



Addictive & Mental Disorders Division

2009 Biennium Budget Request
Supporting Information

Addictive & Mental Disorders Division

Mission

To implement and improve appropriate statewide systems of prevention, treatment and rehabilitation for individuals with addictive and mental disorders by:

- Providing information, education and assistance;
- Guiding the development of innovative, recovery-based services;
- Providing a range of quality, customer-focused services; and
- Operating within a cost-effective service delivery system.

Addictive & Mental Disorders Division

Why We Need An Addictive & Mental Disorders Division

- One in every 12 Montanans aged 12+ were in need of treatment for a substance use disorder in 2004.
- Society pays vast sums of money to contend with the damage done by its intoxicated citizens – prisons, insurance premiums, loss of life and property damage. And the costs to damaged families cannot be calculated.
- In Montana, alcohol continues to be the drug of choice, with methamphetamine use on the rise.
- In Montana, it is estimated that 50 – 60 % of our citizens who have a mental illness also have a substance use disorder.

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Addictive & Mental Disorders Division

Why We Need An Addictive & Mental Disorders Division

- About one of every five Americans suffers from some kind of mental disorder in a given year.
- In 2003, the Division provided mental health services to about 1 in 30 Montanans, children and adults.
- Mental illnesses rank first among illnesses that cause disability in the United States, Canada and Western Europe.
- One of the most distressing and preventable consequences of undiagnosed, untreated, or under-treated mental illnesses is suicide. Montana ranks second in the nation for incidence of suicide.

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Addictive & Mental Disorders Division

A Little History

- AMDD was formed in 1995, the result of a large reorganization of human service programs.
- At the time, AMDD served both children and adults and services were paid on a fee-for-service model.
- In 1997, AMDD contracted for a managed care program. That contract ended in 1999, with a return to a fee-for-service system with providers.
- In July 2003, mental health services for children were moved to the Health Resources Division.

The mental health system has undergone massive changes in the last few years. We are in the process of establishing a strong, viable system of care that places appropriate focus on consumers of mental health and substance abuse services.

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Addictive & Mental Disorders Division

What Does The Division Do?

- The Division manages community programs:
 - Medicaid-funded mental health programs for adults
 - Medicaid-funded chemical dependency programs for children and adults
 - the Mental Health Services Plan for adults not eligible for Medicaid
 - chemical dependency programs for children and adults funded with federal funds and alcohol tax revenues.
- The Division manages three state institutions:
 - Montana State Hospital (MSH) in Warm Springs
 - Montana Mental Health Nursing Care Center (NCC) in Lewistown
 - Montana Chemical Dependency Center (MCDC) in Butte

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Addictive & Mental Disorders Division

What Does The Division Do?

- Provides structure for development of recovery-based services and care systems.
- Works with the public and advocates to reduce stigma .
- Provides a forum for comprehensive strategic planning.
- Provides information about mental health and substance abuse to the public.
- Participates in the planning and delivery of statewide prevention activities, primarily in the area of substance abuse.
- Manages a federal grant that targets services to address homelessness of individuals with mental illness.
- Provides a public sector advocacy, planning, and services coordination role with other state agencies.

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Addictive & Mental Disorders Division

How Many Individuals Do We Serve?

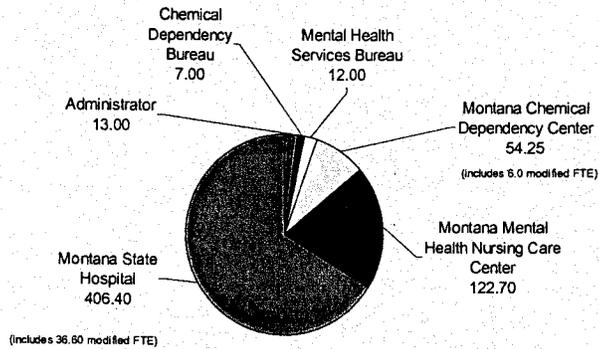
We estimate that over 23,000 Montanans received one or more of the services offered by AMDD during SFY 2006. An unduplicated count of all individuals is not possible with the division's current data resources. The numbers listed below do represent unduplicated individuals served by the respective programs.

- Montana State Hospital – 795 (199 ADC*)
- Montana Chemical Dependency Center – 570 (50 ADC)
- Montana Mental Health Nursing Care Center – 113 (81 ADC)
- Medicaid Mental Health – 13,417 (5,126 monthly average)
- Mental Health Services Plan – 5,352 (2,434 monthly average)
- Chemical Dependency Community Services – 8,746 (2,765 monthly average)

* ADC - Average Daily Census

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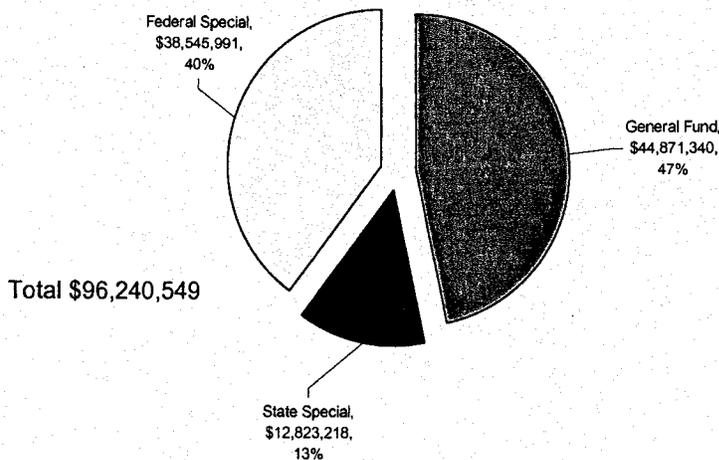
Addictive & Mental Disorders Division Employees (FTE) By Location – SFY 2006



