Methodist
BEHAVIORAL HOSPITAL

The Way They Should Go

Rebuilding the Lives of Arkansas Children and Their Familes

Start children off on the way they should go,
and even when they are old, they will not turn from it.
— Proverbs 22:6

COMMUNITY HEALTH NEEDS ASSESSMENT

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PREFACE

The Community Health Needs Assessment for Methodist Behavioral Health System, Inc. was researched, compiled and reported in fiscal year 2019. The report is available on our nonprofit management company's website on the Methodist Behavioral Health System, Inc.'s page at https://www.methodistfamily.org/behavioral-hospital.html as well our blog at https://www.methodistfamily.org/our-blog/. This report also was distributed to media outlets in Arkansas as well as to our participating community advisory committee members.

Our research strategy was planned and executed by Methodist Behavioral Health System, Inc., Methodist Family Health and Methodist Family Health Foundation staff experienced in behavioral health for children, youth and families, and this report was vetted by a variety of public and private child welfare advocates.

Authors:

- **Shari Willding,** administrator, Methodist Behavioral Health System, Inc.
- **Kelli Reep,** director of communications, Methodist Family Health and Methodist Family Health Foundation
- **Amanda Pierce,** director of business development, Methodist Family Health

EXECUTIVE SUMMARY

According to the Internal Revenue Service (IRS), the Patient Protection and Affordable Care Act (the ACA), enacted March 23, 2010, added new requirements codified under Section 501(r) for organizations that operate one or more hospital facilities (hospital organizations) to be described in Section 501(c)(3), as well as new reporting requirements and a new excise tax.

A hospital facility is a facility that is required by a state (including only the 50 states and the District of Columbia) to be licensed, registered, or similarly recognized as a hospital. Multiple buildings operated under a single state license are considered to be a single hospital facility.

In addition to the general requirements for tax exemption under Section 501(c)(3) and Revenue Ruling 69-545, hospital organizations must meet the requirements imposed by Section 501(r) on a facility-by-facility basis in order to be treated as an organization described in Section 501(c)(3). These additional requirements are:

1. Community Health Needs Assessment (CHNA) - Section 501(r)(3),
2. Financial Assistance Policy and Emergency Medical Care Policy - Section 501(r)(4),
3. Limitation on Charges - Section 501(r)(5), and
4. Billing and Collections - Section 501(r)(6).

These provisions apply to taxable years beginning after the date of enactment of the Affordable Care Act (ACA), except for the CHNA requirement, which applied to tax years beginning after March 23, 2012.

This report is Methodist Behavioral Health System, Inc.'s initial Community Health Needs Assessment. We anticipate the programs and processes set forth in this assessment will continue to change as we identify and prioritize needs for improving the psychiatric, behavioral and emotional health of the Arkansas children and their families we serve.

About Methodist Behavioral Health System, Inc.

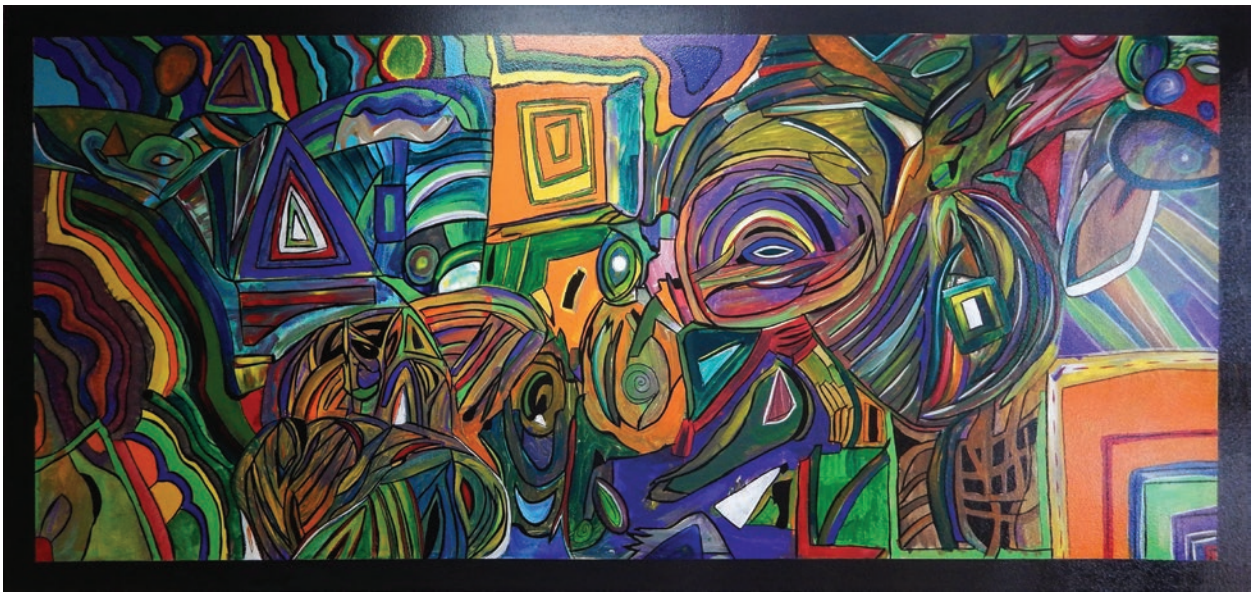
Methodist Behavioral Health System, Inc. is a nonprofit behavioral health hospital for children ages three to 17. Methodist Behavioral Health System, Inc. is licensed to provide acute (short-term) care to boys and girls ages three to 17 and sub-acute (long-term) care to boys ages 5-11. If a child is assessed to be a danger to him/herself, someone else or both, Methodist Behavioral Health System, Inc. can provide care to stabilize his/her behavior, so he/she can return to a less restrictive environment. This can mean he or she can return to the family home, a psychiatric residential treatment center or group home.

The care Methodist Behavioral Health System, Inc. provides includes:

- Compassionate and comprehensive care for children with anxiety, depression, and behavioral and emotional issues;
- Intensive therapy for individuals, families and groups;
- Board-certified psychiatrists for children and adolescents, experienced mental health therapists, case managers, registered nurses, certified teachers, recreational therapists and behavioral instructors;
- The Teaching-Family Model of Care, which emphasizes positive teaching of functional skills and behaviors;
- Patient aftercare and follow-up through therapeutic day treatment programs or outpatient and school-based counseling.

