Behavioral Health System Strategic Planning - Framework

Develop a plan for a high-performing Montana behavioral health system to include the following:

- Vision for the future
- Incorporate objectives with clear outcomes and accountability
- Analyze the role of the public behavioral health stakeholders

Objectives

1) Identify structural elements required to operationalize the system vision statement
2) Review the effectiveness and plus/minuses of state and regional funding/division structure
3) Conduct gap analysis comparing the current Montana behavioral health system with the system vision
4) Analyze the role and financing of the Montana State Hospital and or the impact of a regional approach within the system
5) Recommend specific changes needed to achieve the envisioned system
6) Develop a road map for the envisioned system – steps in the process to design, develop, implement, and operationalize and associated timeline for such steps
7) Conduct a fiscal analysis of each recommendation
8) Incorporate characteristics of best practice purchasing (system performance measures, value-based contracting, etc.) in the system design
9) Demonstrate how the plan would be cost sensitive to the State budget realities in the short term and address long-term sustainability
10) Develop strategy action document
11) Prioritize legislative initiatives for the behavioral health system

**Strategic Planning Framework**

I. History of Montana Behavioral Health System
   a. Legislative milestones
   b. Mental Health Oversight Advisory Council (MHOAC)
   c. Local Advisory Councils on Mental Health
   d. Children’s System of Care Planning Committee – Administrators and Community members
   e. Improving Montana’s Mental Health System – Final Report; Technical Assistance Collaborative, Inc.
   f. DMA Health Strategies Final Report
II. Behavioral Health System Structure
   a. Population
      i. Population characteristics
      ii. Medicaid population
      iii. Montana’s served by Mental Health Service Plan (MHSP) funding
      iv. Prevalence rates
      v. Penetration rates
      vi. Gaps
   b. Behavioral health delivery system structure (adult & children)
      i. Institutional care
         1. Montana State Hospital
         2. Department of Corrections
         3. Montana Chemical Dependency Center
         4. Montana Development Center
      ii. Community-based care
iii. Licensed community health centers (27)
   1. MHSP funded
   2.

iv. Tribal system(s)

v. Addiction services

III. Behavioral Health System Funding
   a. Service funding matrix by payer source (needs to be developed)
   b. Access to services
   c. Workforce development
   d. New payor models
      i. Fee for service
      ii. Shared risk contracts
      iii. Episodic care
      iv. Consumer driven
      v. Incentivized community care
      vi. Medical home
      vii. Integrated delivery
   e. Total behavioral health system funding
      i. Medicaid Behavioral Health
         1. State Match
         ii. Medicare
         iii. Federal Block Grant
         iv. State General Funds
            1. Crisis services
         v. Local City/County Funding
         vi. Private provider grant funding
      vii. Department of Public Health & Human Services
         1. Children’s Mental Health Bureau
         2. Addictive & Mental Disorders Division
   viii. Mental Health Service Plan
   ix. Montana Mental Health Trust
   x. Magellan Administrative Contract
   xi. Other

IV. Behavioral Health System Performance Measurement Data
   a. Total # Using Medicaid-Funded Services Only
b. Total # Using DPHHS-Funded Services Only
c. Total # Using Both Medicaid & DBH Services
d. Total # Using Provider Charity Care
e. Total # of Montana living with a diagnosable mental Illness
f. Total # who get diagnosed
g. Total # of follow through with a treatment regimen
h. Tools to monitor beyond utilization data
i. Tools to learn more about those utilizing care through a “level of care” assessment tool
j. Performance tool coupled with payment for providers
k. Evidence-based & practice-based service models
l. Consumer driven care in comparison to provider driven care
m. Quality measures not connected to cost
n. Community or County report card
o. Suicide rate

V. Overview of Key National Trends With Implications For Behavioral Health System Planning
   a. Parity legislation now in place
   b. Health care reform initiated January 1, 2014
   c. Montana did not expand Medicaid
d. IMD waivers and current ruling
e. Medicaid program integrity and audits
f. Comparative effectiveness – clinical decision-making models developing
g. Intrusive technologies
h. Electronic Medical Record (EMR) mandates
i. System change (and opportunities) with telehealth
j. Virtual consumer implications