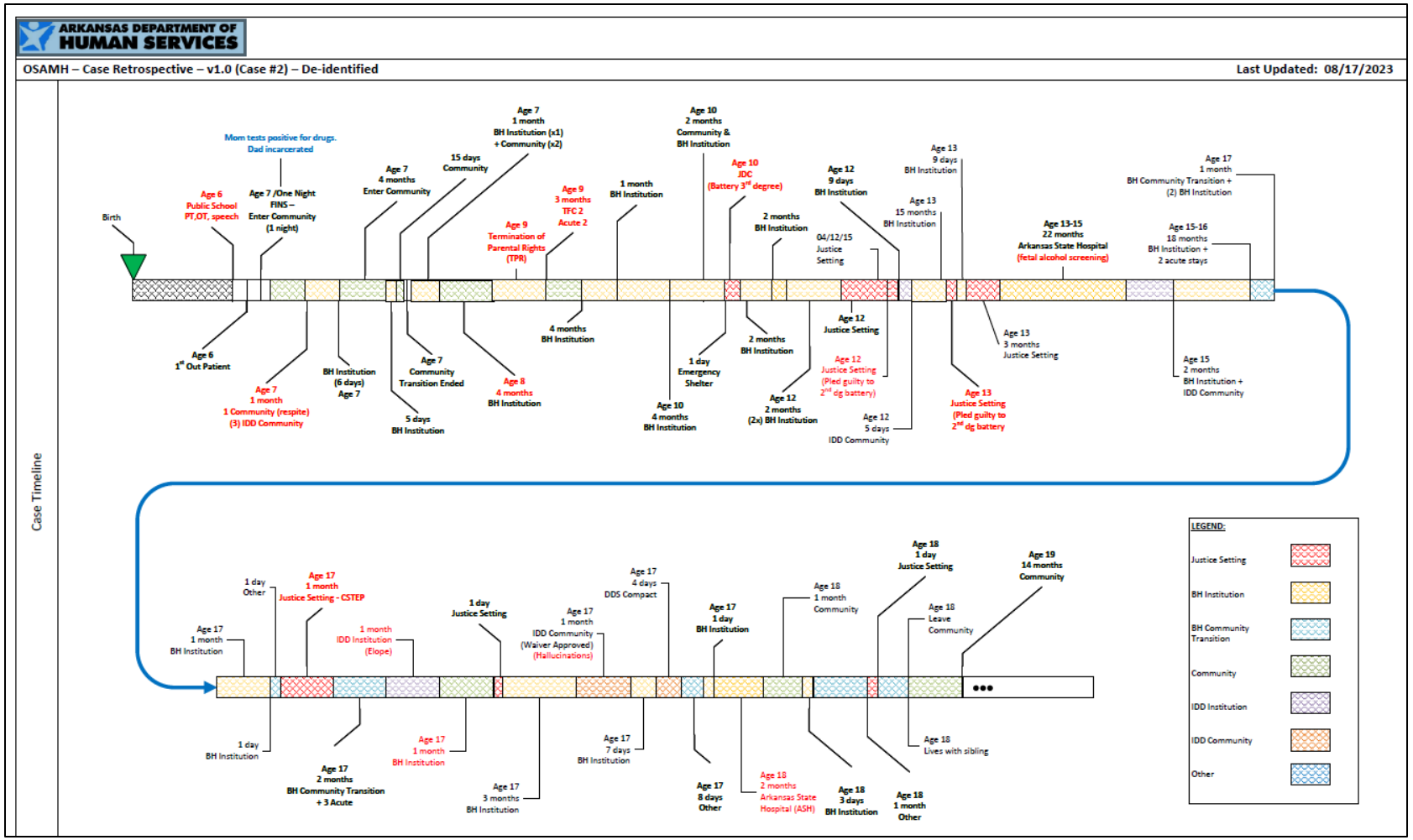
2023 Report:
Needs and Recommendations

Guidehouse met with Division of Medical Services (DMS) and Division of Children and Family Services (DCFS) to understand the needs and challenges in serving children and youth with behavioral health issues, as outlined in the AR Medicaid and DCFS Behavioral Health Recommendations Report. The identified needs are listed below.

