

SB 418: Legislative Mental Health Investments

Summary and Draft Findings

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for the Children, Families, Health, and Human Services Interim Committee
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Background

The 2015 Legislature approved a nearly \$19 million infusion of new funds into Montana's mental health system. To keep an eye on how the money was used, the Legislature also included a requirement in Senate Bill 418 that the Children, Families, Health, and Human Services Interim Committee monitor and evaluate how the Department of Public Health and Human Services has implemented the new funding.

The committee also is to provide a report to the Legislature that outlines the status of implementation and identifies areas where continued improvement is needed.

DPHHS Objectives

SB 418 requires DPHHS to implement the following objectives in using the new money:

- increase use of community-based crisis intervention services to reduce short-term admissions to the Montana State Hospital;
- reimburse providers for effective prevention and treatment that enables sustainable recovery in communities, as shown through quality assurance activities and analyses;
- improve outcomes for individuals with serious mental illness and co-occurring substance disorders, as demonstrated through data collection on individual client outcomes for recovery markers and performance measures; and
- improve collaboration between community mental health providers, nursing homes, and state-run facilities, as demonstrated through an increase in state facility discharge rates with a corresponding decrease in client recidivism to state facilities.

Study Activities to Date

Throughout the interim, the committee has received updates from DPHHS on the activities 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 Fiscal Year 2016, with nine of the counties receiving grants for the first time and seven receiving grants to continue or expand existing services;
- payments to two new crisis stabilization facilities that have opened during the fiscal year and are able to provide secure detention beds so that individuals do not have to be transported to the Montana State Hospital for emergency detentions;

- three providers contracting with DPHHS by the end of FY 2016 to provide voluntary short-term treatment to individuals who are facing an involuntary treatment proceeding, resulting in most of them being discharged to community treatment rather than being committed to the Montana State Hospital;
- payments of enhanced rates for mental health group homes and prerelease centers that accept individuals who have been convicted of a crime but who were sentenced to DPHHS custody because of their mental illness, allowing seven people to leave state facilities for a community placement;
- 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 a more restrictive setting; and
- an increase in housing, re-entry, crisis stabilization, and peer support services.

The committee also has heard from DPHHS about its efforts to meet with a broader range of stakeholders to make them aware of the new funding opportunities, as well as of the availability of community crisis services as an alternative to placement at the State Hospital. The department also has been working more closely with community mental health centers on discharge planning for State Hospital patients.

In addition, providers and other interested parties have talked with the committee about the need to maintain or improve community mental health services. Stakeholders have 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 are not high enough to cover the costs of some 24-hour crisis services;
- programs funded with general fund dollars provide more flexibility because they can pay for the overhead costs of maintaining 24-hour services when patients are not actually using and paying for 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.

Draft Findings and Recommendations

With the end of the interim in sight, committee members will need to decide on the conclusions they want to present to the 2017 Legislature on the implementation of the new mental health funds and whether to make any recommendations for future action.

Below are some potential findings for the committee's consideration.

1. Additional funding for crisis intervention and jail diversion grants has expanded services to new areas of the state, particularly eastern Montana. Grants in FY 2016 had the potential to benefit 29 of the state's 56 counties.
2. Additional funding for secure detention beds helped stabilize funding for two new crisis facilities as they opened their doors in FY 2016.
3. Some hospitals and mental health centers have agreed to offer 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 diversion option was authorized by the 2009 Legislature.
4. Additional funding for services to individuals who have been found to be guilty of a crime but mentally ill has allowed some individuals 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 services provided, workforce shortages that prevent them from meeting licensing requirements or providing services, and the lack of psychiatrists and other prescribers.
7. Stakeholders are taking steps 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 that is now being used 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. The Department of Public Health and Human Services has worked to educate a wide range of stakeholders about the new funding opportunities and about community crisis intervention and diversion services.

Committee Decision Points

Answers to the following questions will help staff prepare the final report on the SB 418 activities.

1. Does the committee want to adopt any of draft findings to report to the 2017 Legislature? If so:
 - a. which, if any, of the suggested draft findings does the committee want to adopt; and
 - b. are there additional findings the committee would like to include?
2. Does the committee want to recommend that the 2017 Legislature consider requiring Medicaid reimbursement for drug therapy management by clinical pharmacist practitioners, as proposed in LCCF12, to address prescriber shortages?
3. Does the committee want to make any other recommendations to the 2017 Legislature on:
 - a. the continuation of funding for efforts that were funded on a one-time-only basis in 2015 (youth crisis diversion projects and youth suicide prevention);
 - b. changes to the funding levels of any of the new efforts funded by the 2015 Legislature; or
 - c. any new programs or services identified by stakeholders during the study?
4. Does the committee want to take any other action related to the SB 418 study?

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