

Provide community crisis intervention/integration into community mental health services.

Agency/Program #: 69010-33-11
Division: Addictive & Mental Disorders
Program: Community Mental Health Srv

Agency Name:	Department of Public Health and Human Services	
Agency Contact:	Mary Dalton	444-4084
LFC Contact:	Senator wanzenried; Senator Lewis	
LFD Liaison:	Lois Steinbeck	444-5391
OBPP Liaison:	Pat Sullivan	444-1207

Program or Project Description:

Provide community crisis intervention and integration into community services as an alternative to inpatient or state hospital treatment by:

Appropriation, Expenditure and Source

Fund Name:	2008		2009		Approp & Expenditure numbers are as of June 30, 2009.
	Approp.	Expended	Approp.	Expended	
General Fund	2,032,770	420,413	2,032,770	1,354,371	
State Special					
Federal Funds					
Total:	\$2,032,770	\$420,413	\$2,032,770	\$1,354,371	

Goal(s):

Provide community crisis intervention and integration into community services as an alternative to inpatient or state hospital treatment.

Performance Measures :

- 1) Development of 72-hour presumptive eligibility and payment for crisis stabilization services in community hospitals and community settings.
- 2) Establishment of baseline data in the following areas for second half of FY 08:
 - a. Number of individuals receiving crisis stabilization services with presumptive eligibility
 - b. Average cost of presumptive eligibility episode
 - c. Number of individuals who require additional crisis stabilization services within 30, 90, 180 days.

2009 Biennium Significant Milestones:		Completion Dates	
		Target	Actual
1	Determine appropriate locations for phase 1 community crisis stabilization services	1/1/2008	2/1/2008
2	Begin community service delivery in phase 1 sites	1/1/2008	3/1/2008
3	Admin rules	1/1/2008	3/1/2008
4	Develop RFI for psychiatric consultation via televideo connections	11/1/2007	12/3/2007
5	Establish agreement with physicians at Montana State Hospital to provide telepsychiatry consultation based at MSH. Install technology.	7/1/2008	
6	Reduce number of MSH detention admissions	6/30/2009	

Performance Report:

Number of individuals receiving crisis stabilization services with presumptive eligibility in FY 2008 and FY 2009

FY08 - Unique individuals served: 661 Episodes of care: 795

FY09: Unique individuals served: 1,537 Episodes of care: 1979

Average cost of presumptive eligibility episode in FY 2008 and FY 2009

FY08 - \$403.42 FY09 - \$516.65

Number of individuals who required additional crisis stabilization services within 30, 60, 180 days

FY08: 30 days - 98 60 days - 37 180 days - N/A

FY09: 30 days - 143 60 days - 159 180 days - 140

Performance information provided May 2008 - AMDD contracted for staff to assist in the development and implementation of the Community Crisis Stabilization and Presumptive Eligibility Program in September, 2007. Administrative rules became effective on March 1, 2008. The 72-Hour Presumptive eligibility for Crisis Stabilization Program is providing services in all pilot sites (Helena, Butte, Billings, Bozeman, Missoula, Hamilton, and Miles City) and has added Pathways Treatment Center in Kalispell as an active provider. Training has been provided to Benefis Hospital in Gr. Falls and Glendive

Medical Center. Claims are being processed, although some large providers have not yet submitted any claims. In response to comments from participating hospitals, AMDD has modified the reimbursement methodology.

Telepsychiatry RFI was issued in December and no response was received. AMDD pursued development of the program based at Montana State Hospital using psychiatrists with experience working with adults in crisis. However, Montana State Hospital has not been able to recruit new psychiatrists for telepsychiatry. The hospital is also trying to fill two vacancies in its base psychiatric staffing. On 8-25-2008, the Mental Health Bureau Chief met with medical staff to address alternatives to telepsychiatry that could be accomplished within existing staffing shortages. It was decided that a modified schedule for telephonic consultation could be implemented during regular business hours (8-5, M-F) until staffing resources were sufficient to implement the tele-video program on a 24/7 schedule. MSH is currently researching the installation of a toll-free line into the switchboard as well as a compensation schedule for the on-call physicians.

LFD Narrative:

LFD ASSESSMENT - On track

DATA RELEVANCE - Yes

APPROPRIATION STATUS - Appropriation/expenditure data was provided.

MILESTONES - Yes

COMMENTS/ISSUES - The performance data reported in May 2008 is included for this initiative so that the LFC workgroup could request follow up information on implementation of telepsychiatry services and potentially the addition of other locations of 72 hour crisis services.

OPTIONS - The workgroup could consider the following options:

1. Retire this measure
2. Ask that AMDD update the data for the October 2010 meeting
3. Request that the joint appropriations subcommittee review data on MHSP expansion during the 2011 session

The option to review information related to this initiative is included because the services may be in more demand due to implementation of the jail diversion and community mental health crisis services authorized by the passage of HB 130, HB 131, and HB 132.

Version	Date	Author
6901-33-11 BO - 1	12/05/07	Steinbeck
6901-33-11 BW - 2	5/20/08	Steinbeck
6901-33-11 BP - 3	9/22/08	Steinbeck
6901-33-11 BO - 4	12/07/09	Steinbeck

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