



2024 COMMUNITY HEALTH NEEDS ASSESSMENT



Without a sense of caring, there can be no sense of community - Anthony J. D'Angelo

125 YEARS OF THE BEST POSSIBLE CARE

The Community Health Needs Assessment for Methodist Behavioral Health System, Inc., previously issued in 2019 and 2021, has been researched, compiled and updated for fiscal year 2024. The report is available on our website at MethodistFamily.org/Behavioral-Hospital.html as well on our blog at MethodistFamily.org/Our-Blog/. This report has also been distributed to media outlets in Arkansas. Our research strategy was planned and executed by Methodist Behavioral Health System, Inc. and Methodist Family Health, Inc. 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.

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EXECUTIVE SUMMARY

The Patient Protection and Affordable Care Act (the ACA), enacted March 23, 2010, added 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.

Methodist Behavioral Health System, Inc.'s (MBH) initial Community Health Needs Assessment was issued in March 2019 followed by our second report in 2021. We anticipated in both that programs and processes set forth in those assessments would continue to change as we identified and prioritized needs for improving the psychiatric, behavioral and emotional health of the Arkansas children and families we serve. This report has been updated to reflect changes since 2021.



ABOUT METHODIST BEHAVIORAL HEALTH SYSTEM, INC.

Methodist Behavioral Health System, Inc., (MBH), is a nonprofit behavioral health hospital for children ages three to 17. It 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 five to 11. If a child is assessed to be a danger, MBH can provide care to the child so the child can return to a less restrictive environment. This can mean the child can return to the family home, a psychiatric residential treatment center or therapeutic group home. The care MBH 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 2022-2023, 1,327 of MBH's 1,535 discharges (86.4 percent) were attributable to patients served by either the traditional Arkansas Medicaid program, the Arkansas Medicaid managed care PASSE programs, or were in the custody of state agencies, and, therefore, deemed indigent. Additionally, roughly 82 percent of the patients receiving services in MBH's outpatient and school based programs were served by these programs. These percentages are consistent with percentages for prior fiscal periods from 2013 to 2020.



COMMUNITY HEALTH NEEDS ASSESSMENT OVERVIEW

The Internal Revenue Code, in addition to the general requirements for tax exemption under Section 501(c)(3) and Revenue Ruling 69-545, requires that 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 to the Centers for Disease Control and Prevention, a community health needs assessment (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; and
- Benchmarks for public health practice improvements.





Of the 1,691 patients admitted to MBH in 2022-2023, 701 (41.4 percent) were from these four counties. According to the National Center for Children in Poverty, 51 percent of the children under the age of 18 in Arkansas are from low-income families. Compare this to 39 percent of the United States' children under the age of 18 who are from low-income families. In Arkansas, 88 percent of children under the age of 18 who are from low-income homes have at least one parent in the home. Nationally, the percentage is 95 percent.

The MFH CHNA steering committee consisted of:

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



MEDICAL SERVICE AREA

During MBH's fiscal year, which ended June 30, 2023, the Methodist Family Health Continuum of Care provided care for 3,862 children and families with 73,025 services being provided throughout Arkansas. While MBH accepts patients from every county in the state, for this assessment, 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 for these counties: Pulaski (18.4 percent), Craighead (10.5 percent), Faulkner (6.2 percent), and Garland (5.7 percent).

There were a total of 172 survey responses, 68 percent of which were from our defined medical service area. 31 percent of all respondents report a cost barrier to accessing behavioral health services in Arkansas within the past year, and 95 percent have some form of healthcare coverage. Even those with healthcare coverage report struggles with cost associated with behavioral health services and show a weak positive correlation (0.18 percent) of those reporting barriers of cost having higher deductible health plans. While 27 percent of all respondents report barriers to accessing behavioral health services in the last six months, 56 percent of those were still due to cost and 28 percent due to timely therapist availability. The therapist shortage in the state is still a large factor in barriers to behavioral services in Arkansas.