For fiscal year 2017-18, 1,749 of the Methodist Behavioral Health System, Inc.'s 1,938 discharges (90 percent) representing 17,067 patient days out of 19,231 (88.75 percent) were attributable to patients either served by the Arkansas Medicaid program or were in the custody of state agencies and, therefore, deemed to be indigent. These percentages are consistent with percentages for prior fiscal periods from 2013 to 2017.

Methodist Behavioral Health System, Inc. in Maumelle is using art therapy as an alternative way for our patients to communicate. Thanks to a $10,000 grant from the Windgate Foundation, our hospital can install seasonal murals in the common areas and halls. The tree (on the next page) changes for each season to incorporate the colors and state of leaves appropriate for that time of year. The mural (below) will be created during small group and individual sessions, and it is placed where family members and visitors can see it, which prompts them to talk about treatment. Their participation encourages and motivates our clients to make positive behavior choices. The murals are in transition, which serves as a metaphor for our clients and their journey of change and healing.



Helen Chandler, who in her 87 years counts being a licensed pilot, teacher, artist, mom and friend among her accomplishments, can add philanthropist to Methodist Family Health. In January, Ms. Chandler contributed all her art supplies to the kids at Methodist Behavioral Health System, Inc. Her son, Dave Eckess, who is a member of St. James United Methodist Church in Little Rock, picked up the supplies from his mom's new home in Miami and delivered them to Maumelle, Arkansas. The kids at Methodist Behavioral Health System, Inc. created artwork to send Ms. Chandler for her thoughtfulness, which Methodist Family Health shipped to her to enjoy.

About Methodist Family Health

Methodist Family Health is the management company jointly owned by Methodist Behavioral Health System, Inc. and United Methodist Children's Home, Inc. Methodist Family Health provides management services to these entities along with Methodist Family Health Foundation, Inc., all three of which are 501(c)(3) nonprofit organizations. The collective continuum of care includes:

- Two psychiatric residential treatment centers, one located in northeast Arkansas and one located in Little Rock;
- Seven therapeutic group homes throughout the state;
- An emergency shelter in Little Rock;
- Two therapeutic day treatment programs, one in Benton and one in Little Rock;
- Eight outpatient counseling clinics throughout the state;
- Nine school- and community-based outpatient counseling locations throughout the state;

- Kaleidoscope Grief Center, which serves grieving children, teens and families in Arkansas by promoting healing through education, therapeutic and recreational services, support programs and counseling;
- Arkansas Center for Addictions Research, Education and Services (Arkansas CARES), a three-month, intensive, residential treatment program for mothers who have a dual diagnosis of a mental health issue and addiction in which the mothers can keep their children (up to the age of 12) with them during treatment; and
- Methodist Family Health Foundation, a separate nonprofit fundraising organization to support the programs in our continuum of care.

The mission of Methodist Family help is to provide the best possible care to those who may need our help. We refer to broad services we provide at Methodist Family Health as a statewide continuum of care. Since 1899, our continuum of care has helped rebuild the lives of Arkansas children who are abandoned, abused, neglected and dealing with psychiatric, behavioral, emotional and spiritual issues. Our continuum of care is accredited by The Joint Commission as well as the Teaching-Family Association.

First Arkansas Methodist Orphanage, Little Rock

In 1899, Methodist Family Health began as the Arkansas Methodist Orphanage in downtown Little Rock.

Second Arkansas Methodist Orphanage, Little Rock

COMMUNITY HEALTH NEEDS ASSESSMENT OVERVIEW

According to the Internal Revenue Service (IRS), in addition to the general requirements for tax exemption under Section 501(c)(3) and Revenue Ruling 69-545, hospital organizations must meet the requirements imposed by Section 501(r) on a facility-by-facility basis in order to be treated as an organization described in Section 501(c)(3).

Section 501(r)(3)(A) requires a hospital organization to conduct a community health needs assessment (CHNA) every three years and to adopt an implementation strategy to meet the community health needs identified through the CHNA.

Section 501(r)(3)(B) provides that the CHNA must:

- Consider input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health, and
- Be made widely available to the public.

A hospital organization meets the requirements of Section 501(r)(3) with respect to a hospital facility it operates:

- If the hospital facility has conducted a CHNA in the taxable year or in either of the two immediately preceding taxable years, and
- An authorized body of the hospital facility has adopted an implementation strategy to meet the community health needs identified through the CHNA on or before the 15th day of the fifth month after the end of such taxable year.

According the Centers for Disease Control and Prevention, a community health assessment (sometimes called a CHA), also known as community health needs assessment (sometimes called a CHNA), refers to a state, tribal, local or territorial health assessment that identifies key health needs and issues through systematic, comprehensive data collection and analysis.

A community health assessment gives organizations comprehensive information about the community's current health status, needs, and issues. This information can help develop a community health improvement plan by justifying how and where resources should be allocated to best meet community needs.

Benefits include:

- Improved organizational and community coordination and collaboration
- Increased knowledge about public health and the interconnectedness of activities
- Strengthened partnerships within state and local public health systems

- Identified strengths and weaknesses to address in quality improvement efforts
- Baselines on performance to use in preparing for accreditation
- Benchmarks for public health practice improvements

Medical Service Area

During Methodist Behavioral Health System, Inc.' fiscal year ended June 30, 2018, our continuum cared for more than 5,600 children and their families with 195,000 services provided throughout Arkansas. While Methodist Behavioral Health System, Inc. accepts patients from every county in the state, for this report, we have identified the medical service area based on the number of admissions by county over the last two years. The results were consistent year over year; Pulaski (19 percent), Craighead (10 percent), Garland (10 percent) and Faulkner (8 percent) Counties. Of the 1,938 patients admitted to Methodist Behavioral Health System, Inc. in 2017-2018, 896 (46 percent) were from these four counties. According to the National Center for Children in Poverty, there are 358,995 families with 688,149 children, of which 53 percent (365,252) live in low-income families. The national average of low-income children is 41 percent. These demographic findings were calculated using federal poverty thresholds issued by the U.S. Census Bureau.

