HJR 16: State-Operated Institutions
Crisis Intervention and Diversion

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Background

In recent years, the Legislature has supported development of local crisis response and diversion services in an effort to treat individuals in the community and avoid admission to the Montana State Hospital (MSH) or Montana Developmental Center (MDC). The services meet several goals, including:

- relieving pressure on the state-operated institutions for the mentally ill and seriously developmentally disabled;
- providing treatment to an individual before a crisis becomes so severe that the person must be admitted to a state facility;
- reducing the need for law enforcement officers to transport individuals to MSH for emergency or court-ordered detentions; and
- allowing individuals to be treated in the community, in closer proximity to family members and others who can provide important support systems.

This briefing paper outlines some of the key state-funded crisis services currently in place for Montanans who have a mental illness or intellectual disability.

The "House Bill 130s:"Jail Diversion and Crisis Intervention

Mental health providers have created and maintained a number of services under what are often referred to as "the House Bill 130s" — three bills developed by the 2007-2008 Law and Justice Interim Committee and approved by the 2009 Legislature. The three bills were:

- HB 130, which established a grant program for counties or regions that create jail diversion or crisis intervention programs or short-term treatment options;
- HB 131, which allowed the Department of Public Health and Human Services (DPHHS) to contract with mental health facilities for secure crisis beds and services to use as an alternative to treatment at MSH; and
- HB 132, which allowed a person to opt for voluntary inpatient treatment in a community facility for up to 14 days in lieu of a hearing for involuntary commitment at MSH.

The 2009 Legislature appropriated $1.2 million for HB 130 and HB 131 in the 2011 biennium. The amount of funds devoted to the programs has fluctuated somewhat in subsequent years but currently stands at about $1.25 million a year.

The funds have supported secure crisis beds in Bozeman, Butte, and Hamilton, as well as other community-based services around Montana.

HB 130: County Grant Funds

The HB 130 grant money has funded a variety of intervention and diversion efforts in several areas of the state since 2009. Most of the counties that received the first round of grant funds in fiscal year 2010 — Lewis and Clark, Missoula, Ravalli, and Yellowstone — have continued to receive grant funds. Meanwhile, additional counties have gained funding as they developed proposals designed to create local community-based crisis intervention programs and to divert people from the criminal justice system.

In all, DPHHS has awarded $3.67 million in grant funds since passage of HB 130. The use of grant funds by county is summarized below.

- **Blaine County**: The county received grant funds for the first time this fiscal year, with a grant of $14,000 for jail diversion efforts that will include developing a mental health steering committee, meeting the immediate mental health treatment needs of people who are incarcerated or facing incarceration, and providing training to key stakeholders.

- **Gallatin County**: The county received grant funds for the first time this fiscal year, with a grant of $72,500 to provide Crisis Intervention Team (CIT) training to law enforcement officers, health care providers, and others in Gallatin, Park, and Madison counties.

- **Hill County**: The county received grants funds for the first time this fiscal year, with a grant of nearly $60,600 to train Hill County Detention Center staff in the signs of addiction and mental illness and reduce the repeated detention of people with addiction or mental illness.

- **Lake County**: The county received $125,000 this fiscal year to help with the design and construction of Lake House, a facility planned for Polson that will provide both voluntary crisis stabilization and emergency detention services.

- **Lewis and Clark County**: In partnership with Jefferson and Broadwater counties, Lewis and Clark County was awarded a grant of $116,400 in FY 2010 to conduct strategic planning for mental health services in the three-county region, create a county-appointed Mental Health Authority, and create jail diversion policies. It also received $54,400 for CIT training and for video conference equipment for the behavioral health unit at St. Peter's Hospital. In FY 2012, the county received a $115,000 grant; the bulk of the funds were used to provide Crisis Response Team services in a four-county region. In FY 2013, the county was awarded $105,000 to provide Crisis Response Team services in Lewis and Clark and Jefferson counties and to provide CIT training to law enforcement officers in the service area.

