

SB 418: Legislative Mental Health Investments Measurement Requirements of SB 418

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

The 2015 Legislature made several new appropriations for mental health services and also passed Senate Bill 418, which set out objectives for use of the mental health funds. SB 418 also directed the Children, Families, Health, and Human Services Interim Committee to monitor the use of the money and evaluate how well the Department of Public Health and Human Services (DPHHS) implements the objectives. The committee is to provide a report to the 2017 Legislature on the status of implementation and, if necessary, identify areas where continued improvement is needed.

This briefing paper discusses the objectives established in SB 418 and outlines the information that will be collected to monitor, measure, and evaluate how the objectives are being met.

SB 418's Four Objectives

Section 2 of SB 418 set out four objectives for DPHHS to meet for the use of mental health funds. The language in subsection (2) of that section states:

(2) In order to achieve this policy, the legislature directs the department of public health and human services to meet the following objectives:

(a) to support a community-based system of care that is demonstrated through increased utilization of community-based crisis intervention services to reduce short-term admissions to the Montana state hospital;

(b) to provide and reimburse for effective prevention and treatment that enables sustainable recovery in communities, evidenced through quality assurance activities and analyses. The addictive and mental disorders division shall evaluate the delivery of recovery-focused services by providers.

(c) to improve outcomes for individuals with serious mental illness and co-occurring substance use disorders, demonstrated through data collection on individual client outcomes for recovery markers and performance measures; and

(d) to improve collaboration between community mental health providers, nursing homes, and state facilities, demonstrated through an increase in state facility discharge rates with a corresponding decrease in client recidivism to state facilities.

Setting the Measurement Parameters

The language in the bill does not specify whether the requirements are specific to the new funding provided for mental health services or to all mental health funding for the biennium. However, because the catchline for Section 2 establishes a legislative policy statement “for mental health investments for the 2017 biennium,” the SB 418 study will focus primarily on newly funded services, where data specific to those services can be collected. Where that data is not available, more general data for overall mental health services will be used.

To help the committee evaluate how well DPHHS is meeting the objectives outlined in SB 418, the table on the following page indicates the information that will be gathered and reported for each item listed in subsection (2) of Section 2 in SB 418.

SB 418 Requirements

| Requirement | Data/Activity | Reporting Method | Reporting Timeline |
|--|---|---|-------------------------------|
| Subsection (2)(a): Community-Based Care | <ul style="list-style-type: none"> • Uniform data from counties receiving grant awards • Grant-specific data requested for adult and youth crisis diversion grants • Number of individuals using secure detention beds • Number of individuals using short-term voluntary treatment/final disposition of cases • Number of Guilty But Mentally Ill individuals placed in transitional mental health group homes • Subsequent disposition of individuals using secure detention beds and short-term voluntary treatment • Subsequent placement of GBMI individuals leaving transitional mental health group homes • Number of people served in new HCBS waiver slots • Settings from which individuals were placed in HCBS waiver services • Number of individuals served with additional funding for 72-hour crisis stabilization, housing support, and peer support • Montana State Hospital admission/discharge data | DPHHS and staff reports | Each meeting, or as available |
| Subsection (2)(b): Recovery-Focused Services | <ul style="list-style-type: none"> • DPHHS quality assurance activities and analyses for mental health services | DPHHS report | May or June 2016 |
| Subsection (2)(c): Improved Outcomes for Co-Occurring Populations | <ul style="list-style-type: none"> • Recovery marker data for people receiving case management services: housing, employment, and service setting information • Montana State Hospital recidivism data | DPHHS report | May or June 2016 |
| Subsection (2)(d): Improved Collaboration | <ul style="list-style-type: none"> • Number of meetings with stakeholders • Payments made to community providers to assist with discharge of Montana State Hospital patients • Montana State Hospital recidivism data • Provider perspectives on DPHHS collaboration efforts | DPHHS and staff reports Provider panel | Ongoing March 2016 |