Mental Health Study
Overview of Montana's Publicly Funded Mental Health System
Prepared for the Children, Families, Health, and Human Services Interim Committee
by Sue O'Connell
March 7, 2008

Background
Firm figures on the number of Montanans with mental illness are hard to pin down. The Substance Abuse and Mental Health Services Administration estimated that anywhere from 25,646 to 49,212 adults in Montana suffered from a serious mental illness in 2002.¹ Other organizations come up with different figures, based on the types of illnesses they include and the percentage of the population they believe are affected.

Whatever the numbers may be, Montana's publicly funded mental health system serves the neediest of those state residents with mental illnesses. To qualify for state-funded services, a person must meet both clinical and financial criteria set out in state law and administrative rule.

Who Does the System Serve?
Adults qualify for services if they have a serious disabling mental illness (SDMI) and are either eligible for Medicaid, because they meet income guidelines or are aged, blind or disabled, or for the Mental Health Services Plan (MHSP), which has a statutory maximum income cap of 160% of the poverty level. Currently, DPHHS is providing MHSP services to individuals with an income at 150% of the poverty level, based on the appropriation for the program.

Under administrative rule, a person has a severe disabling mental illness if he or she:

- has been involuntarily hospitalized for at least 30 consecutive days at Montana State Hospital at least once or has a moderate to severe mood, psychotic, or personality disorder; AND

- has an ongoing functional impairment.

A person meeting at least two of the following criteria has an ongoing functional impairment:

- Must be on medication to control the symptoms of mental illness;
- Is unable to work in a full-time competitive situation because of the mental illness;
- Is determined by the Social Security Administration to be disabled because of mental illness;
- Is able to maintain a living arrangement only with ongoing supervision or is homeless or at risk of homelessness because of the mental illness; or
- Has had or will predictably have repeated episodes in which the mental illness worsens.

The Legislature added one new eligibility group during the 2007 legislative session, when it approved a program for 72-hour presumptive eligibility for crisis stabilization. Under this program, the state will reimburse providers for crisis stabilization services that are provided in the community. Thus an uninsured person whose income may be too high to qualify for ongoing services under Medicaid or the Mental Health Services Plan may receive brief crisis stabilization services through this program, which DPHHS is currently putting into place.

The department estimates that it serves about 18,000 adults through Medicaid and MHSP each year. It anticipates that it will fund about 900 to 1,000 episodes of care under the 72-hour crisis stabilization program.

Children qualify for services if they have been diagnosed with a serious emotional disturbance (SED) and are eligible for Medicaid, the Children’s Health Insurance Program (CHIP), or the Children’s Mental Health Service Plan. Children ages 6 through 17 are eligible for Medicaid if the family income is at 100% of the poverty level, while children under the age of 6 are eligible if the family income is at 133% of the poverty level. CHIP covers children with a family income of up to 175% of the poverty level. The Children’s MHSP primarily provides a pharmacy benefit and therapy services to a limited number of children with family incomes up to 175% of the poverty level who are not eligible for CHIP or Medicaid.

Under administrative rule, a child aged 6 to 17 meets the SED criteria if the child:
• has a moderate to severe presentation of any one of 20 mood, psychotic, or personality disorders; and
• as a result of the diagnosis, has consistently and persistently demonstrated a significant degree of behavioral abnormality in any two of the following areas:
  o Failure to establish or maintain relationships with adult caregivers or authority figures;
  o Failure to demonstrate or maintain appropriate peer relationships;
  o Failure to demonstrate appropriate range and expression of emotion or mood;
  o Disruptive behavior that leads to isolation in or from school, home, therapeutic, or recreational settings;
  o Behavior harmful to the child’s growth, safety, or welfare or the welfare or safety of others;
  o Behavior that results in substantial documented disruption to the family.

A child under the age of 6 meets the SED criteria if the child exhibits one of six behavioral abnormalities that cannot be attributed to intellectual, sensory, or health factors and that results in a substantial impairment in functioning for at least six months and is likely to continue for at least six months.

