

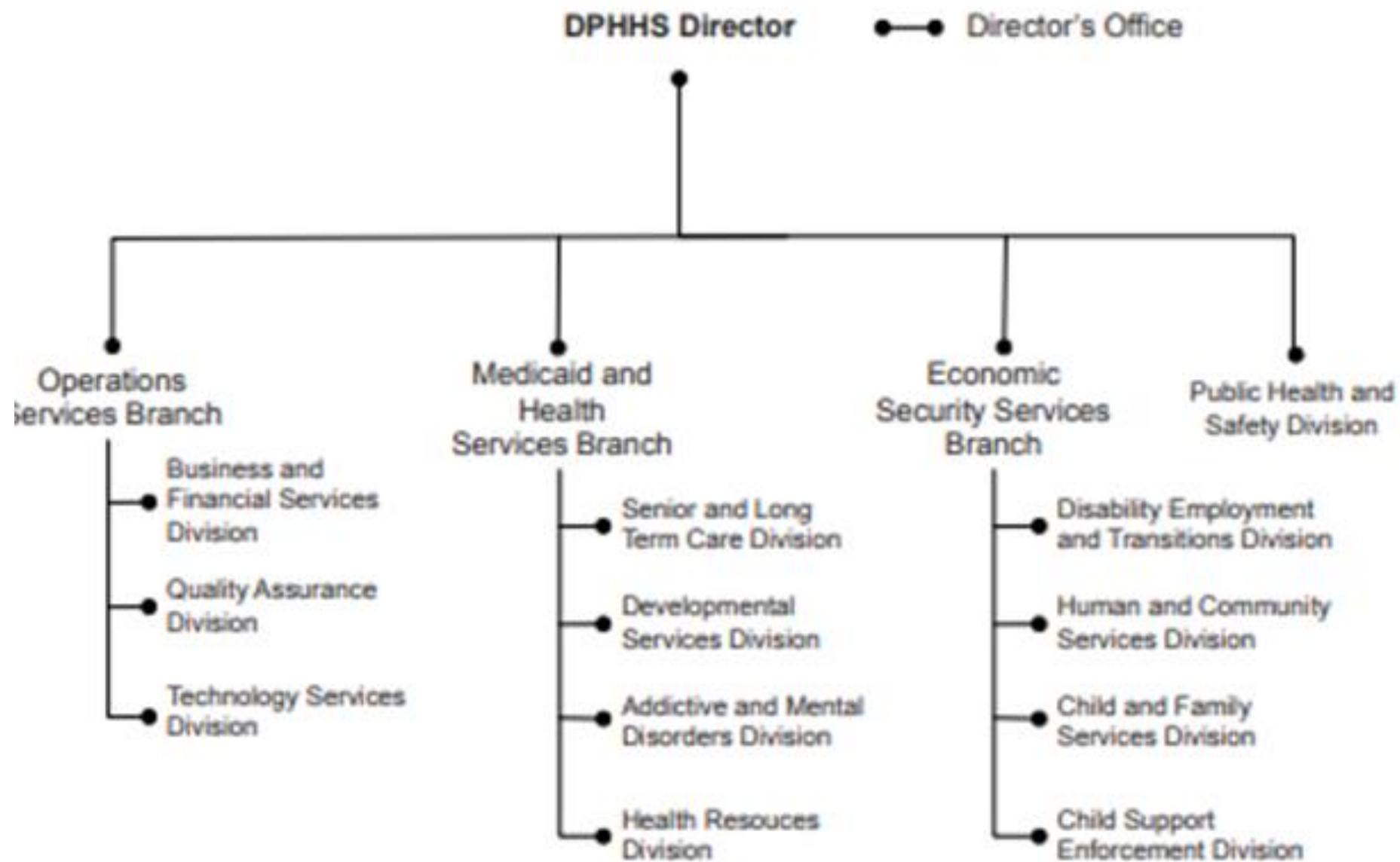


# DPHHS Behavioral Health

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ZOE BARNARD AND MEGHAN PEEL

TUESDAY, DECEMBER 8, 2020



# COVID-19 Changes

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Suspension of face-to-face delivery requirements for some intensive behavioral health services and allowance of audio-only outpatient services.

Suspension of Prior Authorizations or Continued Stay for some Medicaid Programs.

Temporary Revision to Case Management General Provisions

Administration of Behavioral Health Grants designed to address loss in patient revenues due to COVID-19.

Changes to Youth CBPRS which include an increased daily limit for group services and suspension of the exclusion of youth group CBPRS while a youth is in a therapeutic group home.

# Role of the Developmental Services Division

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## Oversee :

- Funding (Medicaid) for treatment for youth with SED
- Funding and oversight of the Home and Community Based Services waiver for individuals with Developmental Disabilities

## Provide facility services

- Intensive Behavior Center (Formally Montana Developmental Center)

Montana  
Medicaid  
Behavioral  
Health  
Treatment  
Successes for  
Children

Systematic and collaborative Program  
Redesign of services within the CMHB  
Continuum of Care

Implementation of a statewide  
standardized functional assessment  
tool

Collaborations with other divisions  
and stakeholders

Reinstatement of 24 session  
outpatient limit for children without  
SED.