615.35 Total FTE

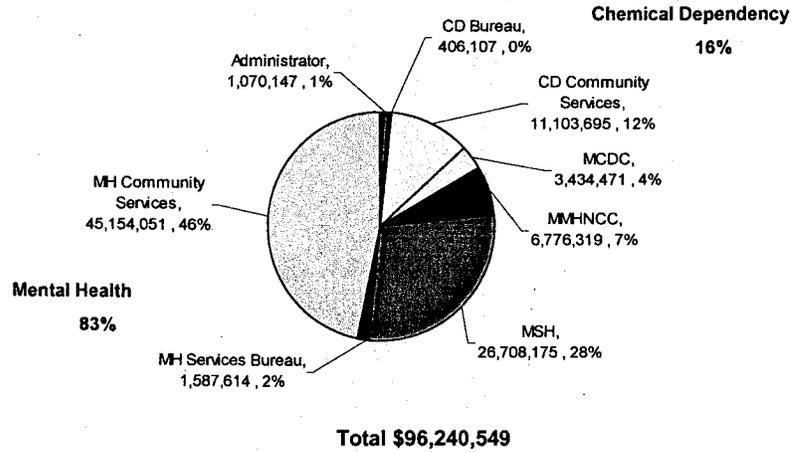
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Addictive & Mental Disorders Division Funding Sources – SFY 2006 Actual Expenditures



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Addictive & Mental Disorders Division SFY 2006 Actual Expenditures By Program



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AMDD – Community Mental Health Mental Health Medicaid Benefits – 2006 Services

Medicaid Community Mental Health Services – SFY 2006

Does not include institutional Medicaid

	Recipients	Expenditures
Crisis Response Services		
Inpatient Hospital	673	\$ 1,634,571
Crisis Intervention Facility	262	\$ 1,061,513
Subtotal – 8.4% of Total		\$ 2,696,084
Community Rehabilitation Services		
Targeted Case Management	3657	\$ 9,401,364
Day Care	1207	\$ 2,774,774
Personal Care	250	\$ 1,299,045
Intensive Community Based Rehabilitation	33	\$ 1,900,800
Community Rehabilitation & Support	1389	\$ 1,206,111
Group Home	204	\$ 2,421,005
Foster Care	104	\$ 1,716,082
PACT	292	\$ 3,393,456
Subtotal – 75.4% of Total		\$ 24,112,636

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AMDD – Community Mental Health Mental Health Medicaid Benefits – 2006 Services

Medicaid Community Mental Health Services – SFY 2006 (cont.)

	Recipients	Expenditures
<u>Pharmacy and Therapy Services</u>		
Outpatient Hospital	2594	\$ 380,275
Lab & X-ray	486	\$ 29,625
Physician	5854	\$ 493,093
Psychiatrist	4044	\$ 1,480,553
Mid-Level Practitioner	2476	\$ 306,415
Social Worker	2142	\$ 599,660
Licensed Professional Counselor	3434	\$ 1,214,157
Psychologist	970	\$ 251,006
Rural Health Clinic	737	\$ 144,704
Federally Qualified Health Center	1233	\$ 243,137
Other	28	\$ 19,565
Subtotal – 16.1% of Total		\$ 5,162,192
Total		\$ 31,970,912

Paid claims through November, 2006.

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AMDD – Community Mental Health Mental Health Services Plan – 2006 Services

	Recipients	Encounters
<u>Service Type</u>		
Mental Health Center	734	\$ 2,013,432
Drugs	3459	\$ 3,152,605
Licensed Professional Counselor	2426	\$ 573,279
Mid-Level Practitioner	279	\$ 46,710
Psychiatrist	1774	\$ 686,098
Psychologist	173	\$ 41,357
Social Worker	1693	\$ 625,544
Targeted Case Management	2544	\$ 3,128,764
Total	5362	\$ 10,267,789

All data, except drugs, provided by mental health centers as database encounter claims. Encounter claims record the claim records but no payment is made to the provider of services. AMDD contracts with four licensed mental health centers to provide services. The amount reimbursed through contracts does not fully reimburse providers for all units of service recorded on encounter claims. The amounts are not audited. Claims through November 2006.

