

SB 418 Study: Legislative Mental Health Investments

The 2015 Legislature approved nearly \$19 million in new funding for Montana's mental health system. To keep an eye on how the money was used, the Legislature included a requirement in Senate Bill 418 that the Children, Families, Health, and Human Services Interim Committee monitor and evaluate how DPHHS implemented the new funding. SB 418 also directed the committee to provide a report to the 2017 Legislature that outlines the status of implementation and identifies areas where continued improvement is needed.

Overview of New Funding

The infusion of money into the state's mental health system stemmed from a combination of bills proposed through a 2013-2014 interim study, new proposals from the governor, and additional ideas developed during the 2015 legislative session.

The Children and Families Committee studied state-operated institutions during the 2013-2014 interim and proposed seven study-related bills to fund various mental health services, primarily in the community. The Legislature approved four of the bills, adding \$5.4 million to the budget to pay for additional grants for both adult and youth crisis intervention and jail diversion activities, secure detention beds in the community, and voluntary inpatient treatment in the community in lieu of commitment to the Montana State Hospital. The Legislature also included about \$3.5 million in House Bill 2 for transitional mental health group homes, after killing an interim committee bill that appropriated the same amount of money and also outlined requirements for the group homes. HB 2 made money available for the group homes but allowed DPHHS to set out the criteria group homes would need to meet.

The Legislature approved \$6.35 million in funding for proposals by the governor. The appropriations increased the amount of money available for an existing 72-hour crisis stabilization program and also provided money to provide peer support services, help Montana State Hospital patients maintain or obtain housing in the community, and make grants for suicide prevention efforts among Indian youth.

Gov. Steve Bullock also asked for money to build and operate additional beds at the Montana State Hospital in Warm Springs and the Mental Health Nursing Care Center in Lewistown. The Legislature did not provide money for construction costs, but HB 2 still contained \$4 million in FY 2017 to pay for the operational costs associated with the new beds.

And the Legislature approved another \$3.5 million in mental health spending that was not proposed by either the interim committee or the governor. The money was designated for increasing the number of slots in the mental health home and community-based services waiver program and for supporting existing community-based programs and facilities that are currently receiving county matching grants for crisis intervention and jail diversion efforts. The table on the following page details the appropriations.

2015 Mental Health Appropriations

Bill: Activity	FY 2016		FY 2017		Biennium		Total
	GF	FSR	GF	FSR	GF	FSR	
HB 33: County Grants					\$2,000,000		\$2,000,000
HB 34: Secure Detention	\$600,000		\$600,000				\$1,200,000
HB 35: Short-Term Treatment					\$1,000,000		\$1,000,000
HB 47: Youth Crisis Diversion					\$1,200,000		\$1,200,000
HB 2: Presumptive Eligibility	\$500,000		\$500,000				\$1,000,000
HB 2: Housing Support	\$300,000		\$300,000				\$600,000
HB 2: Peer Support					\$500,000		\$500,000
HB 2: Youth Suicide Prevention	\$125,000		\$125,000				\$250,000
HB 2: Operations-New Beds			\$4,000,000				\$4,000,000
HB 2: Existing County Grants	\$250,000		\$250,000				\$500,000
HB 2: Transitional Group Homes	\$1,500,000	\$238,761	\$1,500,000	\$237,555			\$3,476,316
HB 2: HCBS Waiver Slots	\$344,407	\$648,693	\$695,369	\$1,290,831			\$2,979,300
Total	\$3,619,407	\$887,454	\$7,970,369	\$1,528,386	\$4,700,000		\$18,705,616

GF = General Fund

FSR = Federal Special Revenue

Study Activities

Throughout the interim, the committee received updates from DPHHS on the services that have been funded with the additional money. Among other things, the appropriations have resulted in:

- crisis intervention and jail diversion grants to 16 counties in FY 2016 and 14 counties in FY 2017;
- payments to two new crisis stabilization facilities that opened during FY 2016 and are able to provide secure detention beds so that individuals do not have to be taken to the Montana State Hospital for emergency detentions;
- contracts with three providers who will offer voluntary short-term treatment to individuals who are facing an involuntary treatment proceeding, resulting in most of the individuals being discharged to community treatment;
- enhanced rates for mental health group homes and prerelease centers that accept people who were convicted of a crime and sentenced to DPHHS custody because of their mental illness, allowing seven individuals to leave state facilities for a group home;
- the addition of 50 home and community-based waiver slots in three counties, allowing some people to move out of nursing homes and allowing others to remain in the community rather than being placed in a more restrictive setting; and
- an increase in housing, re-entry, crisis stabilization, and peer support services.

