



In 2006, Arkansas received a D and now drops to an F. To some degree, the drop reflects the state's greater focus on children's services rather than the adult system of care over the last two years, but the lack of investment in evidence-based practices (EBPs) is a crucial failing. The complete absence of police Crisis Intervention Teams (CIT), jail diversion programs, and mental health courts relative to other states is another critical factor in the state's falling behind.

The Arkansas Division of Behavioral Health Services (DBHS) provides mental health services through contracts with 15 community mental health centers. Although the state is one of the poorest in the nation, very conservative budgeting is yielding an expected surplus of roughly \$300 million in fiscal year 2009. Nonetheless, a constant lack of funding for adult community mental health over the past few years makes it difficult for the state to address the shortage of mental health services or EBPs. Unfortunately, lack of investment inevitably will lead to costs shifted elsewhere at state and local levels, such as to the criminal justice system.

The state's strengths include its data systems. Community mental health centers throughout the state use a data collection system to report uniform data to DBHS. In 2008, a Congressional briefing highlighted the system, and other states may adopt it. As part of the innovations, all the centers use a standard instrument to screen for substance use disorders, and substance abuse treatment providers must screen for mental illness.

Efforts are underway to improve inpatient care. In 2008, DBHS closed the old state hospital, except forensic services, and replaced it with a new hospital in Little Rock. The state hospital has a peer-run support group. The state has funded renovations at local community hospitals in underserved areas in order to open short-term acute care inpatient beds. DBHS is aware of the need for better community care and for jail diversion programs. Arkansas is also one of a minority of states that is funding mental health services for returning National Guard veterans and their families.

Nonetheless, EBPs—such as Assertive Community Treatment, supported employment, integrated dual diag-

## Innovations

- Data collection system
- Mental health services for veterans
- Cross screening for mental illness and substance abuse

## Urgent Needs

- Evidence-based practices
- Crisis services
- CIT and jail diversion
- Services for homeless persons

## Consumer and Family Comments

- *“Assertive Community Treatment (ACT) is the best thing about mental health services in our state. But we need more funding for this. There are many people who need this service that are not being reached. They have more struggles and often become more ill.”*
- *“It has been extremely difficult to find out what services and programs are available for my daughter. Even the mental health professionals are not much help.”*
- *“Anyone who wanted real care was forced to seek help in another city, usually an hour and 30 minutes away.”*

nosis treatment, and supported housing—are extremely limited. Those programs that do exist often lack fidelity to national models.

The state does not restrict access to psychiatric medications under Medicaid but limits the number of other prescriptions per person to six per month—which may cause hardship for individuals with complex medical problems.

Unfortunately, Arkansas has few of the components necessary for a modern, evidence-based inpatient and outpatient mental health care system. If there is to be change and progress, improved planning, political leadership, and funding will be needed.

With the budget surplus offering the possibility of increased financial commitment, the desire for improvement within the mental health community, and Arkansas First Lady Ginger Beebe's personal interest in mental health issues, circumstances may nonetheless come together to make future improvement possible.