Key Challenges

1. Expand Community-Based Services to Prevent Institutionalization and Establish Step-Down Options for Children Exiting Acute Care
2. Create a Responsive Crisis System with Mobile and In-Home Support
3. Improve Care Coordination and Discharge Planning and Strengthen Coordination Between DMS, DCFS, and PASSEs
4. Enhance Screening and Placement to Reduce Disruptive Transitions
5. Maximize Medicaid and Title IV-E Funding for Behavioral Health Services and Ensure Service Continuity Across Divisions to Prevent Gaps
6. Support Seamless Transitions into Adulthood for Youth and Complex Needs

Behavioral Health Journey: 2023



Right-Time Interventions:
Supporting Standard Development

The journey map revealed missed opportunities for children, prompting us to examine the full continuum of care across age groups and adopt a more preventative approach.

We address the spectrum of a child's life [ages 0-18] and focus on the "***Right Time Interventions.***"

Right Time Interventions means engaging children and families at critical moments in their lives, called "entry points".

By leveraging ***Right Time Interventions***, AR Medicaid strives to ensure all children and families receive the medical services and community supports they need, without over reliance on medication and treatment for normal, healthy development.

Behavioral Health
Journey Summary

- The journey map shows how the system responded in a fragmented and crisis-driven way, missing key opportunities to intervene early, thus leading to long periods of institutional care.
- The first real support - OT/PT services - didn't happen until age 6, while early screening would have served to identify necessary supports and services.
- A comprehensive diagnosis didn't come until age 13, following years of involvement in the justice system. By this point, the child moved through many behavioral health institutions, justice settings, and community placements.
- This story reflects the "fragmented past" of 2023 - reactive, disconnected, and too late. In contrast, 2025 represents a "collaborative and connected present," where early screening and diagnosis occur, and strong partnerships with community supports are changing outcomes.
- This case demonstrates two main points:
    - It is important to intervene earlier, work together across systems, and focus on prevention along with appropriate supports.
    - This case highlights the need for ***Right Time Interventions***, to prevent long-term institutionalization and improve their life trajectories.

AR Medicaid Community Based Services
by Age Group

AR Medicaid's policies and programs strategically support the continuum of care from prenatal stages through adolescence

Age	Programs
0-4	• Infant Mental Health • Healthy Steps • Maternal Health & Depression Screenings • Maternal Life 360
5-12	• Adolescent Substance Abuse Residential • Community Reintegration for Children • Comprehensive Screening and Assessment for Children (CSAC) • Family Centered Treatment (FCT) • Family Intervention Treatment Team (FiTT) • FCT Recovery • Prevention, Stabilization, and Support Project for Young Children (PSSP-YC) • Psychiatric Hospital diagnostic service • Psychotropic Monitoring • Therapeutic Communities Level 3
All Ages	• PCMH (Primary Care Medical Home) • Statewide Crisis System • Well-Child Visits

FACT

AR Medicaid's healthcare policies and programs strategically support the continuum of care from prenatal stages through adolescence.

Start Strong: Maternal Health and Early Childhood Programs (0-4)

Ongoing

Healthy Steps: Integrates behavioral health and developmental screenings into routine as part of a pediatric primary care initiative that supports infants and toddlers

Ongoing

Infant Mental Health: Allows AR Medicaid mental health treatment services providers to use a diagnostic crosswalk manual for diagnosing issues that are impacting the child's health based on the family dynamic. The child and parents can receive specialized services aimed at supporting the parent in their relationship with the young child. The treatment services are provided primarily with the child and parent together, but can also be used to address issues with the parent and to multi-family groups.

Ongoing

Maternal Life 360 HOMES: Supports women with high-risk pregnancies with home visiting services during pregnancy and for up to two years after birth.

Ongoing

Maternal Health & Depression Screenings: Requires healthcare providers to ask mothers if they want to be screened for mental health illness for up to 6 weeks after giving birth at a well-child visit.

FACT

Healthy Steps was evaluated nationally across 15 sites, with findings showing significant benefits for children, families, and pediatric care in the U.S.