Nine of the 16 counties that received crisis diversion grants in FY 2016 were receiving funds for the first time. In FY 2017, two of the 14 counties were receiving funds for the first time. The grants supported efforts ranging from secure detention beds to crisis response training for law enforcement and mental health services in county jails.

The committee also heard from DPHHS about its efforts to meet with a broader range of stakeholders during the interim to raise awareness of the new funding opportunities and the alternatives to placing people at the State Hospital. The department also worked more closely with community mental health centers on discharge planning for State Hospital patients.

In addition, providers and other interested parties talked with the committee about the need to maintain or improve community mental health services. Stakeholders stressed that:

- the additional funding from the 2015 Legislature has allowed providers to start some new services, but they still face difficulty maintaining existing services in some instances;
- Medicaid reimbursement rates don't cover the costs of some 24-hour crisis services;

- programs funded with general fund dollars give providers more flexibility because the money can be used to pay for the overhead costs of maintaining 24-hour services when patients are not actually using the services;
- workforce shortages, particularly the lack of psychiatrists and other prescribers, make it difficult to provide services at times; and
- stakeholders appreciate the efforts DPHHS personnel have made to work more closely with providers and other groups involved in the mental health system.

Findings and Recommendations

At the conclusion of the study, the committee made the following findings:

1. Additional funding for crisis intervention and jail diversion grants has expanded services to new areas of the state, particularly eastern Montana. The FY 2016 grants had the potential to benefit 29 of the state's 56 counties, while FY 2018 grants involved 28 counties.
2. Additional funding for secure detention beds helped stabilize funding for new crisis facilities in Helena and Polson as they opened their doors in FY 2016.
3. Some providers are now offering short-term voluntary treatment for individuals who are facing an involuntary commitment to the Montana State Hospital, using state funding provided for the first time since the 2009 Legislature created the diversion option.
4. Additional funding for services to people found to be guilty of a crime but mentally ill has allowed some of them to leave the Montana State Hospital for community placements.
5. Crisis intervention and diversion services have resulted in dozens of individuals receiving treatment and remaining in the community rather than being admitted to the Montana State Hospital for short-term detention and evaluation.
6. Mental health providers continue to face financial pressures related to reimbursement rates, payment models that restrict reimbursement to the provision of specific services, workforce shortages that prevent them from meeting licensing requirements or providing services, and the lack of psychiatrists and other prescribers.
7. Stakeholders are trying to address workforce shortages through development of a psychiatric residency training program, increased emphasis on the psychiatric advanced practice registered nursing program at Montana State University, and increased use of telepsychiatry.
8. Some readmissions to the Montana State Hospital in the first month after discharge occur because individuals have trouble with their medications.

9. The state entered into a 19-year lease for a private facility in Galen to house people who have been charged with a crime and either are undergoing pretrial evaluation or treatment, undergoing a presentencing evaluation, or serving a sentence in the custody of DPHHS. The 2015 Legislature appropriated money to operate new beds for this forensic population in FY 2017 but did not authorize money to build a new facility. DPHHS plans to use unexpended money from its existing budget to pay the operational costs that were incurred in FY 2016 but not funded by the Legislature.
10. DPHHS has worked to educate a wide range of stakeholders about the new funding opportunities and about community crisis intervention and diversion services.

The committee also made the following recommendations:

1. The state Medicaid program should reimburse clinical pharmacist practitioners for providing drug therapy management. The committee approved LC 170 for introduction in the 2017 Legislature to require reimbursement for the services. The committee heard presentations during the interim about the role these pharmacists can play in managing, in conjunction with a physician, medications used by individuals, including people with mental health needs. However, members also heard that few pharmacists are providing the services because they generally aren't reimbursed for the work.

Committee members believed that the clinical pharmacist practitioners could fill a gap in medication management for individuals leaving the Montana State Hospital.

2. DPHHS should review and compile information on the degree to which people with Alzheimer's disease or other dementias are committed to state facilities, including their length of stay in the facilities and the cost of providing care in institutional settings.
3. The 2017 Legislature should support increased funding for medical residency programs to provide a psychiatry training track in Montana. Backers of the proposal told the committee that medical residents often remain in the community in which they complete their residency program, so a psychiatric residency training program could increase the number of psychiatrists available to provide care in the Montana.
4. DPHHS and state policymakers should monitor the results of the Project ECHO (Extension for Community Healthcare Outcomes) pilot project that is using teleconferencing to connect clinicians from Billings Clinic, Rimrock, and the Department of Corrections with medical education and care management for offenders under DOC jurisdiction. The pilot project results may provide information on the effectiveness of telemedicine services, the current availability of such services, the potential for expanded use of Project ECHO or other telemedicine approaches, and the barriers to using telemedicine more widely.