



# MCA 16-12-122: HEART Initiative Report

Children, Families, Health, and Human Services Interim Committee

September 1, 2024

**MCA 16-12-122** requires the Department of Public Health and Human Services (DPHHS) to *"Provide a written report... on the programs, grants, and services funded under this section. The report must include the amount of funding each program received."*

## HEART Highlights

The Healing and Ending Addiction through Recovery and Treatment (HEART) Initiative continues to deliver on its promise of expanding the continuum of behavioral health services available to Montanans.

Newly available Medicaid and grant services provided under the HEART initiative served a combined total of 5,092 Montanans in State Fiscal Year 2024.<sup>1</sup>

### Crisis Services

Through the HEART Initiative, HEART state special revenue has provided pivotal fiscal support of two of the three service pillars outlined in the Crisis Now Model, a national best practice framework for crisis systems. These funds provide state match for both Mobile Crisis Response (MCR) and Crisis Receiving and Stabilization (CRS) Medicaid services. Additionally, these funds support reimbursement for the same services provided to individuals not eligible for Medicaid (aka non-Medicaid services).

The HEART state special revenue funds have previously funded MCR provider operational costs through grant programs as providers prepared to begin billing the newly adopted MCR services Medicaid option.

Montana has adopted the Crisis Now Model to guide development and improvement of its statewide behavioral health crisis system. This means that essential principles and practices inform service delivery systems built to meet individuals in crisis where they are at, providing them with someone to call (988), someone to respond to them (MCR), and somewhere safe to go (CRS). Montana has three fully operational 988 call centers leading the nation for in-state answering rates at 96 percent. MCR programs, with various staffing models, support dedicated behavioral health staff in responding with and without law enforcement to individuals in crisis in their community.

Crisis receiving facilities provide an appropriate alternative to overburdened emergency departments for individuals in crisis needing a safe place to stabilize and connect to services. Crisis stabilization facilities provide a residential-like setting for those in crisis who do not require hospital-level care but would benefit from multiple days or weeks in a facility to stabilize.

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<sup>1</sup> Data throughout this report is based on claims and grant reports submitted by 8/5/24. Medicaid providers have 365 days to bill for services provided, so these numbers are an undercount of what was actually delivered.

The crisis system in Montana has faced challenges in the past five years, with several MRC and CRS program closures. Through support of statewide initiatives, including the HEART Fund, new programs are opening their doors and are expanding to serve more communities across the state in both rural and urban areas.

Service	Individuals Served SFY24
Mobile Crisis Response Services*	1,280
Crisis Receiving and Stabilization	1,103
*This data is incomplete as DPHHS was unable to obtain numbers served from one program that closed and some programs have not yet completed their SFY24 reporting at the time data was pulled for the report.	

### Substance Use Disorder Treatment

The HEART-expanded Medicaid treatment services give Montana Medicaid members coverage of all levels of care recommended by the American Society of Addiction Medicine (ASAM), and 1,612 members have received treatment through these expanded services. This includes ASAM 3.1: Clinically Managed Low Intensity Residential Services, ASAM 3.2 WM: Clinically Managed Residential Withdrawal Management, ASAM 3.3: Clinically Managed Population-Specific High Intensity Residential Services, and ASAM 3.5: Clinically Managed Residential Services. The addition of ASAM 3.5 services for substance use disorder (SUD) treatment was made possible through the HEART 1115 demonstration waiver.

ASAM Level	Number of Individuals Served SFY24
ASAM 3.1	241
ASAM 3.2	0
ASAM 3.3	21
ASAM 3.5 SUD IMD	1,350

### HEART Tribal Grants

HEART tribal grants provided \$62,500 to each of Montana’s eight tribes in SFY 24 to fill gaps in services related to SUD prevention, mental health promotion, and crisis, treatment, and recovery services for mental health and SUD. These funds, which may not be used to pay for services reimbursable through other means, allow tribes to innovate in ways not possible through most other funding sources. Tribes have used the majority of funds for prevention efforts that build and strengthen their members’ ties to their culture and community, which research shows is protective against mental health and substance use disorders. These activities have included community gatherings, such as Native Wellness Gatherings of Native Americans (GONAs), round dances, and youth conferences, that connect community members with each other and with the tribe’s cultural practices while supporting sobriety. They also have included community teachings of traditional practices such as beading and painting, as well as clinics to promote traditional horse culture.