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AMDD – Community Mental Health Mental Health Services Plan – Pharmacy Use Statistics

MHSP Pharmacy - April 2006

<u>Payment Bands</u>	<u>Number</u>	<u>Percent Recipients</u>	<u>Average Paid</u>	<u>Monthly Cost</u>	<u>Percent Cost</u>	<u>Average Scripts</u>
\$425 and over	98	7%	\$ 425.00	\$ 41,650	18%	2.90
\$400-\$425	36	2%	\$ 410.90	\$ 14,792	6%	2.78
\$350-\$400	65	5%	\$ 373.57	\$ 24,282	11%	2.86
\$300-\$350	83	6%	\$ 322.16	\$ 26,739	12%	2.58
\$250-\$300	91	6%	\$ 277.25	\$ 25,230	11%	2.25
\$200-\$250	120	8%	\$ 221.17	\$ 26,540	12%	2.23
\$150-\$200	139	10%	\$ 174.18	\$ 24,211	11%	2.04
\$100-\$150	165	11%	\$ 123.19	\$ 20,326	9%	2.08
Less than \$100	<u>646</u>	<u>45%</u>	\$ 37.88	<u>\$ 24,470</u>	<u>11%</u>	1.48
	1443	100%		\$ 228,242	100%	

13 individuals exceeded \$1,000 for month in drug costs and 1 individual exceeded \$2,000

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AMDD – Community Mental Health Mental Health Services Plan – Budget Request

MHSP Intended Use Plan – 2009 Biennium (without HIFA Waiver)

<u>Purpose</u>	<u>SFY 2008</u>	<u>SFY 2009</u>
MHSP Contracts – MHC*	\$ 3,552,288	\$ 3,553,059
MHSP Pharmacy	\$ 2,942,670	\$ 3,414,071
PACT	\$ 1,073,867	\$ 1,073,867
Community Crisis Stabilization	<u>\$ 641,895</u>	<u>\$ 170,494</u>
Total MHSP	\$ 8,210,720	\$ 8,211,491

* Includes requested provider rate increase

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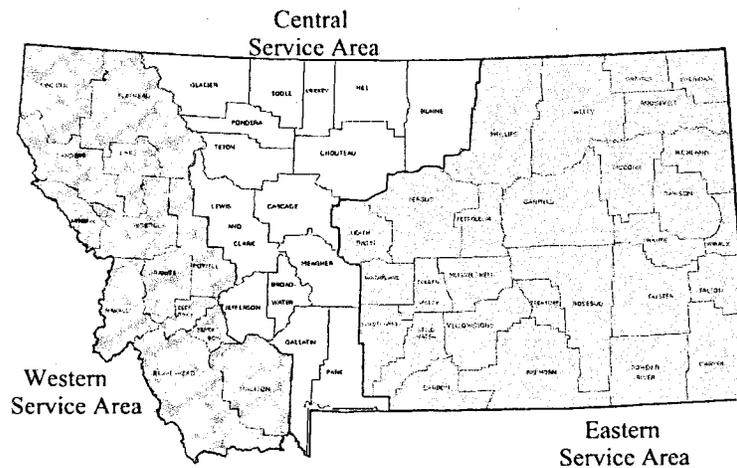
AMDD – Community Mental Health Mental Health Grant Services – PATH

Project for Assistance in Transition from Homelessness (PATH)

- provides services to individuals who have serious mental illness, and are homeless or at risk of homelessness
- \$300,000 each year from SAMHSA since 1997 (requires \$100,000 from state), services include:
 - o outreach
 - o screening
 - o habilitation and rehabilitation
 - o mental health and alcohol and drug services
 - o case management
- 3 mental health centers receive funding
- in FY03, provided outreach to 1868 individuals, 987 received services

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AMDD – Community Mental Health Service Area Authorities



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AMDD – Community Mental Health Service Area Authorities – Accomplishments

- Central SAA provided recommendations for MHSP Pharmacy Benefit that were adopted by AMDD
- Stakeholders in communities across Montana advised AMDD on local and regional needs including expansion of PACT, development of community crisis response resources, and need for co-occurring services
- Local Advisory Councils emerging across state
- Stakeholders are actively participating in the development of a Comprehensive Mental Health Plan

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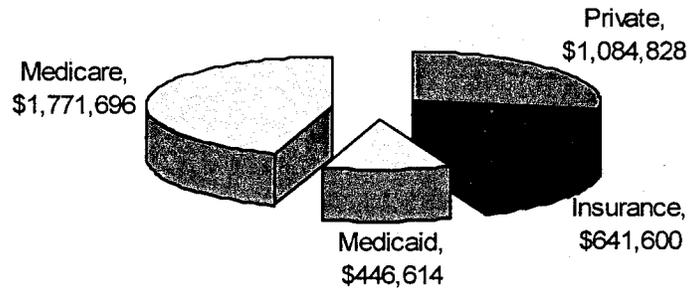
AMDD – Montana State Hospital Major Issues

- Biggest issues are rising numbers of admissions and average daily census
- Built for 135, budgeted for 175, licensed for 189
- In SFY 2006, the hospital exceeded the licensed capacity of 189 on 333 days – 91% of the time
- Average daily census for FY06 = 199
- Numbers of emergency and court-ordered detentions rising – from 46% in FY03 to 60% in FY06
- Study by the Legislative Audit Division on characteristics of people admitted to the hospital
- Development of the Secure Treatment and Evaluation Program (STEP) to improve treatment services for criminal commitments.
- Center for Medicare and Medicaid Services Survey recommends changes in active treatment programs. The changes may result in an increase in professional staff.
- Must be careful about relationship of community service development to decreases in MSH budget

