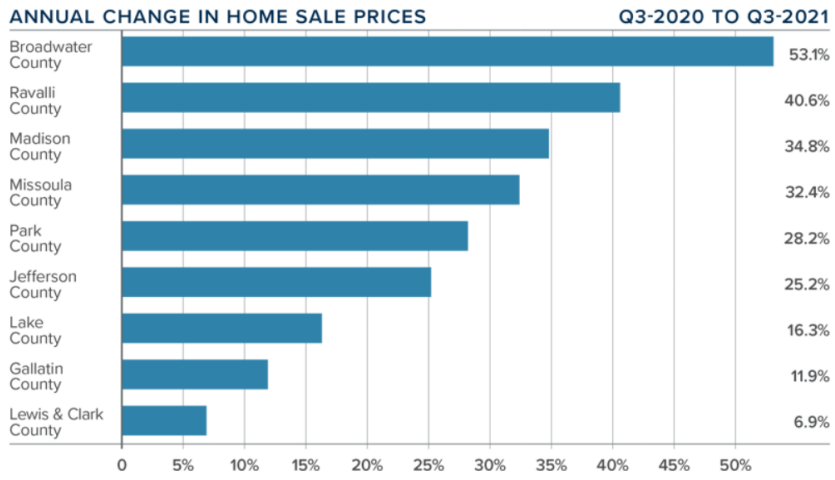
BEHAVIORAL HEALTH
ALLIANCE OF MONTANA

MONTANA BEHAVIORAL HEALTH WORKFORCE CRISIS
Children and Families Health and Human Services Interim Committee
January 21, 2022

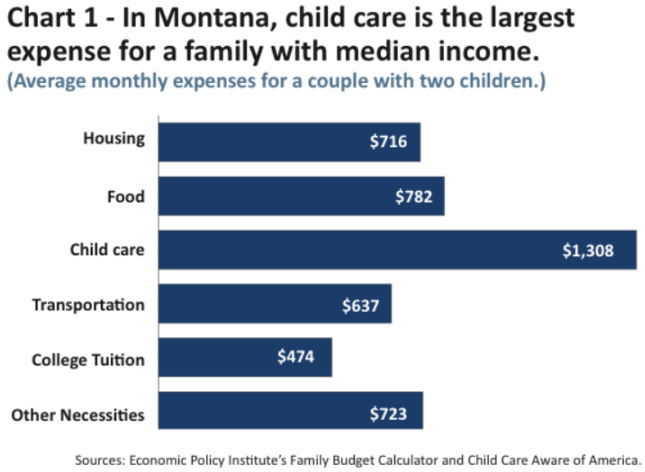
Current State:

The behavioral health workforce shortage has impacted Montana providers for years, but the severe workforce shortage in behavioral health really began in spring of 2021, due to impacts from the pandemic. Most of the Federal COVID aid had been disbursed and ARPA money was not yet available.

Montana's behavioral health providers are primarily reimbursed by Medicaid (between 85% to 95% of an agency's payor mix). Although housing and daycare costs increased dramatically over the past two years, the 2021 Legislature only approved a 1% increase to Medicaid reimbursement for mental health and substance use disorder treatment providers.



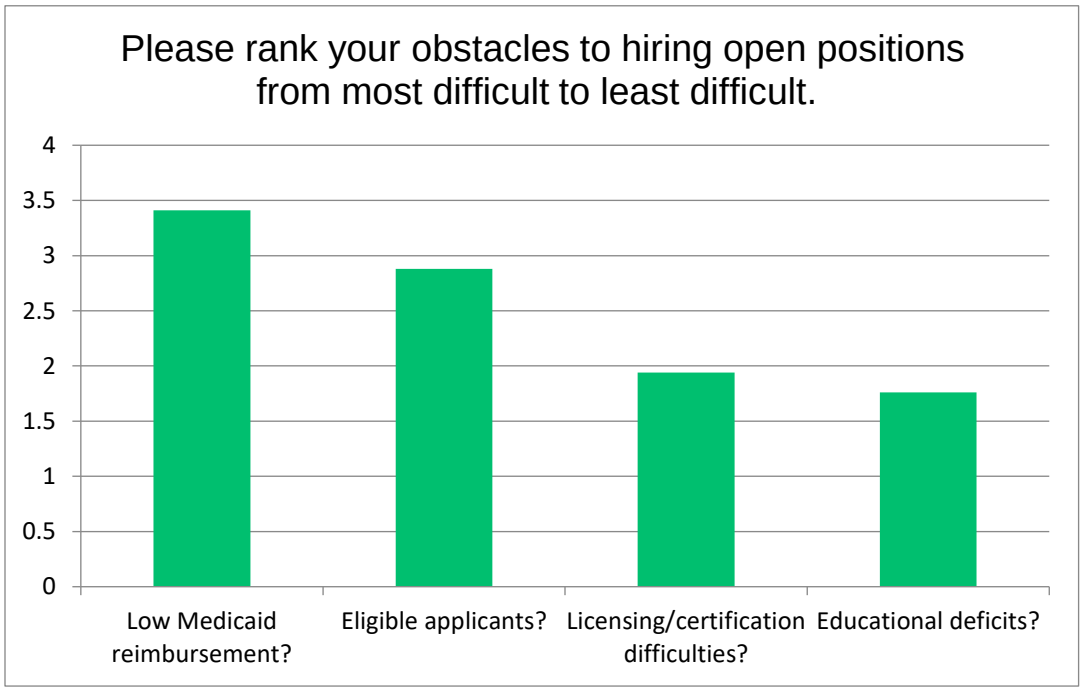
https://www.windermere.com/market-update/montana



https://montanabudget.org/report/child-care-in-montana-access-to-affordable-and-quality-care

BHAM has conducted two recent workforce surveys of our members. The first identifies specific job descriptions and they have been impacted by COVID.