Tribes have also used funds to enhance treatment for SUD in culturally based ways, such as bringing tipi building into SUD treatment programs. Additionally, they have created culturally appropriate supports for tribal members in recovery, such as Medicine Wheel Groups. One tribe is using the funds to support the creation of a Tribal Healing to Wellness Court, a tribally-run drug court that will bring together alcohol and drug treatment, community healing resources, and the tribal justice process to achieve the physical and spiritual healing of the individual participant, and to promote the well-being of the community.

## HEART Jail Grants

The HEART Initiative has committed \$1.1 million of HEART state special revenue per year to go towards behavioral health services in jail settings. There are seven county jails currently providing these services through grant programs, and each of them has tailored service implementation to best meet the needs of their specific clients. The funding helps deliver a range of services, including behavioral health therapy, certified behavioral health peer support, care coordination, prescription drug management and monitoring, and medication for opioid use disorder.

Those in carceral settings have been shown to have higher rates of behavioral health issues and those issues can be exasperated by their experiences in jail. Many jails are unable to provide appropriate behavioral health services to those in need because of federal regulatory blocks on service reimbursement during incarceration. This compounded with workforce shortages contributes to a system with substantial barriers to jail-based service delivery. Without jail-based care, individuals are less equipped to reenter and reintegrate into their communities. These funds support individuals in accessing care in a timely manner and better prepare them to return to life in the community.

Service	Clients Served SFY24
Jail-based BH Services	2,437

## Suicide Prevention

The services and activities made possible by the HEART Fund advance suicide prevention for youth and Montanans of all ages, from interventions for Montanans experiencing crisis to treatment for addiction to enhanced community connections for Native youth.

## Upcoming Services

On February 26, 2024, the Centers for Medicare & Medicaid Services (CMS) approved three additional services requested under the HEART 1115 demonstration waiver, which means eligible Montanans will soon have access to:

- Contingency Management (CM), the most effective treatment for Stimulant Use Disorder;
- Tenancy Support Services (TSS), which will assist individuals who are homeless or at risk of homelessness find and keep housing; and
- Reentry services, including case management and Medication Assisted Treatment, for eligible individuals in the thirty days before release from state prison.

## **Contingency Management (CM)**

Stimulant drugs caused 24 percent of overdose deaths in 2019-2020, and in 2019, the annual methamphetamine-related death rate in Montana was 7.2 per 100,000 people, exceeding the national average of 5.7 per 100,000 people. More than 65 percent of Child and Family Services Division substance-use related placements list methamphetamine as the primary drug.

CM is the most effective evidence-based treatment approach to reverse these statistics – and it will soon be available through Montana Medicaid. Studies show that CM is associated with greater reductions in stimulant use and greater retention in treatment than other programs. It is a behavioral intervention where tangible reinforcers, or incentives, are provided when an individual tests negative for stimulant drugs.

Stimulant drugs can hijack the natural reward pathways in the brain. CM will be used to reinforce negative urine tests for stimulant drugs (i.e., cocaine, amphetamine, and methamphetamine); the small incentives provided for negative tests activate the same reward center of the brain as stimulants do, helping to rewire neural reward pathways that can be damaged by substance use. This helps people choose abstinence over continued drug use and is especially important when people are just starting treatment or are new to recovery.

The Department is in the process of contracting with the vendors needed to successfully deliver this program with fidelity and accountability. This includes a training contractor who will train Montana providers in how to deliver CM to fidelity, and an incentive manager system vendor that will track the client's progress in the program and dispense the appropriate incentive amount. The administrative rules needed to implement the program will be filed this fall, with a target effective date and program start date of January 2025.

