State of Montana—Behavioral Health Crisis System Strategic Plan

STRATEGIC ALIGNMENT	
HEART Initiative	Potential HEART Crisis Intervention Model
State Health Improvement Plan	SHIP Priority Area 1: Behavioral Health
Suicide Prevention Action Plan	Goal 3: Identify and allocate resources needed to guide state, tribal, county, and local efforts, including crisis response efforts.

Brief Description of Need: The crisis response system in Montana has several critical stakeholders, including hospital systems, primary care providers, behavioral health providers, first responders, law enforcement, and justice systems. Montana's behavioral health crisis response and stabilization services were developed without systematic coordination and have been funded through an inefficient combination of state general fund, Medicaid, and local community dollars. Montana lacks sufficient and effective crisis services, which results in a reliance upon expensive and inappropriate interventions, including law enforcement, jails, emergency rooms, and the Montana State Hospital. The system requires an overhaul in order to leverage multiple funding streams, ensure all programming is evidence-based and aligned with national best practices, integrate services throughout the continuum of care and foster local innovation.

GOAL

Develop a Crisis Now Model throughout Montana to ensure the provision of appropriate services to anyone, anywhere, anytime. The model identifies four key elements of a successful crisis system:

1. High-tech crisis call centers
2. 24/7 mobile crisis response
3. Crisis stabilization programs
4. Essential principles and practices: Recovery orientation, trauma-informed care, significant use of peer staff, a commitment to Zero Suicide/Suicide Safer Care, strong commitments to safety for consumers and staff, and collaboration with law enforcement.

OBJECTIVES

1. Develop sustainable, evidence-based programs to support foundational crisis system infrastructure as recommended by Crisis Now and SAMHSA's national Guidelines for Behavioral Health Crisis Care.
2. Advance system innovation to support comprehensive community-based services that divert individuals from the Montana State Hospital, jails, and emergency departments.
3. Implement crisis system data collection, analysis and reporting mechanisms.

STRATEGIES

1. **Develop sustainable, evidence-based programs to support foundational crisis system infrastructure as recommended by Crisis Now and SAMHSA's national Guidelines for Behavioral Health Crisis Care.**
   - **A.** ***Restructure the County and Tribal Matching Grant.*** ****Accomplished in SFY2021.***
     Per MCA 53-21-1203, State matching fund grants for county and tribal government crisis intervention, jail diversion, precommitment, and short-term inpatient treatment costs. *(1) As soon as possible after July 1 of each new biennium, from funds appropriated by the legislature for the purposes of this section, the department shall grant to each eligible county or federally recognized tribal government state matching funds for:*
       (a) jail diversion and crisis intervention services to implement ***53-21-1201*** *and* ***53-21-1202****;*

*(b) insurance coverage against catastrophic precommitment costs if a county insurance pool is established pursuant to **2-9-211**; and*

(c) short-term inpatient treatment.

i. *Create a tiered application that requires communities to establish a crisis system foundation, including a crisis coalition, crisis coalition coordinator, and completed resource mapping, prior to initiation of services.*

ii. *Create a menu of services that align with national best practices to facilitate consistent system advancement across communities and reduce the burden of applying for funding, particularly for rural, frontier and tribal communities.*

iii. *Allow innovative projects in communities that have already established key components of a crisis system.*

iv. *Work with partners to ensure funding is not duplicative, certain activities are centralized, and communities are actively considering a regional approach to funding.*

B. Restructure Administrative Rules of Montana (ARMs), Medicaid Manual, and Non-Medicaid Manual to support behavioral health crisis service implementation and sustainable funding in urban, rural, and frontier communities.

Per MCA 53-21-1202, Crisis intervention programs -- rulemaking authority. (1) The department shall, subject to available appropriations for the purposes of this part, establish crisis intervention programs. The programs must be designed to provide 24-hour emergency admission and care of persons suffering from a mental disorder and requiring commitment in a temporary, safe environment in the community as an alternative to placement in jail.

i. Adjust ARMs to increase eligible providers and streamline licensing for crisis services.