During December 2018, January 2019 and February 2019, the Methodist Behavioral Health System, Inc., administration and the Foundation staff began the process of identifying, contacting and educating our community advisory committee about the CHNA process. The CHNA steering committee consisted of:

- Dr. Scott Hogan, medical director of Methodist Behavioral Health System, Inc.;
- Shari Willding, administrator of Methodist Behavioral Health System, Inc.;
- Amanda Pierce, director of business development of Methodist Family Health;
- Amy Shores, director of pastoral care of Methodist Family Health; and
- Kelli Reep, director of communications, Methodist Family Health and Methodist Family Health Foundation.

In January 2019, the first meeting of the community advisory committee was held at Methodist Behavioral Health System, Inc. Committee members were provided an electronic and printed survey to distribute to professionals within the child welfare industry. The committee members include:

- Adam Ellis, juvenile court officer, Lonoke County juvenile probation officer in top six (6) referring county
- Amy Reed, school-based counselor, Nettleton Schools
- Bailey Faulkner, executive director, Ozark Mission Project
- Brandon Craig, principal, Harrisburg Schools
- Brittany Watson, pastor, First United Methodist Church of Little Rock

- Brittney Neely, crisis response team coordinator, Families Inc.
- Brittney Schrick, assistant professor and family life specialist, Faulkner County Cooperative Extension
- Brooke Digby, juvenile ombudsman, Arkansas Public Defender's Commission
- Candice Burnside, psychiatric nurse practitioner, St. Bernard's Jonesboro
- Celeste Davis, supervisor, CASA
- Chris Burrow, juvenile probation, Garland County Juvenile Court
- Cookie Higgins, clinical director, Centers for Youth and Families
- Danielle Beck, social worker, LCSW
- Denise Pearson, juvenile court officer, Faulkner County Court
- Glenn Ballard, contractor, People Against Trafficking Humans (PATH)
- Jay Clark, minister, Pulaski Heights United Methodist Church
- Johnathan Simpson, school-based counselor, Craighead County
- Kathleen McMurray, pastor, Cornerstone United Methodist Church
- Kay Cogbill, child psychologist, Social Security Administration
- Laura Stinnett, children's minister, Asbury United Methodist Church
- Loretta Alexander, health policy director, Arkansas Advocates for Children and Families
- Maeghan Arnold, nursing professor, UAMS
- Robin Duran, outpatient therapist, Counseling Associates Conway
- Tony Boaz, clinical director, Strive UAMS
- Tracy Abston, referral coordinator, Centers for Youth and Families
- Tracy Caldwell, LCSW, Youth Home
- Wendy Thompson, area director, American Foundation for Suicide Prevention

The dates of the two community advisory committee meetings were:

- Tuesday, January 15 at Methodist Behavioral Health System, Inc.'s conference room; and
- Friday, March 1 via conference call issuing from Methodist Behavioral Health System, Inc. and subsequent email summary to all committee members.

The agendas and reports provided to those attending are included in the appendices.

COMMUNITY NEEDS – SURVEY RESULTS

Survey Results Overview

Methodist Behavioral Health System, Inc. employed a simple strategy for gathering information around child behavioral health needs in Arkansas. The hospital administrator, director of communications, director of business development and director of pastoral care led the CHNA project.

Purpose

As in other health-based fields, access to care is a significant determinant to a "healthy child". In pursuing this CHNA, Methodist Behavioral Health System, Inc. sought to identify whether adequacy of behavioral health care was a barrier in our service area as Arkansas Children's Hospital's 2016 Community Health Needs Assessment reports findings of a statewide mental health service rating to be a D+. Methodist Behavioral Health System, Inc.'s goal is to understand, in our service area, if this relates to whether the services are adequate or if alternate type of programming is needed.

The purpose of this research was to develop a baseline need of the behavioral health services in the identified medical service area. More specifically, the question Methodist Behavioral Health sought to answer was: are there adequate behavioral health services in the counties specified, and if not, what types of services are still needed.

Methodology

Methodist Behavioral Health System, Inc. used a blind, twenty-five (25) question electronic (SurveyMonkey.com) and paper format survey. Initially the survey was disseminated by the Community Advisory Committee, who were tasked with identifying key members in the community who work in conjunction or directly with behavioral health services in any capacity.

After preliminary review of results, it was determined that a skewed data sample was being returned, and responses were not reflective of the community, according to U.S. Census Bureau statistics. For instance, the preliminary results indicated an average income of respondents to be $75,000-$99,999, and 90 percent female with zero Hispanic or Latino respondents, whereas the U.S. Census Bureau reports median income $43,813, with a 50.9 percent female and 7.6 percent Hispanic or Latino population. The steering committee chose to expand survey sampling to include behavioral health recipients in the continuum's outpatient counseling clinics in the identified medical service areas.

After expanding the survey sample group, survey respondents more closely reflected the socioeconomic make up of Arkansas according to the U.S. Census Bureau statistics. However, of note, our survey did not provide any respondent feedback from the Hispanic or Latino community, despite efforts to engage the Consulate of Mexico in Little Rock, Arkansas.

The twenty-five (25) item tool includes questions on access to care, health behaviors and risk factors, behavioral health services and social determinant questions in a forced-choice format. Respondents were asked to complete the survey anonymously to the best of their knowledge. There was no guidance from surveyors.

Findings

Initial results review was conducted to determine external validity of sample to represent the identified population supported by the social determinants results' consistency with U.S. Census Bureau data. Data analysis of the relationship between residing county, adequacy of services and types of service not available were of utmost importance. See the figure below for descriptive statistics on these measures.