## **Tenancy Support Services**

Providing TSS services will help advance Montana's objective of providing preventive, whole-person, and community-based care by addressing housing insecurity and homelessness, which contribute to poor health outcomes. TSS services will be delivered by designated service providers and include both pre-tenancy supports and tenancy sustaining services. Pre-tenancy services support individuals with identifying, preparing for, and maintaining stable housing. Tenancy sustaining services assist individuals with finding housing, supporting move-in, working with landlords, and providing additional housing-related outreach and education to tenants.

The Department has developed policy and processes for the program with the help of a stakeholder group of tenancy providers. The administrative rules needed to implement the program will be filed this fall, with a target effective date and program start date of January 2025.

## **Reentry Services**

This approval will allow Montana to provide targeted Medicaid services thirty days prior to release to eligible justice-involved populations who are age 18 and older who have a substance use disorder and/or mental health diagnosis. Eligible individuals will receive services such as in-reach case management, limited community-based clinical consultation services via telehealth, and medication.

DPHHS and the Department of Corrections (DOC) have been partnering to build the range of infrastructure needed to deliver these services. This includes collaborating on eligibility functions, from the transfer of Medicaid applications and eligibility determinations to communication of an individual's release date and timely activation of full Medicaid benefits, as well as enrolling Medicaid providers and building the systems to bill for services. The Departments are jointly developing the Readiness Assessment that DOC will complete to demonstrate readiness to implement the initiative by October 2025.

To support its ability to build the needed systems and infrastructure, DOC has received \$860,675 of capacity building funds this year. They will use the funds to purchase medical tablets to allow for telehealth services, privacy booths for inmates to use during telehealth services, the construction of a billing system, and project management to give them the staff capacity to deliver the initiative.

**NOTE: Please see page 6 and 7 for the HEART SFY 24 Expenditure Report.**

# HEART SFY24 Expenditure Report

Service Category	Anticipated Effective Date	State Fiscal Year 2024*		State Fiscal Year 2025	
		Total Expenditures	State Share	Est. Total Expenditures	State Share
ASAM 3.1	October 1, 2022	\$2,990,837	\$438,933	\$3,374,280	\$494,858
ASAM 3.2	Pending	\$0	\$0	\$0	\$0
ASAM 3.3	April 1, 2023	\$312,011	\$63,947	\$1,029,000	\$222,923
ASAM 3.5 SUD IMD	July 1, 2022	\$8,901,100	\$1,308,589	\$10,393,226	\$1,578,579
MMIS Crisis Receiving & Stabilization	July 1, 2023	\$1,579,763	\$275,289	\$1,991,503	\$368,820
State Only MMIS Crisis Services		\$175,680	\$175,680	\$227,442	\$227,442
Mobile Crisis Services - SPA (Medicaid)	January 1, 2024	\$0	\$0	\$4,585,376	\$1,053,323
Mobile Crisis Services- Contract Expenses Pending SPA Implementation	7/1/23 to 6/30/24	\$2,060,829	\$2,060,829	\$0	\$0
Pre-Release (Medicaid)	October 1, 2025	\$0	\$0	\$0	\$0
Tenancy Supports (Medicaid)	October 1, 2024	\$0	\$0	\$441,600	\$78,499
Contingency Management	October 1, 2024			\$279,699	\$90,125
SUD Vouchers HB311	October 1, 2023	\$0	\$0	\$600,000	\$600,000
Tribal Grants	July 1, 2022	\$500,000	\$500,000	\$500,000	\$500,000
HEART Funds to Counties Local Detention / Jail Diversion Grants	July 1, 2022	\$1,272,941	\$1,272,941	\$1,600,000	\$1,600,000

<b>Dept of Corrections Capacity Building</b>	June 1, 2024	\$860,675	\$430,338	\$602,473	\$301,237
<b>HEART Waiver Evaluation, Crisis Assessment and HMA Study</b>	July 1, 2022	\$37,547	\$18,773	\$131,640	\$65,820
<b>Administrative and Indirect Expenses</b>		\$15,136	\$14,394	\$22,000	\$21,000
<b>Estimated HEART Expenditures</b>		<b>\$18,706,518</b>	<b>\$6,559,711</b>	<b>\$25,778,239</b>	<b>\$7,202,624</b>

\*Includes claims and reporting through 8/5/24