

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

Agency/Program #: 69010-33-I1
 Division: Addictive & Mental Disorders
 Program: Community Mental Health Sv

Agency Name:	Department of Public Health and Human Services	
Agency Contact:	Lou Thompson	444-3969
LFC Contact:	Senator Cobb; Senator Williams	
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:

Fund Name:	Appropriation, Expenditure and Source				Approp & Expenditure numbers are as of August 29, 2008
	2008		2009		
	Approp.	Expended	Approp.	Expended	
General Fund	2,032,770	420,413	2,032,770	1,284	
State Special					
Federal Funds					
Total:	\$2,032,770	\$420,413	\$2,032,770	\$1,284	

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	

Reduce number of MSH detention admissions

6/30/2009

Performance Report:

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 were proposed and open to public comment. Because no comment was received, rules became effective on March 1, 2008. Program was implemented in seven pilot sites for initial implementation of Crisis Stabilization and Presumptive eligibility (Helena, Butte, Bozeman, Missoula, Hamilton, Billings, and Miles City) on March 1, 2008. These locations will test program operations and provide AMDD with an opportunity to make adjustments in procedures. Claims are now able to be reimbursed. AMDD will review data and adjust program based on 90 days of operation.

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 8-23-2008, 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.

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.

As of August 31, 2008, there have been 819 individuals served; 993 episodes of care; 28% served in hospitals; 72% served in mental health centers; and 63 individuals denied eligibility. AMDD cannot yet calculate the per person average cost or recidivism statistics because of incomplete claims.

LFD Narrative:

LFD ASSESSMENT - Progress Report Needed

DATA RELEVANCE - Yes

APPROPRIATION STATUS - Appropriation/expenditure data was provided.

COMMENTS/ISSUES: This received a progress report needed status because implementation has been delayed compared to the timelines submitted in the executive budget and outcome data is not yet available. AMDD has kept the workgroup apprised of its progress and provided information of the road blocks and challenges associated with the implementation of the new services. Progress is being made to develop 72 hour community crisis stabilization services, although there have been delays. Implementation of telepsychiatry services has lagged due to inability to recruit psychiatrists at the state hospital. AMDD indicated that it may be able to implement a smaller scale (partial day as opposed to 24/7) telepsychiatry service using state hospital psychiatrists.

OPTIONS - The workgroup may wish to request that AMDD provide updated information at the November LFC meeting.



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

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