Figure 1: Data Analysis

County		*Types of Services Not Available*		*Adequacy of Services*	
Mean	2.2	Mean	4.902913	Mean	1.786408
Standard Error	0.136947	Standard Error	0.159427	Standard Error	0.077622
Median	2	Median	6	Median	2
Mode	1	Mode	6	Mode	1
Standard Deviation	1.403293	Standard Deviation	1.618003	Standard Deviation	0.78778
Sample Variance	1.969231	Sample Variance	2.617933	Sample Variance	0.620598
Kurtosis	-1.57059	Kurtosis	0.359087	Kurtosis	-0.81437
Skewness	0.27412	Skewness	-1.28434	Skewness	0.522822
Range	4	Range	5	Range	3
Minimum	0	Minimum	1	Minimum	1
Maximum	4	Maximum	6	Maximum	4
Sum	231	Sum	505	Sum	184
Count	105	Count	103	Count	103
Confidence Level (95.0%)	0.271572	Confidence Level (95.0%)	0.316222	Confidence Level (95.0%)	0.153963

There is a weak positive correlation (0.12) between residing county and adequacy of services, most likely indicating that most counties identify with adequacy of services. Further data analysis reveals that of the 103 survey responses that were obtained, respondents from Craighead, Faulkner and Garland Counties report primarily that their area (52 percent, 56 percent and 67 percent, respectively) have adequate behavioral health services in their area. However, respondents for Pulaski County report at 51 percent that there are not adequate services in their area.

Conversely, there is a weak negative correlation (-0.17) between the residing county and type of services not available. Except for Garland County, all other counties report the category of "other" for services not available in their area most frequently and overwhelmingly (68 percent, 81 percent and 43 percent, respectively) the highest endorsed for all categories. However, based on the type of survey, qualitative data was not captured to obtain extraneous variables.

There is no correlation (0.0014) between adequacy of services and types of service not available. Regardless, the results indicate that while there is a perception of adequacy of services in all but one county, the type of services not available is more readily agreed upon. 57 percent of respondents report an "other" type of service that is not available in their area.

Garland County stands out as identifying a need for additional day treatment services in their area, although there is agreement that there are sufficient behavioral health services. Further investigation into this suggestion is recommended to clarify the type of day treatment service needed. Is the need to confirm the child/adolescent population being considered, or is there a need for adult day treatment services? In addition, could there be a need for developmental disability day treatment services in the area, etc.?

Recent comments from families of Methodist Behavioral Hospital patients:

"She is a completely different girl and she is back to her old self."

. . . . . .

"She felt safe there and she had a breakthrough. I really think it was great and we appreciate all you all did there."

. . . . . .

"She was out of control, defiant and disrespectful before she came in. She has done a complete 180. Y'all brought me my child back."

Methodist BEHAVIORAL HOSPITAL

Team Members Honored with Awards at 41st Annual Teaching-Family Conference

Three team members at Methodist Family Health were recently honored with awards at the 41st Annual Teaching-Family Association Conference in Omaha, NE. They are:

Craig Gammon, administrator of the United Methodist Children's Home at Methodist Family Health, who received the 2018 Montrose Wolf Award for Distinguished Contributions, which is given to individuals for their exceptional contributions in implementing the Teaching-Family Model.

James Hess with The Call, who was honored with the 2018 Teaching-Family Association Outstanding Contribution in Human Services Award, which is given to honor an organization or individual for their community, regional, national, or international advocacy and support of children and families.

Nicholas Rucker, behavioral instructor at Methodist Family Health's day treatment program in Benton, who received the 2018 Teaching-Family Association Distinguished Practitioner Award, which provides national recognition and honor to outstanding Teaching-Family practitioners from each of TFA's accredited sponsor agencies.

About the Teaching-Family Association:

The Teaching-Family Model was developed as a behavioral intervention using effective teaching interactions with a high degree of positive feedback, and thus can directly address any behaviors resulting in problems for children and families.

The Teaching-Family Model was developed specifically for children, youth, young adults and families receiving child welfare services. It has been demonstrated as effective for youth who are at-risk, juvenile delinquents, youth in the foster care system, developmentally disabled youth and adults, the severely emotionally disturbed, and families/parents at risk of having children removed.

The Teaching-Family Model is effective for all ages, and the implementation-dissemination systems have been adapted to effective parent training programs for in-home services for families at risk of having children removed.

The Model has been proven and is used effectively with children who are having behavioral or emotional problems, depression, anxiety, post-traumatic stress disorder (PTSD), attention-deficit disorder (ADD) attention-deficit hyperactivity disorder (ADHD) obsessive-compulsive disorder (OCD) and oppositional defiant disorder (ODD), among other behavioral and mental health issues.

IMPLEMENTATION STRATEGY

Survey Outcome

The answer is mixed to the question: are there adequate behavioral health services in these counties, and if not, what types of services are still needed?

Pulaski County endorses a lack of adequacy while other counties do not. It may be presumed that limits with public transportation (where and how people travel) in a larger population may be having an impact as well as over saturation in Pulaski County that may make educating parents/guardians, providers and staff about the existing services more difficult. However, the overwhelming consensus reports a demand for additional services to meet the behavioral health needs in the medical service area. However, the exact type of services needed is still unclear. To effectively answer this question, it is imperative to gather additional qualitative data.

Further, engaging the Hispanic or Latino community is important for a comprehensive and culturally informed approach.

In addition, based on results and feedback from the Community Advisory Committee and Steering Committee, areas to consider are:

1. Build partnerships with other agencies in expanding specialized behavioral health treatment for children in Arkansas, such as:
    a. child exploitation and human trafficking,
    b. adolescent substance abuse, and
    c. dual diagnosis children and adolescences, among others;
2. Seek certification in alternate programming offered under the new service model;
3. Identify other "step down" or prevention services from inpatient care;
4. Increase awareness of the gaps in care by educating policy makers and decision makers at local and state levels.
5. Educate community members, children and families, and referral partners on the differences between the types of services available and care provided at each level to include outreach via social media platforms; and
6. Advocate for filling the gaps of care.

Implementation Strategy of Methodist Behavioral Health System, Inc.

With consideration given to the feedback from the Community Advisory Committee and the Steering Committee, it is recommended that Methodist Behavioral Health System, Inc.

implement the following strategies to most effectually impact the medical service area:

1. Continue to work in collaboration with the Department of Health and Human Services to explore opportunities to develop specialized programming for those in foster care.
2. Continue to stay connected to child exploitation research and advocacy groups as screening tools and treatments are being normed and standardized on our population then look to implement these tools and seek training in this area.
3. Explore certification in alternate programming offered under the new service model.
4. Continue to advocate and educate policy makers and decision makers at local and state levels of the gaps in care.
5. Provide community outreach via social media platforms of the great services offered in these areas.