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AMDD – Montana State Hospital

Revenue Collections – SFY 2006



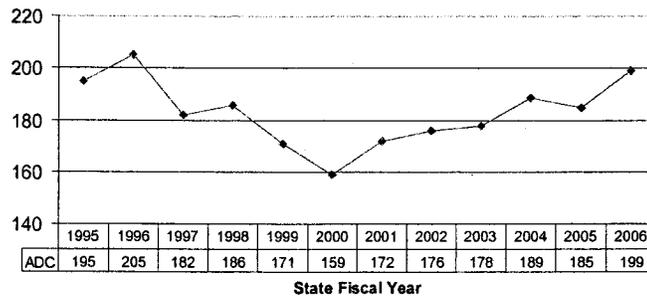
2006 Total \$3,944,738
 2008 Projected \$ 3,694,411
 2009 Projected \$ 3,696,831

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AMDD – Montana State Hospital

Historical Average Daily Census

Montana State Hospital
 Historical Average Daily Census
 SFY 1995 - SFY2006



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AMDD – Montana State Hospital

2006 Admissions by Commitment Type

Commitment Type	Process	Description	Payment Source	2003 Admits	% 2003 Total	2006 Admits	% 2006 Total
Emergency Detention	Civil	Detained pending commitment hearing – ordered by county attorney.	County to state general fund.	109	22%	267	39%
Court Ordered Detention	Civil	Detained pending commitment hearing – ordered by district court judge or municipal court judge.	County to state general fund.	117	24%	147	21%
Involuntary Commitment	Civil	Court finding of danger to self or others. No community alternative – initial commitment up to 90 days	State general fund.	194	39%	191	28%

Of the 414 commitments for emergency detention or court-ordered detention, 65% (272) were re-committed as involuntary commitments in SFY 2006.

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AMDD – Montana State Hospital

2006 Admissions by Commitment Type

Commitment Type	Process	Description	Payment Source	2003 Admits	% 2003 Total	2006 Admits	% 2006 Total
Indian Health Services Involuntary Commitment	Civil	Commitment ordered by tribal court to Indian Health Services (IHS).	IHS to state general fund.	16	3%	16	2%
Voluntary	Civil	Patient requests admission and is screened by MHC.	State general fund.	0	0%	1	<1%
Inter-Institutional Transfer	Civil	Transfer from another state institution pending commitment hearing.	State general fund.	3	<1%	1	<1%

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AMDD – Montana State Hospital 2006 Admissions by Commitment Type

Commitment Type	Process	Description	Payment Source	2003	% 2003	2006	% 2006
				Admits	Total	Admits	Total
Court Ordered Evaluation	Forensic	Evaluation to determine mental status.	State general fund.	16	3%	11	2%
Unfit to Proceed	Forensic	Evaluation and treatment to enable defendant to stand trial.	State general fund.	22	4%	32	5%
Not Guilty by Reason of Mental Illness	Forensic	Sentenced to DPHHS on criminal charges; may be transferred to DOC by Department Director.	State general fund.	3	<1%	2	<1%
Guilty but Mentally Ill	Forensic	Not guilty of criminal charges due to mental status.	State general fund.	12	2%	22	3%

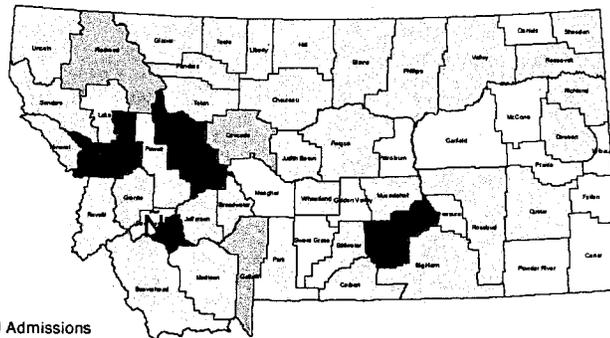
492 admissions in SFY 2003
581 admissions in SFY 2004
637 admissions in SFY 2005
690 admissions in SFY 2006

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AMDD – Montana State Hospital All Admissions SFY 2006



Montana State Hospital All Admissions - SFY 2006 Projected



690 Total Admissions
MSH Admissions
 0
 1 - 7
 8 - 26
 27 - 59
 Greater than 60

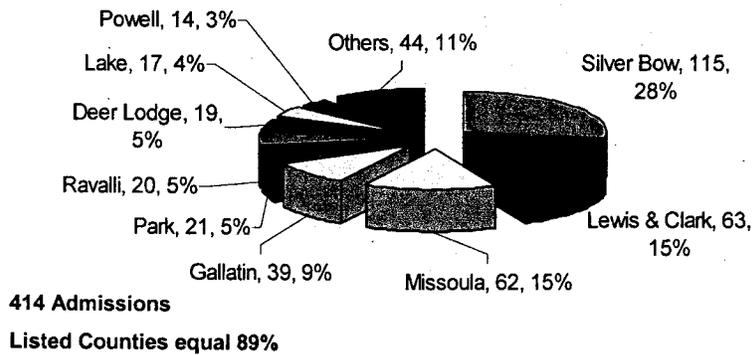
Source: Montana State Hospital Admission Data
SFY 2006