- **a.** MCA currently requires "mental health facility" which is more broad than current ARMs.
- **b.** Conduct targeted outreach to providers (hospitals, MHCs, FQHCs) to promote the development of regional crisis stabilization facilities.
- **c.** Adjust licensing to facilitate both crisis receiving and stabilization services in one location.

ii. Through the implementation of an 1115 Medicaid Waiver and/or adjustments to the Medicaid Manual and State General Fund programs:

- **a.** Incorporate service components that support comprehensive behavioral healthcare (SUD+MH+Co-occurring) in all crisis programs.
- **b.** Adjust service components and reimbursement rates of inpatient crisis stabilization services for both Medicaid and non-Medicaid populations.
- **c.** Implement a 23-hour and 59-minute outpatient crisis receiving service and bundled reimbursement rate for both Medicaid and non-Medicaid populations.
- **d.** Implement a BH mobile crisis response bundled service for both Medicaid and non-Medicaid populations.
    1. Consider and support models for rural and frontier communities (e.g. tele-response, community paramedicine, community health workers, etc.)
- **e.** Increase access to behavioral health services in emergency department settings.

2. Advance system innovation to support comprehensive community-based services that divert individuals from the Montana State Hospital, jails, and emergency departments.

A. Implement behavioral health treatment and transitionary programs for justice-involved populations via the State General Fund programs, the Mental Health Block Grant, and/or an 1115 Waiver.

B. Coordinate with stakeholders, including the National Suicide Prevention Lifeline call centers, to prepare for implementation of 988 in July 2022.

i. Ensure 988 call centers have access to up-to-date and thorough resource guides for every county.
ii. Create crisis services referral pathways for every county in Montana.
iii. Formalize how new crisis services integrate with 988 in the future. Considerations: Mobile crisis team dispatch, real-time bed availability.

C. Develop an interactive platform that displays availability of crisis services, including open inpatient crisis stabilization and acute inpatient psychiatric beds.

D. Adjust the Goal 189 Program to better address how housing insecurity contributes to crises.

E. Continue to utilize state general fund dollars for capacity building (e.g. resource mapping, community coordinators, etc.) and infrastructure (e.g. bed board, crisis facilities, etc.)

3. Implement crisis system data collection, analysis and reporting mechanisms.

A. Implement quality assurance and quality improvement standards.

Per MCA 53-21-1204, Department to contract for detention beds.

(4) Each contract must require the collection and reporting of fiscal and program data in the time and manner prescribed by the department to support program evaluation and measure progress on performance objectives. The department shall establish baseline data on emergency and court-ordered detention admissions to the state hospital from each county and analyze the effect of contracting under this section on state hospital admissions.

i. Expand upon and standardize data collected over all crisis programs.
ii. Establish key performance and outcome metrics in all contracts and program requirements.
iii. Collect and monitor data related to BH EMS calls, BH ED visits, Crisis Calls, Medicaid programs, and State General Fund programs to establish baselines and monitor trends and outcomes in crisis system utilization.
iv. Implement QI projects to identify opportunities for improvement.
v. Identify and implement opportunities to incorporate Social Determinants of Health data collection within crisis programs.

B. Develop public-facing crisis system information platforms.

i. Develop a data dashboard that provides both state-level and county-level metrics and reports.
ii. Develop an accessible guide to available crisis system development efforts and crisis services (e.g. crisis coalitions, CIT communities, mobile crisis teams, crisis stabilization programs).
1. Utilize GIS technology to display information on an easy-to-maneuver map.

MEASURES

1. Integrate crisis services within 988 system.
- **a.** Number of 988 calls.
- **b.** Disposition of 988 calls, including number of “hot hand-offs” to mobile crisis response teams and crisis stabilization programs.

2. Increase availability of crisis services.
- **a.** Number of mobile crisis response teams and crisis stabilization programs.
- **b.** Number of individuals served by mobile crisis response teams and crisis stabilization programs.

3. Increase the utilization of Certified Behavioral Health Peer Support Specialists (CBHPSS) within crisis services.
- **a.** Number of CBHPSS serving on mobile crisis response teams, in crisis stabilization programs, and in emergency departments.