Considerations for the following Community Health Needs Assessment

1. Engage the Hispanic and/or Latino community by designing the survey tool early in the process with Spanish interpretation and disseminate to the Consulate as quickly as possible with ample response time.
    a. May consider an in-person meeting to introduce the programs and goals of the assessment.
2. Explore more closely the types of services needed by expanding selections and allowing for qualitative data gathering in the research.
    a. Consider face-to-face surveys versus blind survey format.

NOTE:

This assessment is being completed prior to the full implementation of behavioral health transformation, and access to care is expected to improve with care coordinators under the provider-led managed care models to more adequately meet the needs of Arkansans.

APPENDICIES

Methodist Behavioral Health System, Inc.
Community Health Needs Assessment
Community Advisory Committee
Meeting 1 – Tuesday, January 15, 2019

AGENDA

Agenda Item	Presenter
1. Introductions	Shari Willding
2. History of Methodist Family Health	Kelli Reep
3. Overview of community assessment process	Shari Willding
4. Medical service area	Shari Willding
5. Hospital services/community benefits	Shari and team
6. Demographic and economic data	Shari Willding
7. Community input tool	Shari Willding
8. Economic impact of Methodist Behavioral Health System, Inc..	Kelli Reep
9. Questions	All
10. Schedule meeting 2	All
11. Adjourn	All

ABOUT METHODIST FAMILY HEALTH

120 Years of Rebuilding the Lives of Arkansas Children and Families

In 2019, Methodist Family Health is celebrating our 120th anniversary. As an organization providing comprehensive psychiatric, emotional, behavioral and spiritual care to children and their families throughout Arkansas, Methodist Family Health is comprised of:

- **Methodist Behavioral Health System, Inc.** in Maumelle, an acute and subacute, 60-bed facility for crisis stabilization for children and adolescents in immediate danger of harming themselves, someone else or both. MBH also has a sub-acute unit onsite for younger boys;
- **residential treatment centers** in Little Rock (Methodist Children's Home) and Bono (near Jonesboro, known as the Dacus RTC), which assists children and adolescents struggling with chronic psychiatric, emotional and behavioral issues. RTCs stabilize the client's behavior so she or he can move to a less-restrictive environment, be that their own home or another facility;
- **therapeutic group homes** in Fayetteville, Heber Springs, Little Rock, Helena-West Helena, Searcy, Springdale and two in Magnolia. Group homes are for kids in the foster care system who do not have a family member or guardian, and the home is a family-style setting where children continue their lives in their community (attend school and/or church, have friends, date, shop, etc.);
- an **emergency shelter**, in which children in the custody of Arkansas' Division of Children and Family Services can stay until a family member is located, or they are placed in a suitable permanent placement, such as a foster family or group home;
- two **day treatment programs**, which operate a school at our Aldersgate location in Little Rock as well as in Benton, Arkansas. The day treatment program serves kids from more than seven school districts in the state who cannot function in a regular academic setting (such as a classroom) and may need additional support for their educational, behavioral or emotional needs. There also are day treatment programs at Dacus RTC near Jonesboro and Fillmore RTC in Little Rock.
- **counseling clinics**, which are outpatient programs offering individual, family and group counseling, psychological testing, psychiatric assessments, medication management and other therapeutic services;
- **community- and school-based counseling**, which provides outpatient mental health care to students in Harrisburg, Hot Springs, Lincoln, Van Buren County (Clinton/Greenbrier), White County (Searcy), Jonesboro, Lakeside, Nettleton and Vilonia:

- **Arkansas Center for Addictions Research, Education and Services** (Arkansas CARES), which is the only program for adults which MFH offers. Arkansas CARES works with mothers who have a dual diagnosis of a substance addiction and mental health issue. Women can enter this intensive, 120-day program and keep their children with them (participants can be pregnant at the time of acceptance into the program and/or have children from infants up to age 12);
- **Kaleidoscope Grief Center**, the state's only grief center for children and their families, located in Little Rock;
- the **Methodist Family Health Foundation**, a separate nonprofit fundraising organization to support Methodist Family Health, located in Little Rock, and
- the **administrative offices** of this entire continuum of care in Little Rock.

Established in 1899 as the Arkansas Children's Home, Methodist Family Health's continuum of care began as a mission of the Methodist Church in Arkansas. The orphanage in downtown Little Rock later moved to what is now the campus of the United Methodist Children's Home, Inc. at Fillmore and Charles Bussey in midtown Little Rock. This campus is our oldest and houses our emergency shelter, a new psychiatric residential treatment center completed in 2018, group home and Arkansas CARES.

When orphanages gave way to the foster care system, our continuum of care likewise expanded our services. In 2001, the United Methodist Children's Home, Inc. and the Methodist Behavioral Health System, Inc. jointly formed a separate company, Methodist Behavioral Health System, Inc., which purchased our acute and subacute hospital facility in Maumelle. The United Methodist Children's Home and Methodist Behavioral Health System, Inc. jointly formed Methodist Family Health, which serves as the management company of all the locations and services offer in our continuum of care.

METHODIST FAMILY HEALTH TIMELINE

1897 to 2019 – 120 Years of Rebuilding Lives

1. 1897 – George Thornburgh largely responsible for the establishment of the Arkansas Methodist Orphanage in Little Rock.
    a. Little Rock Conference appoints committee in 1897, led by Thornburgh, to begin planning the orphanage. Goal – provide short-term care for orphaned children and help find them homes.
2. 1899 – Arkansas Methodist Orphanage was incorporated, officially as The Arkansas Methodist Orphanage of the Methodist Episcopal Church South. A two-story framed house on three lots at 15th and Commerce Streets in downtown Little Rock.
    a. The house was formerly the Women's Industrial Home.
    b. Mrs. L.W. Tabor donated a "good frame" building to serve as the orphanage.
3. 1902 – First location of the Arkansas Methodist Orphanage opens.
    a. First child in the home was Jessie Miller, who was brought in February of that year by Pastor F.E. Taylor of the McCrory Circuit of the White River Conference.
4. 1903-1905 – Mrs. Charles Wightman serves as superintendent of the home.
5. 1905 – J.M.D. Sturgis serves as superintendent of the home.
6. 1905-1907 – T.W. Fisackerly serves as superintendent of the home.
7. 1907-1908 – M.B. Umstead serves as superintendent of the home.
8. 1908 – Thornburgh begins campaign to build a new home and almost single-handedly raised more than $20,000.
9. 1908-1922 – George Thornburgh serves as superintendent of the home.
10. 1909 – New location secured at 16th and Elm.
11. 1910 – Second location of the Arkansas Methodist Orphanage opens at 16th and Elm Streets in Little Rock.
    a. The Mission of the Arkansas Methodist Orphanage in 1910 was to seek homeless orphans, find loving homes for them and make it possible for families to adopt a child who would be a blessing to their home.
    b. The home was financially supported by church conference claims, Christmas offerings, memorial and the generous support of Little Rock's church women.