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AMDD – Montana State Hospital

Emergency and Court-Ordered Detentions by County of Commitment

Admitting Counties SFY 2006

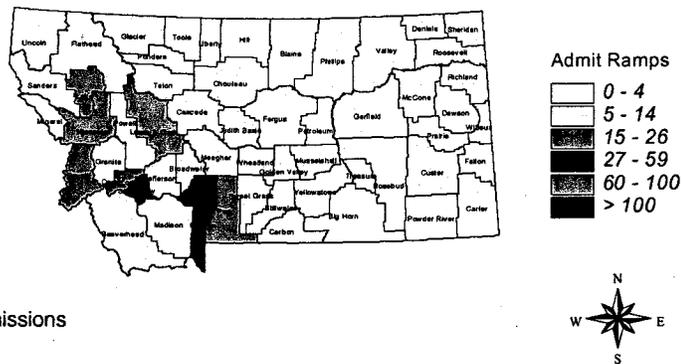


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AMDD – Montana State Hospital

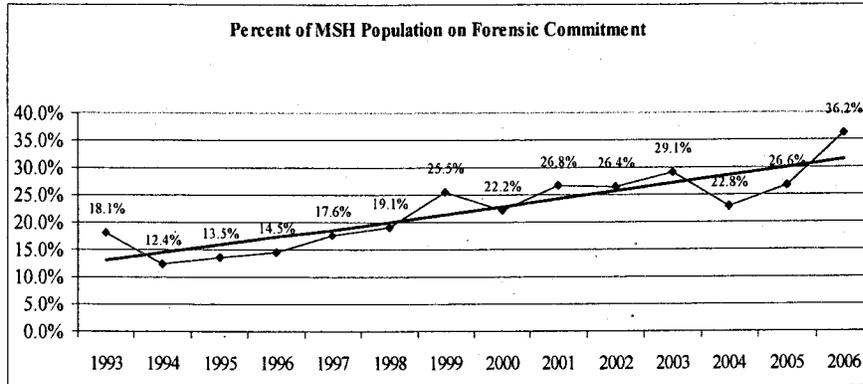
Detention Admissions SFY 2006

Emergency & Court-Ordered Detention Admissions to Montana State Hospital - SFY 2006



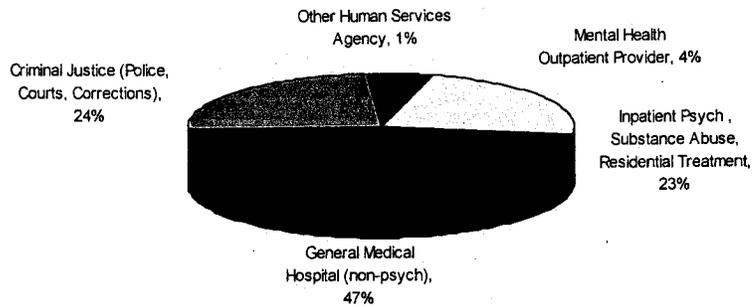
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AMDD – Montana State Hospital Forensic Population %



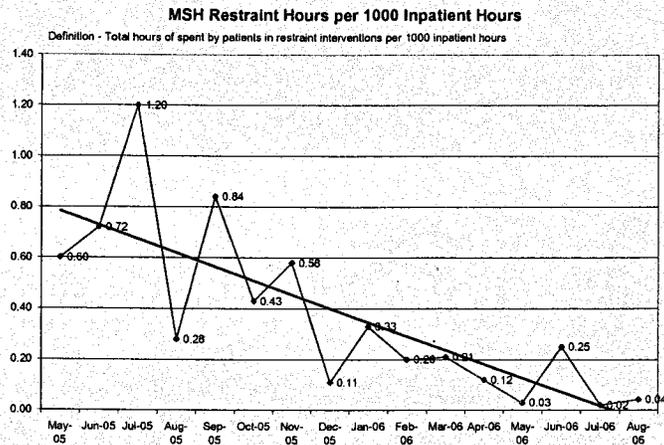
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AMDD – Montana State Hospital Referral Sources



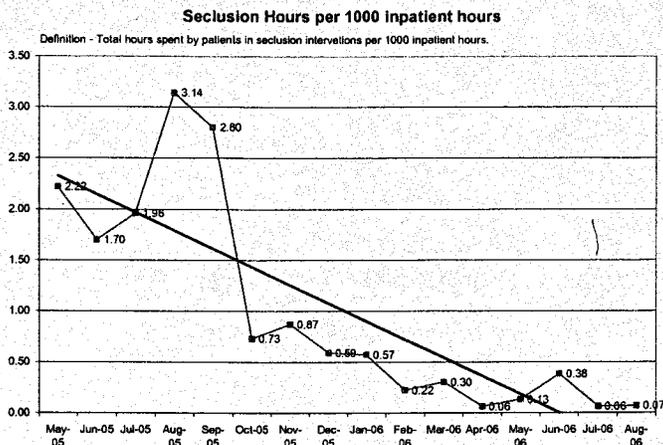
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AMDD – Montana State Hospital Seclusion & Restraint Initiative