System Components
Montana has administratively separate mental health programs serving children and adults, but the programs have similar structures. Common elements include:
• The programs are within the Department of Public Health and Human Services. Adult services are administered by the Addictive and Mental Disorders Division; children’s services are administered by the Health Resources Division.
• Services are provided through a system of regional and local providers.
• Consumers and their families are involved in assessing system needs and proposing ideas for changes, through local and regional advisory groups.

The adult system differs in one significant way: it provides inpatient residential psychiatric services through the Montana State Hospital in Warm Springs and the Montana Mental Health Nursing Care Center in Lewistown. No similar state facility exists for youth with serious emotional disturbance.

The charts on the following pages provide a visual representation of the structure of Montana’s mental health system.
Mental Health System Components
State Level (DPHHS) – Adults

Addictive and Mental Disorders Division

- Adult Mental Health Services Bureau
- Montana State Hospital
  Warm Springs
  Licensed for 189 patients
- MH Nursing Care Center
  Lewistown
  Funded for 82 patients
- Montana Chemical Dependency Center
  Butte
- Chemical Dependency Bureau
  (Adult and adolescent)

- Mental Health Oversight Advisory Council (MHOAC)
- Service Area Authorities
  3 SAAs
- Medicaid Mental Health Services
- Mental Health Services Plan
  150% of poverty level
- 72-Hour Crisis Stabilization Program
Mental Health System Components
Provider Level - Adults

Mental Health Services Plan (MHSP)*

** Contracted Mental Health Centers**
- Eastern Montana CMHC
  - Miles City/17 counties
- Center for MH Services
  - Great Falls/12 counties
- South Central MT MHC
  - Billings/12 counties
- Western Montana CMHC
  - Missoula/15 counties

** Limited Pharmacy Benefit ($425/month)**
- Physicians
- Psychiatrists
- Mid-Level (PA, APRN)

** Private Practitioners***
- Rural Health Clinic
- Community Health Centers
- Labs

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** Individuals eligible for MHSP are not eligible for Medicaid, have been determined to have a severe disabling mental illness, and are under 150% of the poverty level.**

** Community Mental Health Centers (CMHCs) provide a variety of services, including outpatient therapy, day treatment, group home beds, crisis services, and medication monitoring. Services may vary depending on the location.**

*** Private practitioners must have prescriptive authority to participate. The fee-for-service program began Feb. 1, 2008.**
Mental Health System Components
Provider Level – Adults

- Medicaid Services
  - Private Licensed Mental Health Centers
  - Private Practitioners
    - Approximately 550
  - Private Hospitals
    - 4 with inpatient psychiatric beds
Half of the Mental Health Oversight Advisory Council members must be consumers of mental health services or family members. Consumers or family members must make up a majority of the Service Area Authority boards.
The system of care is financed in part through a cooperative agreement with the Substance Abuse and Mental Health Services Administration under a five-year grant.

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Mental Health System Components
Provider Level – Children

Medicaid, MHSP and CHIP Services
Fee for Service

Medicaid Services

Inpatient Services
Hospitals or residential treatment facilities

Community-Based Services
Therapeutic foster and group homes, therapeutic family care, psychiatric rehab and support, and targeted case

Outpatient Services
Assessment, group and family therapy, medication monitoring, day treatment, school treatment

Private Practitioners
Psychiatrists, psychologists, counselors, social workers

MSHP Services
Primarily medication assistance and therapy

CHIP Services
Mental Health Services
Available to All CHIP Youth

Extended Benefit
Additional Services for SED Youth
### ANNUAL GUIDELINES

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*For family units of more than 8 members, add $3,600

### MONTHLY GUIDELINES

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2008 POVERTY LEVEL GUIDELINES
ALL STATES (EXCEPT ALASKA AND HAWAII) AND DC
Income Guidelines as Published in the Federal Register on January 23, 2008