# CMHB Future Projects

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Independent Evaluation of TCM

Innovation Grants

CMH Stakeholder Group on CSCT

Family First Prevention Services Act

# Role of the Addictive and Mental Disorders Division

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## Oversee :

- Funding for prevention and treatment, including crisis
- Agency suicide prevention

## Provide facility services

- Montana State Hospital
- Montana Mental Health Nursing Care Center
- Montana Chemical Dependency Center

# Montana Medicaid Behavioral Health and Substance Use Disorder Treatment Successes

## Adult Mental Health Services

- Doubled capacity of SDMI Home and Community Based Services Waiver
- Increased Assertive Community Treatment Options and Payment

## Substance Use Disorder Services

- Developed Intensive Outpatient Treatment services bundle
- Developed Medication Assisted Treatment bundle



Future Directions:

Medicaid Expansion has changed the way we finance mental health and substance use disorder services in Montana...now what?

# Montana Suicide Prevention Update

*Rate, Number, and Ranking of Suicide for Each U.S.A. State\*, 2018*

Rank	State [Division / Region]	Deaths	Rate	Division [Abbreviation]	Rate	Number
1	New Mexico [M / West]	536	25.6	Mountain [M]	22.0	5,407
2	Wyoming [M / West]	147	25.4	East South Central [ESC]	16.8	3,205
3	Alaska [P / West]	184	25.0	West North Central [WNC]	16.8	3,600
4	Montana [M / West]	265	24.6	South Atlantic [SA]	15.1	9,896
5	Idaho [M / West]	417	23.8	West South Central [WSC]	14.9	5,994
6	Colorado [M / West]	1,282	22.5	<b>Nation</b>	<b>14.8</b>	<b>48,344</b>
7	West Virginia [SA / South]	395	21.9	East North Central [ENC]	14.6	6,841
8	Nevada [M / West]	657	21.7	New England [NE]	13.1	1,939
9	Utah [M / West]	665	21.0	Pacific [P]	13.0	6,947
10	New Hampshire [NE / Northeast]	279	20.6	Middle Atlantic [MA]	10.9	4,515
11	Maine [NE / Northeast]	270	20.2	<b>Region [Subdivision Abbreviations]</b>	<b>Rate</b>	<b>Number</b>
12	Arizona [M / West]	1,438	20.1	West (M, P)	15.8	12,354
12	Missouri [WNC / Midwest]	1,230	20.1	Midwest (WNC, ENC)	15.3	10,441
12	Oregon [P / West]	844	20.1	South (ESC, WSC, SA)	15.3	19,095
15	Oklahoma [WSC / South]	790	20.0	<b>Nation</b>	<b>14.8</b>	<b>48,344</b>
15	Vermont [NE / Northeast]	125	20.0	Northeast (NE, MA)	11.5	6,454
17	North Dakota [WNC / Midwest]	147	19.3			
18	Kansas [WNC / Midwest]	556	19.1			
19	South Dakota [WNC / Midwest]	167	18.9			
20	Arkansas [WSC / South]	554	18.4			
21	Kentucky [ESC / South]	800	17.9			
22	Tennessee [ESC / South]	1,161	17.1			
23	Alabama [ESC / South]	823	16.8			
24	Florida [SA / South]	3,567	16.7			
25	Washington [P / West]	1,252	16.6			

Source: Obtained 12 February 2020 from CDC/NCHS's WONDER  
(to appear in *Deaths: Final Data for 2018*, forthcoming)  
<http://www.cdc.gov/nchs/products/nvsr.htm>

[data are by place of residence]  
[Suicide = ICD-10 Codes X60-X84, Y87.0, U03]

Note: All rates are per 100,000 population.

\* Including the District of Columbia.

# The Crisis Now Difference

In 2016, metro area Phoenix law enforcement engaged 22,000 and transferred them *directly* to crisis facilities and mobile crisis without visiting a hospital ED.

Aetna/Mercy Maricopa 2017 report

*What difference did it make?*

**Improved Crisis Clinical Fit to Need (CCFN) by 6x**



**Reduced potential state inpatient spend by \$260m**



**Saved hospital EDs \$37m in avoided costs/losses**

**Reduced total psychiatric boarding by 45 years**

Calculated from "Impact of psychiatric patient boarding in EDs" (2012) (Nicks and Manthey)

Calculated from Arizona data, 2017

**Saved the equivalent of 37 FTE Police Officers**



BJA presentation at ISMICC (2017), Madison, Wisconsin data

## Crisis Now in MT

Crisis TA Series with the Montana Healthcare Foundation

- Monthly calls to discuss various aspects of the crisis system

Financially support the development of mobile crisis response teams and crisis facilities

Establish data sharing relationships with crisis providers

- Assess the cost of behavioral health crises
- Identify service gaps and high utilizers

Improve linkages and transitions.

# Questions?

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