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AMDD – Montana State Hospital Seclusion & Restraint Initiative

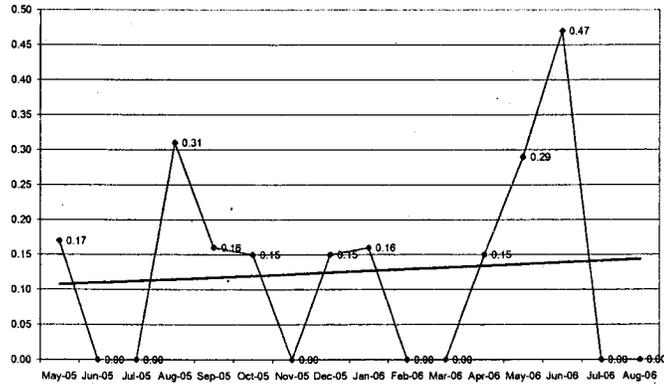


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AMDD – Montana State Hospital Seclusion & Restraint Initiative

Client Injury Rate

Definition - percent of patients experiencing injuries needing medical attention per 1000 patient days.
Includes injuries due to any cause including self-injury.

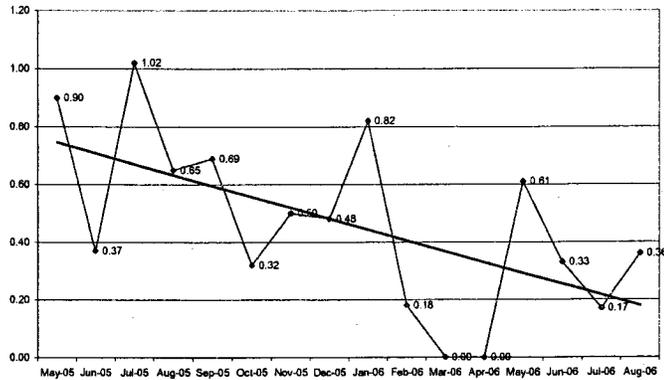


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AMDD – Montana State Hospital Seclusion & Restraint Initiative

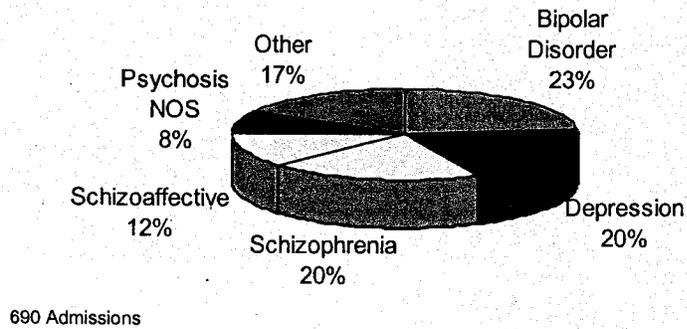
Staff Injury Rate

Definition - percent of employees experiencing an injury due to any cause that required medical attention per 1000 patient days. Includes injuries due to any cause, including slips, trips, and falls.



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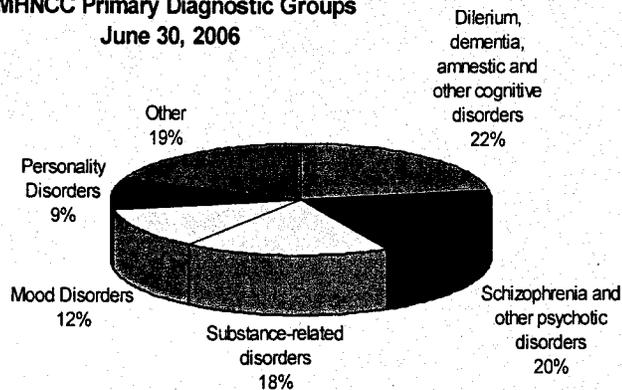
AMDD – Montana State Hospital Primary Diagnostic Groups



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AMDD – Montana Mental Health Nursing Care Center Primary Diagnostic Groups

MMHNCC Primary Diagnostic Groups
June 30, 2006

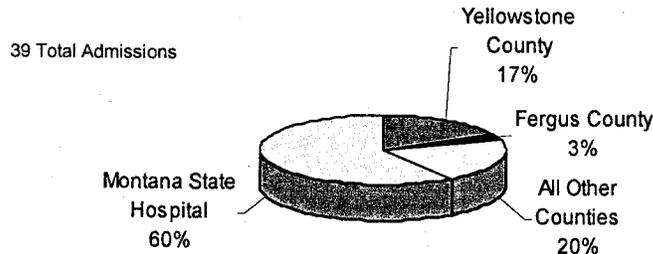


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AMDD – Montana Mental Health Nursing Care Center

Origin of Admissions

MMHNCC - Origin of Admissions SFY 2006



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AMDD – Community Addiction Treatment and Prevention