c. The home employed a full-time matron as well as a physician.

d. Anywhere from 30 to 60 kids were in residence of the home at a time.

e. Some of the original rules of the home were:

i. Children were sent to public schools and usefully employed at the home when not in school.

ii. Boys older than 10 and girls older than 14 were not accepted in the home.

iii. Mandatory worship services were held each morning and evening in the home.

iv. Recreational activities were planned to contribute to the health and physical development of the kids in residence.

v. Not allowed were games that "tended toward gambling" or tobacco use.

vi. If the matron approved, relatives of the residents could visit them. Regular visiting hours for the public also were available.

12. 1920 – 19 children lived in the orphanage. Of those 19, 17 were received in 1919, and another 20 had been placed in permanent homes.

13. The home received support from church conference assessments as well as quilts, used clothes, an automobile and a fireless cooker.

a. The Mount Tabor Missionary Society and Sunday School in Cabot, Arkansas gave the home 27 jars of fruit, 11 sacks of potatoes, one sack of turnips, a quilt and a dress.

b. One donor contributed 10 lbs. of chocolate, three cakes and two gallons of ice cream.

c. Highland Methodist Church in Little Rock took the residents on a shopping trip, providing each of them with $1 to spend.

14. 1923 – George Thornburgh dies. Rev. James Thomas takes over as superintendent of the Arkansas Methodist Orphanage and serves until 1943.

15. 1925 – Arkansas Methodist Orphanage had placed 440 children.

16. 1936 – Rev. Thomas reports 22 children were received this year in the home, 15 were placed in permanent homes, and 40 remained in the care of the home. 528 children had been placed since the orphanage was founded.

17. 1943 – E.T. Wayland serves as interim superintendent.

18. 1943-1952 – John S.M. Cannon serves as superintendent of the home.

19. 1943 – a delegation visits the Methodist Children's Home in Waco, Texas to tour their cottages housing smaller numbers of residents.

20. 1945 – Superintendent Cannon identifies 84 acres of land at, what at that time, was the western edge of Little Rock, that could be purchased for $10,000 and serve as the United Methodist Children's Home.

21. 1949 – the Arkansas Methodist Orphanage moves to an 84-acre area at 20th, 28th, Hayes (now University Avenue) and Fillmore Streets.

22. 1952 – the Arkansas Methodist Orphanage changes its name to the Methodist Children's Home. Four cottages, each under the supervision of a housemother, provides residents with family-style living. The purpose of the home changes from finding a home to making a home for each child in our care. Services expanded from housing orphans to also include abandoned and neglected children who needed special long-term care. – same as above.

23. 1952-1955 – T.T. McNeal serves as superintendent of the home.

24. 1955-1962 – R. Connor Morehead serves as superintendent of the home.

25. 1956 – satellite homes opened in Searcy, Magnolia, Ft. Smith and Marked Tree.

26. 1958 – the Methodist Children's Home adds more cottages, a chapel and an activities building.

27. 1959 – residents of the Methodist Children's Home are offered educational opportunities after completing high school, including business courses, beauty school, nurses' training and college. In fact, Hendrix College offered financial assistance to those students in the home who qualified.

28. 1961 – a seventh cottage constructed on campus.

29. 1962-1977 – J. Edwin Keith serves as superintendent of the home.

30. 1969 – St. James United Methodist Church organizes and holds worship services in the chapel at the Methodist Children's Home in Little Rock.

31. 1970 – the first group home outside of Little Rock, Magale Youth Home in Magnolia, Arkansas, is dedicated. Other groups homes were established in Arkadelphia, Fort Smith, Marked Tree and Searcy.

32. 1973 – UALR purchased 56 of the children's home 84 acres. The proceeds were placed in a permanent endowment.

33. 1978 – Methodist Children's Home's residents and staff are integrated.

34. 1977-1987 – Joe R. Phillips, Jr. serves as superintendent of the home.

35. 1986 – Methodist Children's Home adds a basic skills learning center to its Little Rock campus. This center helped children who had problems in school or needed tutoring.

36. 1987-1991 – Rev. Bob Orr serves as superintendent of the home. Rev. Orr introduces the Teaching-Family Model to Methodist Family Health.

37. 1991 - Robert Regnier serves as president/CEO of the home.

38. 1995 – Methodist Children's Home certified as a Teaching-Family Sponsor site.

39. 1995 – Community-based teaching-family group homes established in Batesville, Searcy, Magnolia and Little Rock. Two additional group homes opened in Fayetteville and Springdale.

40. 1997 – Methodist Family Health is accredited by Joint Commission on Accreditation of Healthcare Organizations.

41. 1999 – Methodist Family Health celebrates 100th anniversary.

42. 2000 – Andy Altom named CEO of Methodist Behavioral Health System, Inc.

43. 2001 – Established Methodist Behavioral Health System, Inc. in Maumelle.

44. 2003 – Methodist Family Health, the management company of the United Methodist Children's Home and Methodist Behavioral Health System, Inc., is incorporated.

45. 2003 – Methodist Family Health Foundation, the nonprofit fundraising arm of Methodist Family Health, is incorporated.

46. 2005 – present – Andy Altom serves as president and CEO of Methodist Family Health.

47. 2005 – Therapeutic group home opens in Helena-West Helena.