Pathways to Potential: Empowering Young Learners (ages 5-18) part 1

Pilot

Adolescent Substance Abuse Residential: Provides intensive treatment services in a locked facility that is 24/7. This is a short-term residential treatment service for youth who have been diagnosed with a substance abuse disorder and cannot be successfully treated in an outpatient setting.

Ongoing

Community Reintegration for Children: Provides twenty-four-hour intensive therapeutic care in a small group home setting for children with emotional and/or behavior problems. The program is intended to both prevent hospitalization and/or incarceration and serve as a step-down or transitional care program for youth re-entering the community.

Pilot

CSAC: Targets children in AR who need assessments. The goal is to develop and administer comprehensive screenings and assessments that identify the appropriate support for children and their families.

Pilot

FiTT: Supports families who are going through transitions, such as moving to a new home or experiencing significant life changes. The initiative provides services, guidance, support, and access to community resources to help families stabilize and thrive in their new environments.

FACT

Children entering the Pilot Prevention Program (FITT and PSSP-YC) often have complex histories and multiple diagnoses, up to seven different diagnoses, by the age of 9.58 years. Early identification is challenging—developmental delays and language disorders are typically recognized around age 6, indicating that early intervention may miss underlying behavioral health issues.

Pathways to Potential: Empowering Young Learners (ages 5-18) part 2

Pilot

FCT: Helps families facing disruption by building on their strengths and creating personalized goals. It is a 5-year pilot that aims to serve 600–1,200 youth with intensive in-home services to stabilize families, prevent institutionalization, and support reintegration when needed.

Pilot

FCT Recovery: Addresses substance misuse and the underlying family systems and trauma histories that contribute to and maintain the cycle of addiction. AR is using the program to assist women who are leaving residential Substance Use Disorder (SUD) treatment in Specialized Women's Services (SWS) programs. FCT-R will begin prior to discharge and follow women and their children back into the community providing intensive treatment and recovery supports.

Developing

Psychiatric Hospital Diagnostic Service: Allows a longer term stay in a psychiatric hospital to obtain more extensive evaluation, observation, and testing. This service allows the hospital setting to remove medications in a safe environment allowing testing and assessment to occur.

FACT

$128.8M	**National FCT-** FCT 5-Year Study Cost Benefit Analysis Savings to State/Taxpayers in Maryland 2008-2013
92%	**AR FCT-** Of FCT referrals were successfully engaged into services
83%	**AR FCT-** Of FCT families successfully achieved stabilization/permanency and/or reunification

Pathways to Potential: Empowering Young Learners (ages 5-18) part 3

Pilot

PSSP-YC: Targets children from birth through 6th grade who are at risk of home or educational setting disruptions due to behavioral challenges and is designed to support them and their families with staff who provide real-time stabilization in homes, daycares, and schools.

FACT

The Pilot Prevention Project (FITT and PSSP-YC) focuses on preserving the family unit by providing intensive services to maintain children in their homes, schools, and community settings. The program has allowed at least 203 children to avoid some degree of institutionalization by:

- Preventing admittance of children to acute care
- Preventing the removal of a child from their home
- Diverting school placement changes
- Diverting foster care/adoption disruption
- Preventing or minimizing justice system removal
- Preventing a family from losing their home
- Preventing calls to ER/police department

FACT

The evaluations conducted through the Pilot Prevention Program Project (FITT and PSSP-YC) provided more accurate diagnoses: 14.8% of screened youth identified misdiagnoses of 1 or more conditions.

Pathways to Potential: Empowering Young Learners (ages 5-18) part 4

Ongoing

Psychotropic Monitoring: Requires Psychiatric Residential Treatment Facilities (PRTFs) to report monthly specific combinations of psychotropic medications and justify the therapeutic benefit and describe additional oversight measures for cases involving four or more psychotropic medications, multiple stimulants, antidepressants, antipsychotics, or mood stabilizers, or doses exceeding recommended levels. This initiative aims to centralize data collection for children on Medicaid, enabling trend analysis and informing prescriber education and oversight.

Developing

Therapeutic Communities Level 3 (18+): Supports youth transitioning to adulthood who have a mental health diagnosis in a facility-based setting with intensive treatment services or stepped down to a provider owned house or apartment. The step-down service is focused on supporting the young adult in obtaining needed skills to manage their condition and learn to live successfully and independently in a community setting. Skills include supporting the individual in obtaining housing and employment.

FACT

In addition to the attached Framework for psychotropic medications, AR Medicaid pharmacy departments further restrict antipsychotics by manually reviewing all antipsychotics for anyone under 18, for each new entity request. They look for legitimate diagnoses, ask for any missing information, ask for follow-up care, etc. They require the informed consent for each drug and require the baseline and maintenance labs to ensure blood sugar and cholesterol is reviewed and monitored.

Whole Health: Programs for all Ages (0-18)

Ongoing

Patient-Centered Medical Home (PCMH): Enhances the child and family experience and controls growth of healthcare costs. The PCMH program includes practice support and incentives to provide care coordination; promote practice transformation; increase performance transparency; and reward providers for delivery of economic, efficient, and quality care.

Pilot

Statewide Crisis System: Tailors to the unique needs and resources of each of the seven pilot regions. During the pilot, crisis services, including a centralized crisis line, mobile response teams, and sustainable crisis receiving entities, will be available 24/7/365 to anyone in those areas. These services will include a centralized access point for support, mobile crisis teams that respond directly in the community, and crisis receiving and stabilization facilities that serve all individuals regardless of referral source or payor. The shared goal is to reduce the intensity, severity, and duration of behavioral health crises through a responsive, community-based continuum of care.

Ongoing

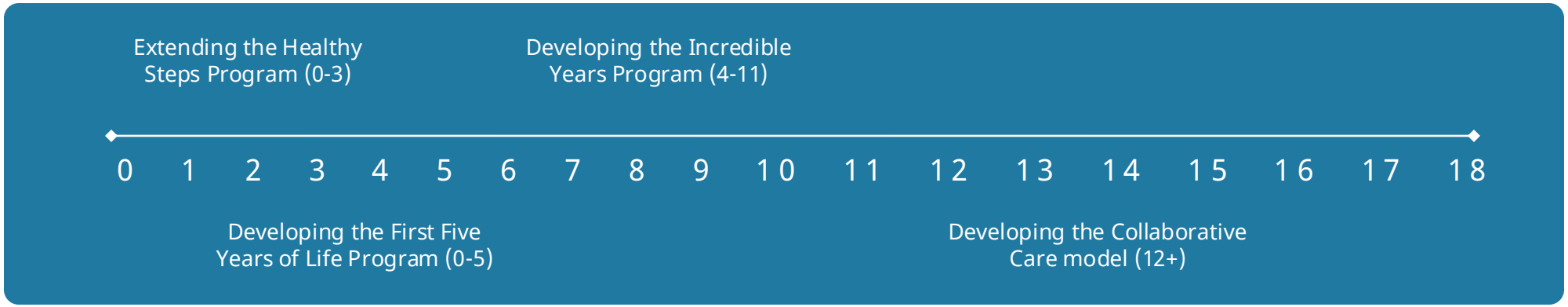
Well-Child Visits: Helps families monitor their child's health, growth, and development after birth. During pediatric visits, doctors perform physical exams, tracks development, SUD/MHD screenings (including parents), and offer guidance on nutrition, safety, and handling illness.

FACT

When children receive recommended well-child visits and preventive care, they are more likely to have developmental concerns recognized and addressed and are less likely to visit the emergency department.

In Progress:
Integrated Behavioral Health Across Ages

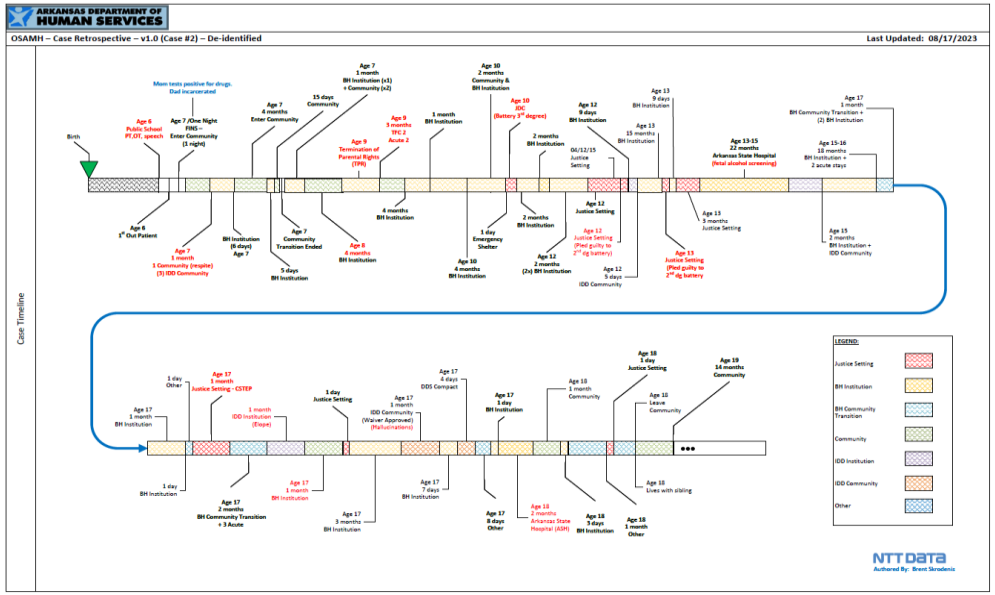
The programs reviewed across different parts of the continuum are just the beginning; AR Medicaid is continuing to build and expand as we move forward. AR is committed to a continuous process of piloting and expanding initiatives that support a child's journey from birth through adolescence.



FACT

The First Five Years of Life - Expansion of Healthy Moms, Healthy Babies will serve children and families from pregnancy through kindergarten, focusing on prevention, early intervention, and coordinated care. The pilot will be implemented in select counties with high rates of child welfare involvement, behavioral health needs, and Medicaid enrollment. This initiative aligns with Governor Sarah Huckabee Sanders' broader commitment to maternal health and offers a bold, data-driven approach to improving outcomes for Arkansas's youngest children. By addressing behavioral health needs from pregnancy through kindergarten entry, this initiative lays the foundation for stronger families, healthier children, and improved school readiness. Through the strategic alignment of existing programs, targeted use of resources, and removal of systemic barriers, DHS is positioned to lead a transformative effort that not only supports children and families but also delivers measurable, long-term value to the state.

In Progress:
Behavioral Health Journey



Programs for Ages (0-4)

- Maternal Life 360 HOMES
- Infant Mental Health
- Healthy Steps
- Maternal Health & Depression Screenings

As illustrated in the journey map, the child's first behavioral health intervention didn't occur until age 6. The goal of AR Medicaid's continuum of care approach is to support children from birth onward. We are building a system where ***Right Time Interventions*** are available at every stage of a child's development.

Entry points are embedded throughout a child's journey to foster healthy growth. A clear example of this continuum is the suite of programs available for children ages 0–4. These initiatives fill the gap identified in the old journey map, where the first point of contact wasn't until age 6. AR Medicaid ensures timely support and builds a foundation for healthier outcomes by engaging children and families earlier through ***Right Time Interventions.***

A Re-envisioned Child's
Right Timed Journey

- With the ***Right Time Interventions*** framework, AR children and families receive periodic, age-appropriate assessments to identify evidenced-based medical services and community supports children need to stay in their homes and schools.
- ***Right Time Interventions*** give children and families the right medical services and community supports at the right time, and allow them to work with providers to support the needs of the whole child and family.
- ***Right Time Interventions*** also encourage providers, partners, and parents to access the appropriate supports and services for their family while not over-diagnosing normal developmental behaviors.
- ***Right Time Interventions*** uphold the following principles to drive meaningful change for children and families:
    - Emphasizing family preservation
    - Putting children and families, not just symptoms, at the heart of treatment
    - Prioritizing community-based services and supports
    - Redefining health by emphasizing social and emotional development