SFY 2006 Treatment Characteristics

Source: ADIS

- Who received treatment in SFY 2006
 - 69% male
 - 31% married
 - 44% involved w/ criminal justice system
 - 31% convicted of DUI offense
 - 40% employed (part or full-time)
 - 16% receive public assistance
 - 11% women w/ dependent children
 - 17% IV drug users
 - 4% homeless
 - 3% referred by child protective services
- Annual household income of those in treatment:
 - 58% \$0-\$4,999
 - 11% \$5000-\$9,999
 - 16% \$10,000-\$19,999
 - 11% \$20,000-\$49,999
 - 4% \$50,000 & over
- Education level of those in treatment:
 - 6% 0- 8 years
 - 69% 9-12 years
 - 23% 13-16 years
 - 2% 17 years & over
- Ages of those in treatment:
 - 11% 0-17
 - 9% 18-20
 - 31% 21-30
 - 21% 31-40
 - 20% 41-50
 - 9% 51 & over
- Race of those in treatment:
 - 79% White
 - 17% American Indian
 - 3% Other

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AMDD – Community Addiction Treatment and Prevention

Youth Substance Use Information

Source: 2006 Montana Prevention Needs Assessment

Percentage of Survey Youth Using Drugs in the Past 30 Days

Drugs Used In Past 30 Days	Grade 8	Grade 10	Grade 12	Total
Methamphetamine	.4%	.7%	1%	.7%
Alcohol	23.3%	40.7%	53.8%	37.9%
Cigarettes	10.4%	18.9%	24.4%	17.3%
Smokeless Tobacco	4.9%	10.5%	13.7%	9.3%
Marijuana	6.7%	18.3%	20.8%	14.6%

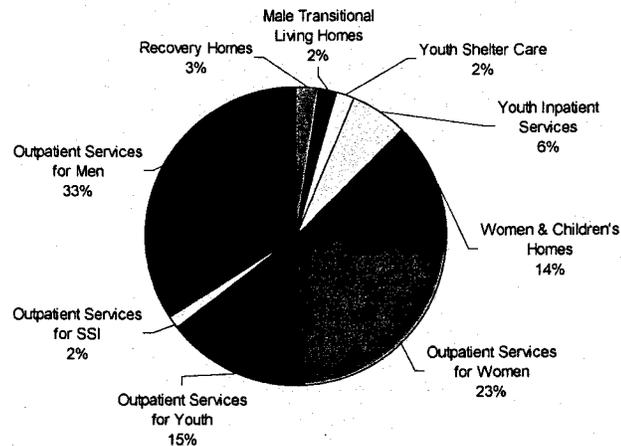
Percentage of Survey Youth with Intention to Use When Adults

Substance To Use	Grade 8	Grade 10	Grade 12	Total
Alcohol	53.6%	69.0%	76.3%	65.2%
Cigarettes	7.5%	9.5%	10.9%	9.1%
Smokeless Tobacco	4.0%	6.6%	7.9%	6.0%
Marijuana	7.2%	15.6%	16.6%	12.7%
Other Illegal Drugs	1.0%	2.3%	2.6%	1.9%

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AMDD – Community Addiction Treatment & Prevention

Chemical Dependency Non-Medicaid Services – SAPT Treatment Services



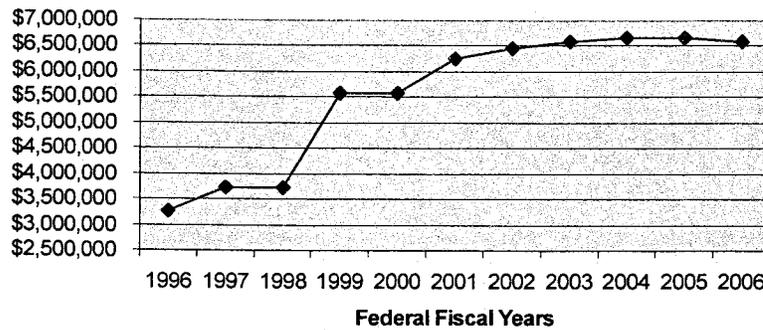
Source: FFY2003 Grant Report

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AMDD – Community Addiction Treatment & Prevention

Chemical Dependency Non-Medicaid Services – SAPT Grant History

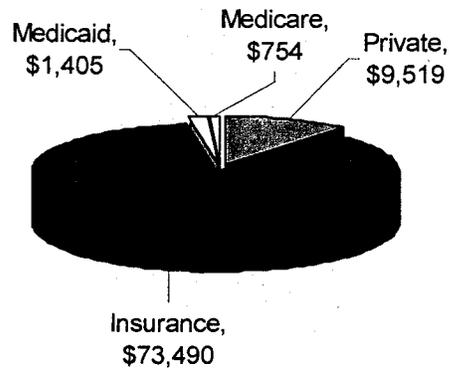
Substance Abuse Prevention and Treatment Block Grant



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AMDD – Montana Chemical Dependency Center

Revenue Collections SFY 2006



2006 Total \$ 85,168

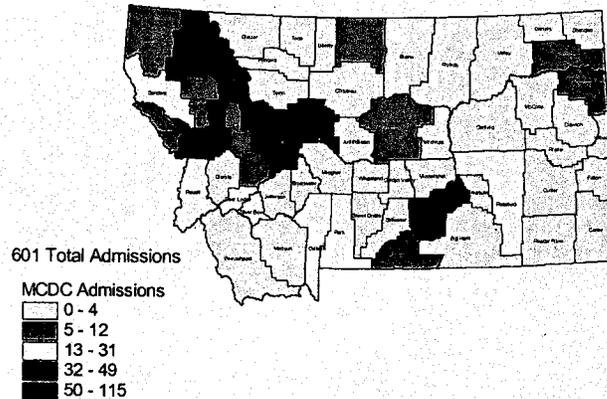
2008 Projected \$ 109,940

2009 Projected \$ 109,645

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AMDD – Montana Chemical Dependency Center

Admissions SFY 2006



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AMDD – Alcohol Tax Distribution

Program Description

The State of Montana collects taxes on the sale of beer, wine, and liquor (collectively called alcohol taxes). The amount of the tax varies by the type of commodity (MCA 16-1-404, 16-1-406, 16-1-411).