- **Missoula County**: Since FY 2010, Missoula County has been receiving grant funds of about $169,800 per fiscal year to pay for the services of mental health professionals in targeted locations, such as the Missoula County Detention Center, the public defender's office, and St. Patrick Hospital's inpatient psychiatric unit.

- **Ravalli County**: The county has received HB 130 funds since the grant program's inception, for a variety of projects. The county received $250,000 in FY 2010 for one-time construction costs of West House, a facility in Hamilton that provides both crisis stabilization and secure emergency detention services. Since then, it has been awarded $251,700 in fairly equal annual payments for a variety of efforts that include

improvements at the Ravalli County Detention Center for enhanced screening for mental health and co-occurring disorders, suicide prevention training for detention officers, case management assistance, and CIT training.

- **Valley County**: In FY 2011, Valley County was awarded a $12,300 grant to retrofit a room at the Frances Mahon Deaconess Hospital in Glasgow as a secure crisis room, train law enforcement officers, and pay for costs related to commitment proceedings. The county received about $10,600 in both FY 2012 and FY 2013 and was awarded a $20,000 grant in this fiscal year to continue those efforts.

- **Yellowstone County**: Since FY 2010, Yellowstone and a consortium of 16 other counties have obtained about $300,000 a year in grant funds to pay for costs related to the Billings Community Crisis Center. The center provides outpatient treatment to individuals experiencing mental health problems who may otherwise be taken to jail or to a hospital emergency room. The grant award for FY 2014 is $315,200.

The state money is used to match local investments in the projects. The state grants can vary from 50 cents to 70 cents for each $1 of cash or in-kind investment the community dedicates to crisis intervention and jail diversion. The matching rate is based upon a county's use of MSH in the previous fiscal year. A county with a utilization rate that is higher than the state average may receive a match of only 50 percent of the local investment, while a county with a lower utilization rate may ask for matching funds of up to 70 percent of their local investment.

HB 131: Secure Crisis Beds

The HB 131 funds are used to ensure that crisis stabilization services exist at the local level by paying a facility when secure crisis beds go unused. The payments have allowed private providers to set up the facilities, knowing that some of the ongoing costs of staffing and operating the local facility will be covered even if the beds are unoccupied.

Currently, the state makes HB 131 payments of $500 per day to three facilities when their secure crisis beds are not in use — the Hope House in Bozeman, the Hays Morris House in Butte, and the West House in Hamilton. When the beds are occupied, the facilities bill the appropriate payer for the costs; payer sources include private insurance, Medicaid, Medicare, the state-funded Mental Health Services Plan, and the state-funded 72-hour crisis stabilization program.

Western Montana Mental Health Center owns and operates the three existing crisis facilities, as well as the one under construction in Polson. It also will operate a fifth crisis facility under construction in Helena. Lewis and Clark County is paying for construction costs, and the facility is being built on land owned by the Center for Mental Health.

From FY 2010 through FY 2013, the state spent about $912,000 in HB 131 funds for the crisis facilities.

Crisis Stabilization Services

The Legislature has also funded a crisis stabilization program in an effort to reduce admissions to state facilities and treat individuals in their communities. The 2007 Legislature appropriated $4 million in general fund to provide services for up to 72 hours to stabilize individuals who are experiencing a mental health crisis and who are uninsured or underinsured.

The types of services available for reimbursement include psychiatric diagnostic interviews, individual and family psychotherapy, coordination of care, and crisis management services.

The 72-hour presumptive eligibility program has allowed providers to begin treating a person without knowing whether the person is covered by any type of insurance program, including Medicaid. If a person has insurance or is covered by Medicaid, the provider bills the insurer. If a person is uninsured or underinsured, the state will reimburse the provider.

The Legislature has continued to fund the program since its inception in 2007. Most recently, the 2013 Legislature appropriated about $1.5 million in each year of the current biennium.