BHAM 2021 Workforce Needs Survey



BHAM 2021 Workforce Needs Survey

Impacts on Montana Kids and Families:

- Almost 20 group homes have closed completely.
- Available beds for both children and adults have been reduced by 25%.
- Acute care facilities have increased their Length of Stay (LOS) from 10 days to up to 60 days because they can not find a facility who can take a patient at discharge.[i]
- Over 50% of kids in the last six months have been sent out-of-state for Psychiatric Residential Treatment Facilities (PRTF) or Therapeutic Group Homes (TGH).[ii]

Potential Solutions to the Montana Behavioral Health Workforce Crisis:

These are all suggestions that would allow us to maximize the workforce that we have now in treating patients rather than have the workforce spend time on administrative duties. To fully address the workforce crisis, the behavioral health system in Montana will need to move from a fee-for-service model to a comprehensive value-based reimbursement system, e.g., CCBHC, etc.. If there is not a level playing field in reimbursement across the healthcare continuum, mental health and substance use treatment providers will continue to be unable to compete in workforce recruitment and retention.

1. **Provider Rate Study**: This study was funded by the 2021 Legislature and has just begun for behavioral health providers. Guidehouse hopes to complete the behavioral health rate study by mid to late summer 2022. Any recommendations for provider rate increases will have to go to the 2023 Legislature with no potential funding available until after July 1, 2023.
2. **ARPA Empty Bed Rate**: When a group home closes, it takes close to $500,000 to reopen it again. Staff must be hired, trained, and paid until reimbursement begins, and the agency needs to reapply for licensing of the facility. This all takes 6-9 months before clients can be placed in the home. Some states have used ARPA money to pay agencies for empty beds so that the group home can remain open so as soon as staff can be hired, clients can immediately be placed in the home. We have submitted this solution to DPHHS.
3. **DPHHS Allow "Deemed Status" for Accredited Behavioral Health Agencies**: Center for Medicare/Medicaid Services (CMS) allows nationally accredited facilities to receive "deemed status." Deemed status means that if an agency is nationally accredited by a reputable accreditation agency (JCAHO, CARF, COA, etc.), they are not also subjected to state licensing and facility audits. The accreditation is very expensive, and the arduous accreditation audits are considered proof that the agency is providing quality services. In Montana, hospitals and FQHCs received deemed status if they are nationally accredited, but accredited mental health and substance use treatment providers do not receive deemed status as would be expected with parity. Deemed status facilities are still required to undergo Surveillance and Utilization Review Surveys (SURS) audits. Mental health and substance use treatment facilities are forced to spend considerable time when they could be seeing clients preparing for and undergoing unnecessary state audits at a great cost to

both the agency and DPHHS. We have submitted this solution twice to the Governor's Red Tape Initiative.

4. **Montana Could Allow Reciprocal Licensure for Behavioral Health Licenses**: [iii]
   In April of 2019, Arizona became the first state to generally issue a license to new residents who were licensed for at least one year in another state, so long as their credentials haven't been revoked, they're not the subject of any pending investigation, and they don't have a disqualifying criminal record. Montana could enact something similar in order to encourage licensed professionals to relocate to Montana.

   States lack uniform standards, but they all share minimum standards. The law could be written to meet minimum standards based upon the Council for the Accreditation of Counseling and Related Educational Programs (CACREP), National Association of Social Workers (NASW) or the Association of Marital and Family Therapy Regulatory Boards (AMFTRB) standards. There is no evidence that additional standards imposed by each state produces higher quality. This idea has been submitted to DPHHS and the Governor's Red Tape Initiative.

There is no easy or inexpensive fix to the behavioral health workforce crisis. The behavioral health system, such as it is, in Montana has been underfunded for decades. You need only to look at the struggles that the Montana State Hospital has gone through to see that the pandemic has broken an extremely fragile system. By cutting community-based mental health and substance use treatment in 2017-2018, Montana spent considerably more money on higher cost, higher acuity care like at the Montana State Hospital and out-of-state placement of children. We need to reestablish the community-based care to increase the quality of care and prevent the higher cost care.

Respectfully submitted,
Mary Windecker,
Executive Director
Behavioral Health Alliance of Montana
January 21, 2022

[i] BHAM COVID January 2022 Behavioral Health Impact Survey.

[ii] CMHB Report January 2022.

[iii] https://azbigmedia.com/business/politics/arizona-becomes-1st-state-to-broadly-recognize-out-of-state-licenses/