The Department of Public Health and Human Services (DPHHS) receives earmarked distributions from the taxes collected by the state on alcohol sales:

- Liquor – 65.50%
- Beer – 23.26%
- Wine – 31.00%

The remainder of the taxes collected goes to the state general fund.

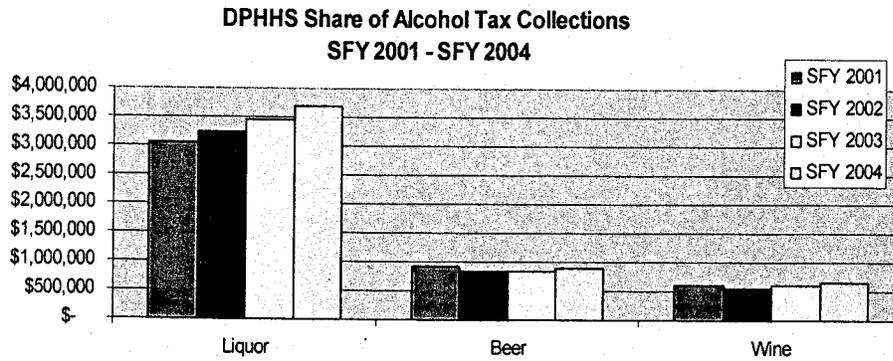
Statute (53-24-108, MCA) requires specific statutory distributions within the amount received by the department:

- 20% is distributed to counties as a pass-through to county identified alcohol and drug providers,
- 6.6% is distributed to the AMDD for co-occurring programs, and
- any fund balance that remains at the end of each fiscal year is also distributed to counties for their respective alcohol and drug programs (53-24-206 (3)(b), (MCA) in the next fiscal year.

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AMDD – Alcohol Tax Distribution

DPHHS Share



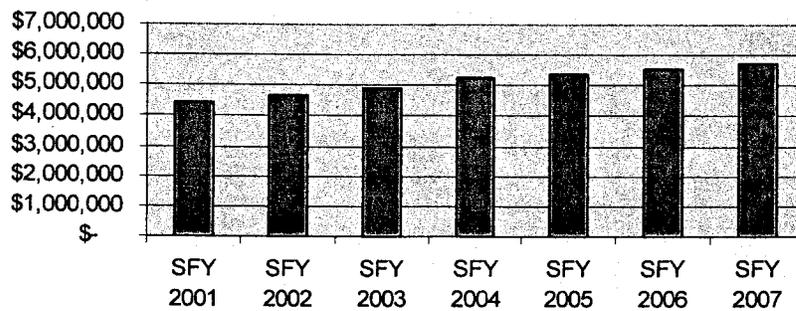
SABHRS

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AMDD – Alcohol Tax Distribution

Revenue Projection

**DPHHS Alcohol Funds
SFY 2001 - SFY 2007 Projected**



Dept. of Revenue

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AMDD – Montana State Hospital

Bond Costs – Program Description

Debt service payments for the new Montana State Hospital (MSH) building are statutory obligations of the state. Payments are made on revenue bonds issued to build the facility. The \$25.915 million revenue bond was issued in 1997 with a repayment cycle of 25 years (through 6/1/2022). The bond agreement calls for one principal payment and two interest payments per year.

The sources supporting the revenue bond are collections for services at the Montana Mental Health Nursing Care Center (MMHNCC) and the MSH.

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AMDD – Montana Chemical Dependency Center

Treatment Data

<u>Admissions</u>	<u>1995</u>	<u>% 1995</u>	<u>2004</u>	<u>% 2004</u>	<u>2006</u>	<u>% 2006</u>
Male	864	75%	363	59%	320	53%
Female	288	25%	255	41%	281	47%
Total	1152	100%	618	100%	601	100%
<u>Primary Drug</u>						
Alcohol	835	72%	333	54%	297	49%
Methamphetamine	124	11%	163	26%	159	26%
Marijuana/Hash	126	11%	66	11%	66	11%
Heroin	8	1%	8	1%	7	1%
Other	59	5%	48	8%	72	12%

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AMDD – Montana State Hospital Bond Costs – Program Description (continued)

The agreement with the bondholders requires that all collections at the MMHNCC and the MSH are dedicated to retirement of the MSH building debt. Therefore, all revenue collections are deposited in a debt service fund. Distributions from the debt service fund are, first to make the annual principal and interest payments and, second to deposit all excess revenues beyond the debt service needs to the general fund. The process is presented graphically:

