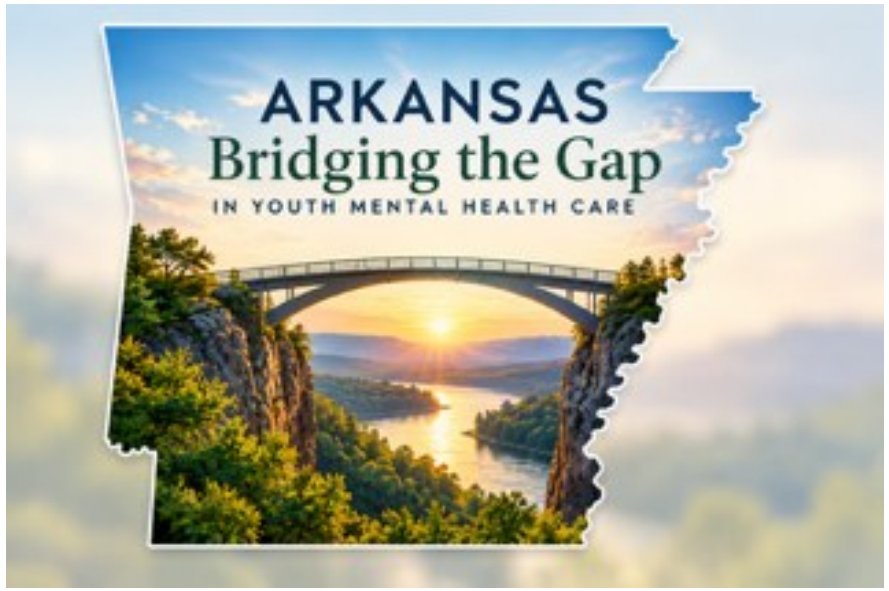
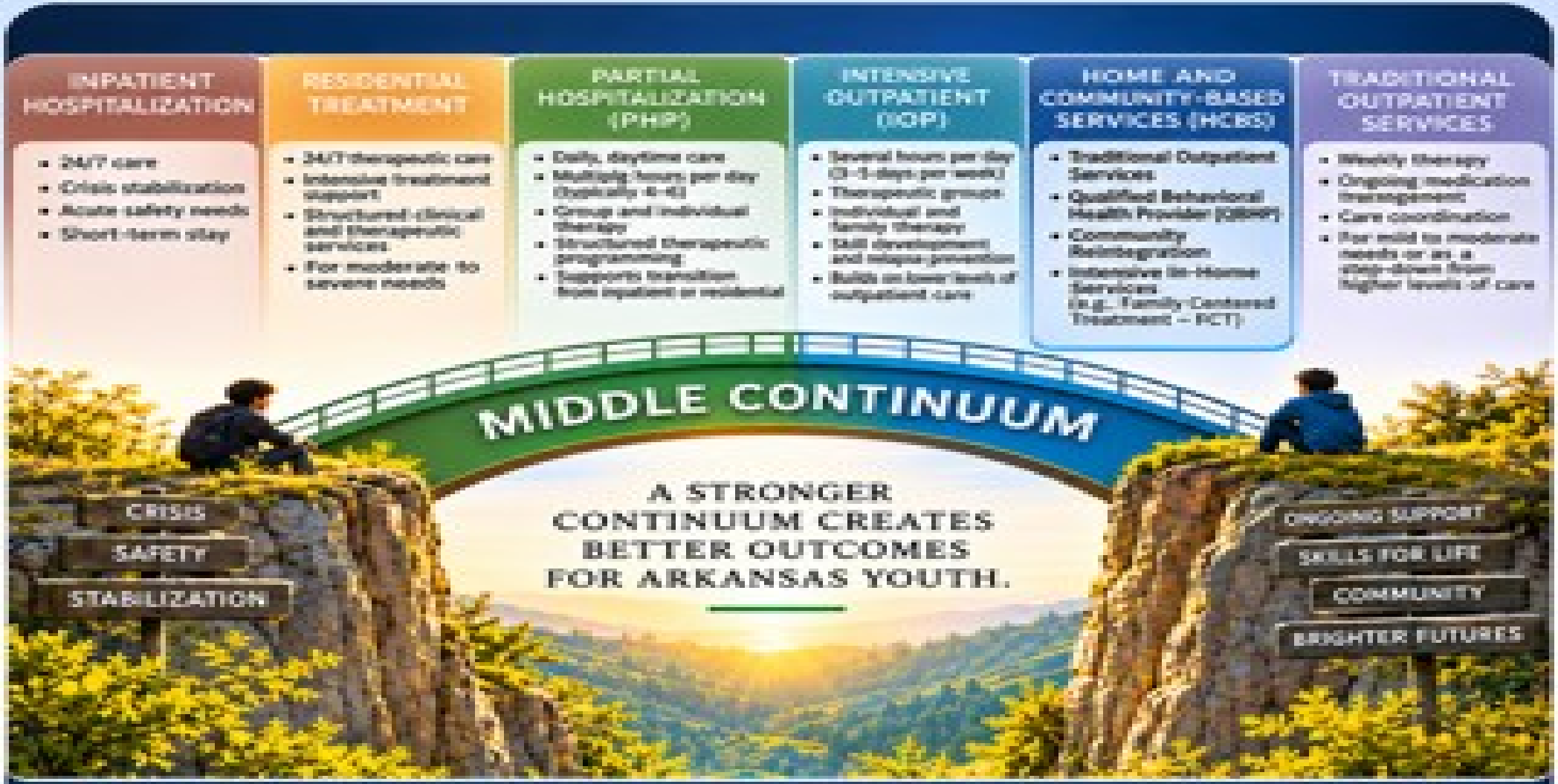
EXHIBIT C



Strengthening the Continuum Gaps in AR Youth Mental Health

Solutions to accessing the right level of care, at the right time, and in the right setting.



- One of the greatest opportunities we have in Arkansas is to strengthen this middle continuum. We should not have to wait until a child requires hospitalization or residential treatment to provide more intensive treatment in this middle continuum.

Top 3 Continuum Gaps

Strengthening the Middle Continuum

- Children who don't require inpatient hospitalization but need more than weekly therapy may struggle to access the intermediate levels of care because of geography, availability, reimbursement or lack of support to access a Passe or access to intensive in-home options without entering the court system or having DHS involvement.
- It can sometimes feel like our youth have to enter the system before they get the intensive services needed rather than having more support available on the front end.
- Families may have to travel considerable distances for intensive treatment, making participation difficult even when services are technically available. While telehealth has improved availability to some populations, AR youth have no availability to telehealth group therapy or virtual intensive outpatient programs that have shown to be beneficial in others states for adolescents.

Coverage Doesn't Always Translate into Access

- A service may be covered under Medicaid/Passe but provider eligibility, authorization requirements and reimbursement rates can all limit actual access. Many providers also face workforce issues where having enough licensed therapists in a particular area can also impact access. These workforce issues particularly impact behavioral health agencies and homes and community-based service providers who are the main provider for the higher needs youth population in these gaps.
- Also as I mentioned a few minutes ago, we have less Qualified Behavioral Health Providers or mental health paraprofessionals that serve to help carry out the treatments created by the therapist. In our Pinnacle Pointe Outpatient clinics, this paraprofessional role has dwindled over the past few years translating to less and less support for the this middle continuum which means that when these youth have situations that escalate, they end up skipping some of these services they should access to and go straight to inpatient. We have to be able to have more authorized support on the front end of the continuum.

Transitions Between Levels of Care

- When a youth is discharged from inpatient or residential treatment, they may face delays accessing follow-up services, which can increase the risk of rehospitalization. So, we have many youth leaving structured 24/7 treatment facilities and returning to their home with little structure. While we do have made some great services in AR, with intensive in home and community reintegration, these services aren't always readily available and the transitions between the services can create their own gaps.

Actionable Solutions for Continuum Gaps

Strengthening the Middle Continuum

- Expand Passe coverage to intensive outpatient programs or IOP which is a step up from weekly therapy but not as intensive as partial hospitalization. Other states have options for virtual intensive outpatient programs for adolescents and this could improve access and strengthen this middle continuum as well .
- Add Telehealth as an option for Group Therapy for adolescents
- Expanding QBHP services or mental health paraprofessional services could strengthen this middle continuum as well. Not only do we have fewer mental health paraprofessionals than we did a few years ago but they have limited services to pull from to serve our youth. One of the 2 main services available for our paraprofessionals has to be at least 50 minutes in order to bill, so changes around the time requirement of the child and youth support services would allow for more support. Also, this paraprofessional staff could provide age-appropriate skills groups for children under 16, but right now they can only provide life skills for those over 16. Also adding Supportive Collateral services to allow providers to be able to bill for work such as coordinating with juvenile court probation officers, DHS, and other supportive professionals could strengthen this middle continuum as well.

Coverage Doesn't Always Translate into Access

- Review reimbursement rates for higher acuity youth and incentives for providers serving this population
- Bill proposal for student loan forgiveness and

Transitions Between Levels of Care

- Establish and allow reimbursement for coordinated discharge planning to ensure rapid post-discharge appointments and direct referral pathways between hospitals, residential facilities, intensive outpatient programming and community reintegration.
- Establish a Care Coordination service that would support step down transitions between hospital and residential levels as youth discharge from these higher levels of care. Many discharge appointments are within the 1st week of discharge but this still means several days that a young person will go from 24/7 structure to being in the same environment that they were in before hospitalization or long-term treatment.

Closing

The challenge facing AR is not simply identifying youth who need mental health treatment. It is ensuring that once we identify those children, we have an accessible, coordinated continuum of services capable of meeting their needs.

A child should not have to be hospitalized to receive meaningful intervention and a child leaving the hospital should not have to choose between returning home with insufficient support or remaining in a more restrictive setting than clinically necessary.

Closing these gaps in the middle continuum is about delivering the right care at the right time, in the least restrictive appropriate setting.

I also want add that while I am pointing out gaps in our system, I'm not pointing fingers or blaming anyone either. I believe we as providers share as much responsibility in strengthening this middle continuum as the decision makers in this room.