4. Decrease utilization of first responders and emergency departments for behavioral health crisis services.
- **a.** Number of law enforcement and emergency medical services responses for behavioral health crises.
- **b.** Number of individuals accessing emergency department services due to behavioral health crises.

5. Decrease in admissions and readmissions to acute inpatient settings, including the Montana State Hospital, for short-term stays (less than 7 days).
    a. Number of individuals admitted to an inpatient psychiatric setting for a short-term stay.
    b. Number of individuals returning to an inpatient psychiatric setting within a given time frame (e.g. 6 months, 1 year).
6. Increased alignment with local community's behavioral health system goals.
    a. Number of communities with access to services that meet needs identified in Resource Mapping (Sequential Intercept Mapping), Community Health Assessments, and Community Health Needs Assessments.

INITIATIVES

CURRENT

1. **County and Tribal Matching Grants**
   Funding 16 communities' crisis systems, including three rural regions and the Blackfeet Tribe (the first tribe to apply for and be awarded a CTMG). Facilitating monthly TA calls for crisis coalition coordinators and TA calls specific to various crisis services.
2. **SAMHSA COVID-19 Emergency Funding**
   Funding seven counties and two tribal governments to support direct services. AMDD has partnered with the Montana Public Health Institute to provide technical assistance to grantees that will support the effective use of multiple funding sources, increase local coordination and implementation capacity, and provide data analysis of local crisis systems.
3. **Crisis Stabilization Program Technical Assistance**
   Partnered with the Montana Healthcare Foundation and the Montana Hospital Association under a Transformation Transfer Initiative by the National Association of State Mental Health Program Directors to facilitate the development of regional crisis stabilization programs. Phase 1 report completed by WICHE for Cascade, Gallatin, Lewis and Clark, and Missoula counties. Phase 2 set to be completed by April 2022.
4. **National Academy for State Health Policy (NASHP) Policy Academy on Rural Mental Health Crisis Services**
   Partnering with the Montana Healthcare Foundation, Montana Hospital Association and Eastern Montana Community Mental Health Center to participate in targeted technical assistance. Policy academy is focused on reviewing states' policy landscapes to identify opportunities to increase access to and effectiveness of rural mental health crisis services.

PREVIOUS

1. **Special Populations Section**
   Established the Special Populations Section in Fall 2020 to increase internal capacity to develop Montana's behavioral health crisis system.
2. **Crisis System Redesign Learning Community**
   AMDD, the Montana Healthcare Foundation, and the Montana Public Health Institute hosted a series of monthly calls related to the crisis system. The calls were recorded and available to anyone, provide targeted education, highlight communities in Montana who have successfully implemented initiatives and programs, and offer opportunities for stakeholders to engage across the state.
3. **Mobile Crisis Unit Grants**
   (House Bill 660 appropriated $500,000 for the Department to implement grants—MCA 53-21-1208-1210)
   Funded Gallatin, Lewis and Clark and Missoula counties, each of which are implementing different models of a mobile crisis unit. Of note, other grants, including CTMG, the SAMHSA COVID-19 Emergency Funding, and House Bill 118 funding, are supporting other mobile crisis units across the state.

4. **CTMG COVID Grants**
   Funded up to $40,000 to all eight tribal governments and all but four eligible counties for core components of a crisis system along with the unique needs caused by COVID: Community Coordination, Information Sharing, Increased Behavioral Health Capacity, Telehealth, Housing, Training and PPE.

RESOURCES

SPECIAL POPULATIONS SECTION:

1.0 FTE Section Supervisor

3.5 FTE Program Officer

1.0 FTE AmeriCorps VISTA

COLLABORATIVE PARTNERS:

- Community Stakeholders (County and Tribal Matching Grantees, Crisis Coalitions, Crisis Coalition Coordinators)
- Montana Healthcare Foundation
- Montana Public Health Institute
- Montana Hospital Association
- Behavioral Health Advisory Committee/Service Area Authorities/Local Advisory Councils
- Behavioral Health Alliance of Montana
- Health Resources Division
- Developmental Services Division