Our medical service area consists of Pulaski, Craighead, Faulkner and Garland Counties. Among these counties, 49.5 percent report inadequate services available in their areas, specifically: acute 13.68 percent, therapeutic day treatment 5.13 percent, eating disorder 1.17 percent, gap of services for ages between 18-21 0.85 percent, intensive outpatient 6.84 percent, neurodivergent treatment offerings 0.85 percent, outpatient 3.42 percent, psychologists 0.85 percent, residential 11.11 percent, and substance abuse 0.85 percent.

Craighead County reports inadequacy in the following: acute, intensive outpatient and residential. For Faulkner County, inadequacies noted are in acute, therapeutic day treatment, eating disorder, intensive outpatient, outpatient, psychologists and residential. Garland County reports an inadequacy in acute services, and in Pulaski County, inadequacies reported are in acute, therapeutic day treatment, eating disorder, gap in services for ages between 18-21, intensive outpatient, neurodivergent treatment options, outpatient, residential and substance abuse.

Of note, there is no differentiation between child/adolescent service inadequacies vs. adults. This is something for which MBH will study for our next community health needs assessment.

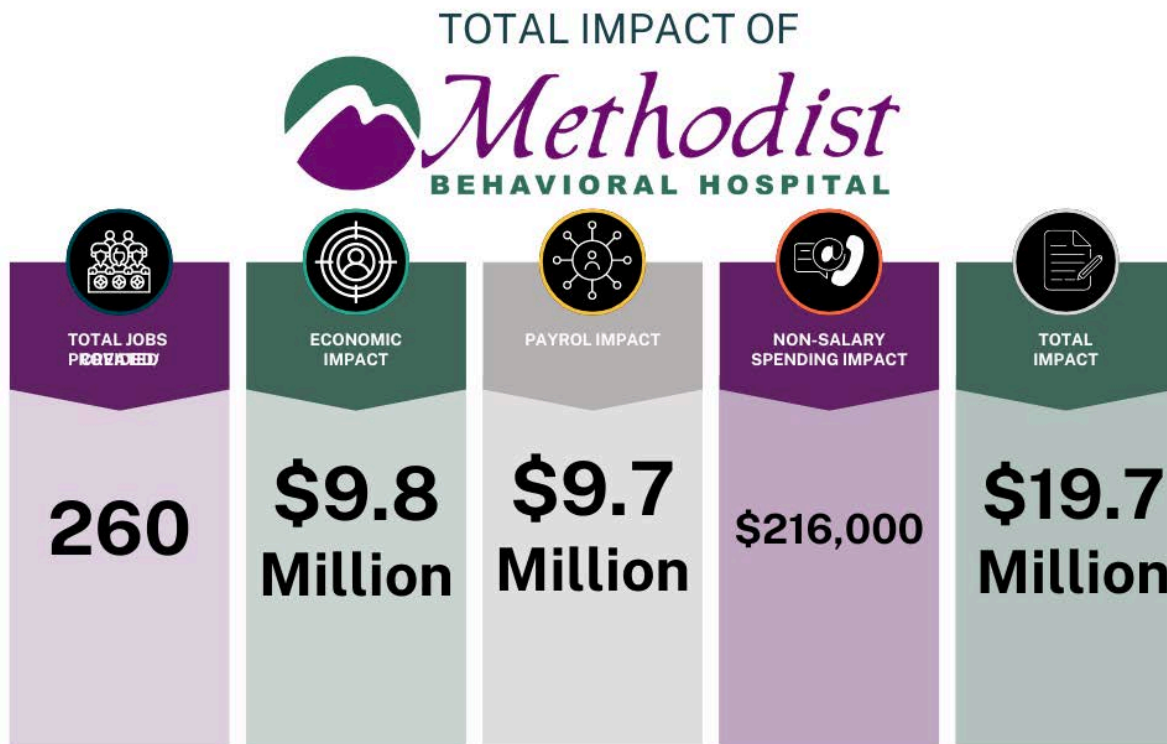


With assistance from the Arkansas Hospital Association, Methodist Behavioral Hospital plays a significant role in our community and throughout the state of Arkansas. In addition to enhancing the health and well-being of the communities we serve, MBH also contributes significantly to the area’s economic health. In 2023, the estimated total annual economic impact of MBH was \$19.7 million. We employ 260 individuals with a total payroll of \$9.8 million. MBH spends about \$9.7 million per year on goods and services needed to provide the best possible care to those who may need our help. These resources include medical supplies, electricity for buildings, and food patients. In 2023, MBH spent \$216,000 on buildings and equipment.