48. 2006 – The emergency shelter opens in Little Rock, two school-based counseling clinics open in Jonesboro and Vilonia, and the Fayetteville Counseling Clinic opens. – maybe use a pic from MBH where the child is talking with the teacher.

49. 2007 – Arkansas CARES becomes a program of Methodist Family Health

50. 2007 – Psychiatric residential treatment center opens in Bono in northeast Arkansas.

51. 2008 – Methodist Family Health acquires Kaleidoscope Grief Counseling.

52. 2009 – Methodist Family Health celebrates 110th anniversary in March.

53. 2017 – Methodist Family Health breaks ground on a state-of-the-art psychiatric residential treatment center on its Little Rock campus.

54. 2018 – Methodist Family Health opens and dedicates the three-story psychiatric residential treatment center on its oldest campus.

55. 2019 – Methodist Family Health celebrates 120 years of rebuilding the lives of Arkansas children and families.

56. 2019 – Methodist Family Health Foundation launches a capital campaign to fund construction of a multipurpose building on its Little Rock campus.

Methodist Behavioral Hospital Admission Summary

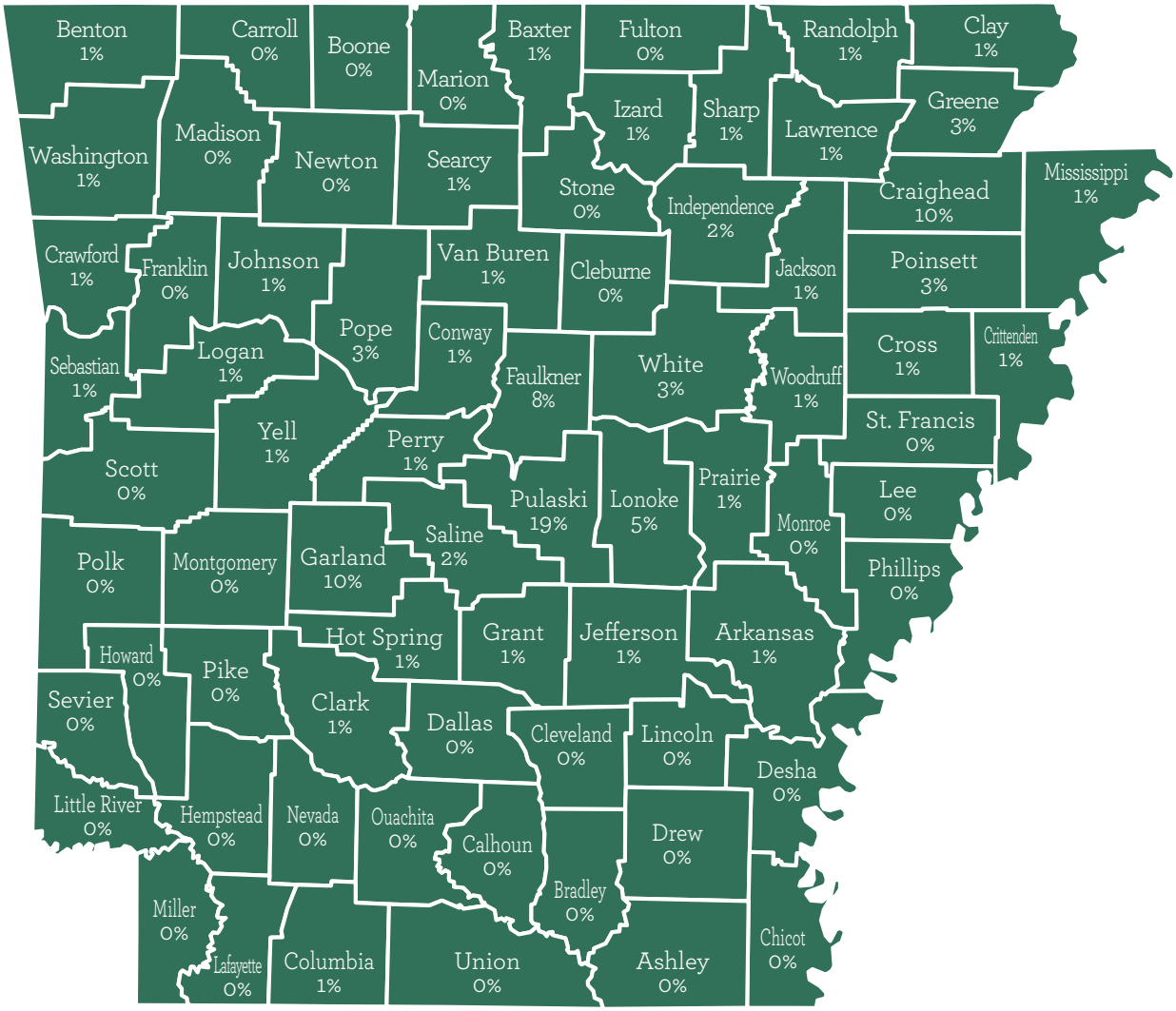
Defining Medical Service Area

2017			2018		
Craighead	186	10%	Craighead	158	8%
Faulkner	156	8%	Faulkner	124	6%
Garland	189	10%	Garland	158	8%
Pulaski	365	19%	Pulaski	395	20%

There were 1,938 and 1,962 admissions in 2017 and 2018, respectively. The top four (4) referring counties remained consistent between the years. Collectively, they make up 44.5% of all admissions over the two year period. Lonoke County came in the next highest referring county at 5 and 6%, respectively.

Client Demographic Summary

2017			2018		
Average Age	14		**Average Age**	13	
Race			**Race**		
American Indian	4	>1%	American Indian	2	>1%
Asian	7	>1%	Asian	3	>1%
Black	405	21%	Black	467	24%
Hispanic	15	1%	Hispanic	9	>1%
Other	47	2%	Other	19	1%
White	1460	75%	White	1462	75%
Ethnicity			**Ethnicity**		
Hispanic	78	4%	Hispanic	79	4%
Non-Hispanic	1860	96%	Non-Hispanic	1808	96%
Gender			**Gender**		
Female	958	49%	Female	880	45%
Male	980	51%	Male	1082	55%



Methodist Behavioral Health System, Inc. Meical Service Area

WHAT'S AT STAKE?