Caring for Our Community

The vital health care services provided to our communities represent the core contribution provided by MBH. In 2023, the most recent year with data available, our hospital had 15,467 inpatient days and 27,600 hours of outpatient and school-based services.

MBH also 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.



COMMUNITY NEEDS

The most pressing need in our community is access to experienced clinicians for Medicaid beneficiaries in Arkansas. Since progression of Medicaid transformation beginning in 2019, an unknown number of clinicians were taken from the field to work for the PASSEs. Additionally, experienced clinicians are de-incentivized to work with the higher need populations due to reimbursement rates and burdensome documentation requirements. These factors contribute to the lack of timely availability for beneficiaries. 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, but the exact type of services needed is still unclear.



IMPLEMENTATION STRATEGY



In addition, 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 decisionmakers 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:

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; and

5 Provide community outreach via social media platforms of the great services offered in these areas.

Considerations for the Next 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. We also may consider an in-person meeting to introduce the programs and goals of the assessment; and

2 Explore more closely the types of services needed by expanding selections and allowing for qualitative data gathering in the research. We may consider face-to-face surveys versus blind survey format.





APPENDICES

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ABOUT METHODIST FAMILY HEALTH



Methodist Family Health, Inc. (MFH) is a management company jointly owned by Methodist Behavioral Health System, Inc. (MBH) and United Methodist Children's Home, Inc. (MCH). MFH provides management services to these entities along with Methodist Family Health Foundation, Inc. (MFHF), all three of which are 501(c)(3) nonprofit organizations. Collectively, these four entities are referred to herein as the Methodist Family Health Continuum of Care. Services provided by these entities within the Methodist Family Health Continuum of care include:

- Methodist Behavioral Hospital in Maumelle;
- Two psychiatric residential treatment centers, one located in northeast Arkansas and one located in Little Rock;
- Three qualified residential treatment programs in northeast, central and southern Arkansas;
- Eight outpatient counseling clinics located throughout the state;
- Eight school- and community-based outpatient counseling locations throughout the state;
- A therapeutic day treatment program in Little Rock;
- A supervised independent living home in Fayetteville;
- Arkansas Center for Addictions Research, Education and Services (Arkansas CARES) in Little Rock, 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
- Kaleidoscope Grief Center in Little Rock, which serves grieving children, teens and families in Arkansas by promoting healing through education, therapeutic and recreational services, support programs and counseling;

The mission of the Methodist Family Health Continuum of Care is to provide the best possible care to those who may need our help. Since 1899, the Methodist Family Health 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. The Methodist Family Health Continuum of Care is accredited by The Joint Commission as well as the Teaching Family Association.

METHODIST BEHAVIORAL HEALTH SYSTEM, INC. TIMELINE

1. 1897 – George Thornburgh largely responsible for the establishment of the Arkansas Methodist Orphanage in Little Rock. 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. The house was formerly the Women’s Industrial Home. 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 in Little Rock. of Care opens and dedicates the three-story psychiatric residential treatment center on its oldest campus.
11. 1910 – Second location of the Arkansas Methodist Orphanage opens at 16th and Elm Streets in Little Rock. 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. The home was financially supported by church conference claims, Christmas offerings, memorial and the generous support of Little Rock’s church women. The home employed a full-time matron as well as a physician. Anywhere from 30 to 60 kids were in residence of the home at a time. Some of the original rules of the home were: children were sent to public schools and usefully employed at the home when not in school. Boys older than 10 and girls older than 14 were not accepted in the home. Mandatory worship services were held each morning and evening in the home. Recreational activities were planned to contribute to the health and physical development of the kids in residence. Not allowed were games that “tended toward gambling” or tobacco use. 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.

METHODIST BEHAVIORAL HEALTH SYSTEM, INC. TIMELINE

13. The home received support from church conference assessments as well as quilts, used clothes, an automobile and a fireless cooker. 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. One donor contributed 10 lbs. of chocolate, three cakes and two gallons of ice cream. 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 in Little Rock.

22. 1952 – the Arkansas Methodist Orphanage changes its name to the Methodist Children's Home, Inc. (MCH). 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.

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.

27. 1959 – residents of MCH 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.

METHODIST BEHAVIORAL HEALTH SYSTEM, INC. TIMELINE

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 MCH.
31. 1970 – the first group home outside of Little Rock - Magale Youth Home in Magnolia - is dedicated. Other groups homes were established in Arkadelphia, Fort Smith, Marked Tree and Searcy.
32. 1973 – MCH sold 56 acres of the Fillmore Campus's 84 acres to the University of Arkansas at Little Rock.
33. 1978 – MCH's residents and staff are integrated.
34. 1977-1987 – Joe R. Phillips, Jr. serves as superintendent of the home.
35. 1986 – MCH 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 MCH.
37. 1991 - Rev. Robert Regnier serves as president/CEO of the home.
38. 1995 – MCH 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 – MCH is accredited by Joint Commission on Accreditation of Healthcare Organizations.
41. 1999 – MCH celebrates 100th anniversary.
42. 2000 – Andy Altom named CEO of Methodist Behavioral Health System, Inc.
43. 2001 – Established Methodist Behavioral Health System, Inc. (MBH) in Maumelle.
44. 2003 – Methodist Family Health, Inc. (MFH), the management company of MCH and MBH, is incorporated.
45. 2003 – Methodist Family Health Foundation (MFHF), the nonprofit fundraising arm of MFH, is incorporated.
46. 2005 – present – Andy Altom serves as president and CEO of Methodist Family Health Continuum of Care.

METHODIST BEHAVIORAL HEALTH SYSTEM, INC. TIMELINE

47. 2005 – Therapeutic group home opened 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.
49. 2007 – Arkansas CARES becomes a program of Methodist Family Health Continuum of Care.
50. 2007 – Psychiatric residential treatment center opened in Bono in northeast Arkansas.
51. 2008 – MCH acquires Kaleidoscope Grief Counseling.
52. 2009 – MCH celebrates 110th anniversary in March.
53. 2017 – Methodist Family Health Continuum of Care breaks ground on a state-of-the-art psychiatric residential treatment center on its Little Rock campus.
54. 2018 – Methodist Family Health Continuum of Care opens and dedicates the three-story psychiatric residential treatment center on its oldest campus.
55. 2019 – Methodist Family Health Continuum of Care 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 the Fillmore Campus in Little Rock.
57. 2020 – Methodist Family Health Continuum of Care deploys emergency plans to manage COVID-19 pandemic affecting patients, staff and community in our continuum of care.
58. 2021 – MBH celebrates 20 years of acute and sub-acute care to Arkansas children and their families.
59. 2023 - MFH opens the Mike Millar Spiritual Life Center on its oldest campus, Methodist Children's Home.
60. 2023 - MFH acquires another hospital in northeast Arkansas, which will serve as a 70-bed acute only behavioral health hospital for children under the age of 18.



ADMISSION SUMMARY AND SERVICE AREA

Defining Medical Service Area				
	2023			
	Craighead	181	10.5%	
	Faulkner	106	6.2%	
	Garland	98	5.7%	
	Pulaski	316	18.4%	
<p>There were 1,691 admissions to Methodist Behavioral Hospital in 2023. The top four (4) referring counties remained consistent with 2018's assessment. These counties make up 41% of all admissions. Lonoke County was the next highest referring county at 3.54%. Pope, Greene, Saline and Sebastian were next. Collectively, these counties comprised 55% of admissions to MBH in 2023.</p>				
Client Demographic Summary				
	2023			
	Average Age	13.4 yrs		
	Race			
	American Indian	4	0.23%	
	Asian	3	0.17%	
	Black	405	23.52%	
	Hispanic	1	0.06%	
	White	1309	76.02%	
	Ethnicity			
	Hispanic	57	3.31%	
	Non-Hispanic	1665	96.69%	
	Gender			
	Female	899	52.21%	
	Male	823	47.79%	





CELEBRATING 125 YEARS



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