Methodist Behavioral Health System, Inc and its impact on the community

1899 2019
Rebuilding Lives for 120 years
Methodist
FAMILY HEALTH

JANUARY 2019

Methodist Behavioral Health System, Inc

Its impact on the economy and the community

Introduction

Methodist Behavioral Health System Inc, (or Methodist Behavioral Hospital) is proud to provide quality, efficient health care for our community. Our hospital stands ready to care for everyone, with our doors open 24 hours a day, seven days a week, 365 days a year. Each year, we provide care to approximately 647 of individuals and keep our community healthy, strong and vibrant. This record of service is – and always will be – our most valuable contribution to the state.

Throughout our state, hospitals strengthen the infrastructures of local communities. Arkansas residents rely on their local hospitals and health systems to:

- Provide high-quality, efficient health care.
- Readily respond with care for community members throughout their lifetimes, whenever illness strikes.
- Serve as a community safe harbor during and after emergencies or disasters.
- Educate people about preventing and managing diseases, while promoting practices that support health and well-being.
- Attract new health care services, businesses and industries to our communities – resources which are essential for future growth.

Recognized much less often are the contributions hospitals make to local economies and to the state economy, through the people they employ and the impact of their spending. As part of this larger picture, Methodist Behavioral Hospital is critical to the economic viability of our state and community. The hospital is a moderate employer and purchaser of goods and services; and the health care we provide also allows people to be productive, contributing citizens.

CALCULATING THE TOTAL IMPACT OF METHODIST BEHAVIORAL HOSPITAL

TOTAL JOBS PROVIDED/CREATED	130 Inpt/82 Outpt
ECONOMIC IMPACT	
Payroll impact	$10.1million
Non-salary spending impact	$11.5million
Capital spending impact	$113,000
TOTAL IMPACT	$21,713,000

This report, prepared with assistance from the Arkansas Hospital Association, highlights the significant role Methodist Behavioral Hospital plays in our community and beyond. It identifies and measures the direct involvement of our hospital on the local economy and demonstrates the "ripple" effect of the dollars the health care sector brings into the community and the jobs it helps create. In addition, it illustrates the benefit hospitals provide in building a safe, stable and healthy community. A technical addendum to the reported data is available upon request.

AN ECONOMIC ANCHOR FOR OUR COMMUNITY

In addition to enhancing the health and well-being of the communities it serves, Methodist Behavioral Hospital also contributes significantly to the area's economic health. In 2018 (the most recent date with available data), the estimated total annual economic impact of Methodist Behavioral Hospital was $21.7 million.

Providing well-paid, consistent employment

- Methodist Behavioral Hospital **employs 306 individuals**, with a **total payroll of $10.1million**. Hospital payroll expenditures serve as an important economic stimulus, creating and supporting jobs throughout the state and in local economies.

Stimulating the Local Economy with Purchases of Goods and Services

- Methodist Behavioral Hospital **spends about $11.5million per year** on the goods and services it needs to provide health care—things like medical supplies, electricity for buildings, and food for patients. Funds spent to buy goods and services flow from the hospital to vendors and businesses, creating a ripple throughout the economy.

Improving Infrastructure for All Arkansas Residents

- In 2018, Methodist Behavioral Hospital **spent $113,000 on buildings and equipment**.

A ZONE OF SAFETY

Communities can take comfort in knowing that their local hospital is preparing, today, for the challenges of tomorrow. In this new world, hospitals do more than provide medical care to the community. Hospitals are also a place of refuge, food, shelter and information in times of distress.

Methodist Behavioral Hospital is a member of the Arkansas Metropolitan Coalition (Metro) that is comprised of several local medical/surgical hospitals, nursing care facilities, Arkansas Department of Health and psychiatric hospitals in the greater Little Rock area. Through this relationship, we participate in large scale disaster relief and emergency preparedness exercises in and for the community. In addition, and through our participation in this organization, expert Emergency Preparedness coordinators assist Methodist Behavioral Hospital perform our own full-scale exercises offering input, guidance and feedback to best prepare us in the event of a real emergency.

CARING FOR OUR COMMUNITY

- The vital health care services provided to our communities represent the core contribution provided by Methodist Behavioral Hospital. In 2018, the most recent year with data available, our hospital had:
  - **1,962** inpatient visits; 4,893 subacute patient days and 14,421 acute patient days.
  - **91,306** outpatient visits and procedures.

- Through programs aimed at treating behavioral health needs, Methodist Behavioral Hospital serves individuals and the community. Throughout the state, Methodist Behavioral Hospital is able to meet the behavioral health needs of a patient at all levels of care and uses local vendors for providing supportive services to our patients.
- In addition Methodist Behavioral Hopsital hosts a Community Relations Board meeting on a quarterly basis to identify needs in the immediate surrounding community and builds relationships with local law enforcement, fire department, city council and neighbors.

Conclusion

Hospitals are a key contributor to the quality of life of Arkansas residents, and they play a key role in keeping communities healthy and vibrant; Methodist Behavioral Hospital does the same for this community. The data and illustrations contained in this report provide strong evidence that the economic impact of Methodist Behavioral Hospital on local and state economies is significant. To continue to attract employers and new residents to Arkansas, it is critical that the state have thriving hospitals, as well as high-quality health care providers and services.

We urge our legislators, members of Congress, and community leaders to recognize that our hospitals are instrumental to supporting the state and local economy and steps need to be taken to continue to invest in our state's health care system.

Methodist Behavioral Health System, Inc.
Community Health Needs Assessment
Community Advisory Committee
Meeting 2 – Friday, March 1, 2019

AGENDA

Agenda Item	Presenter
1. Introductions	Shari Willding
2. Review of demographic and economic data report	Shari Willding
3. Review of economic impact of hospital.	Shari Willding
4. Presentation of health outcome report	Shari Willding
5. Presentation of community input summary report	Shari and team
6. Discuss community health needs/issues	Shari Willding
a. Identify and prioritize community health needs	
b. Determine possible implementation strategies	
c. Summarize community recommendation	
7. Response and Final Comments	All
8. Adjourn	All


Methodist
BEHAVIORAL HOSPITAL