Crisis Response in the DD System

Many intellectually disabled Montanans also have a co-occurring mental illness. During the 2009-2010 interim, the Children, Families, Health, and Human Services Interim Committee conducted a study of the barriers to providing community services to these dually diagnosed individuals. The study was authorized through passage of House Joint Resolution 39 in 2009.

At the time, stakeholders identified as one barrier the difficulty that many providers have in averting or responding to crisis situations. They noted that when providers are unable to handle crises, they may seek to have the person committed to MDC. In addition, they may not want to accept the person back into services after the condition has been treated and the person is no longer in crisis.

During the HJR 39 study, stakeholders identified four potential solutions to addressing this barrier. The suggested solutions and their current status are summarized below.

- Establish a mobile crisis response capability, where either the state or DD providers have mental health professionals who are able to respond to crisis situations. *At the time of the study, DPHHS had recently created a position for a crisis and transition specialist who worked with DD providers to stabilize individuals who were in or approaching a crisis situation. During FY 2014 and FY 2015, DPHHS added four more crisis and transition specialists to the staff; three are currently located in Helena, while another is in Billings and the fifth is in Missoula. The team is supported by a psychiatrist who consults with the Developmental Disabilities Program one day a week.*

- Train DD staff to recognize behavioral health triggers so direct-care workers can provide appropriate interventions when a client's mental health condition is worsening and before the person is in crisis. *DPHHS has partnered with others to provide training on the dually diagnosed population to DD providers, law enforcement, and mental health professionals. It also has provided training for DD providers on developing positive behavior plans that meet standards established by the Institute of Applied Behavior Analysis.*

- Establish community-based crisis beds, in locations such as hospitals, existing group homes, or mental health centers. The beds could be modeled after the secure crisis beds funded by HB 131. *No action has been taken on this idea, but interest in the concept remains.*

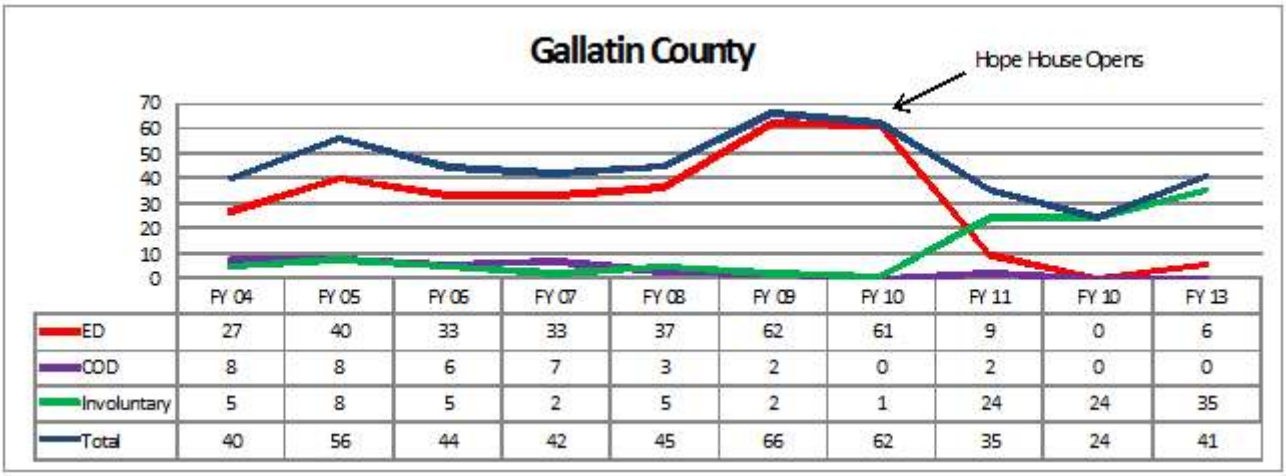
- Create a resource directory of mental health services so DD providers know who to call when necessary. *The state has not taken steps to create a directory.*

Effectiveness of Crisis Services

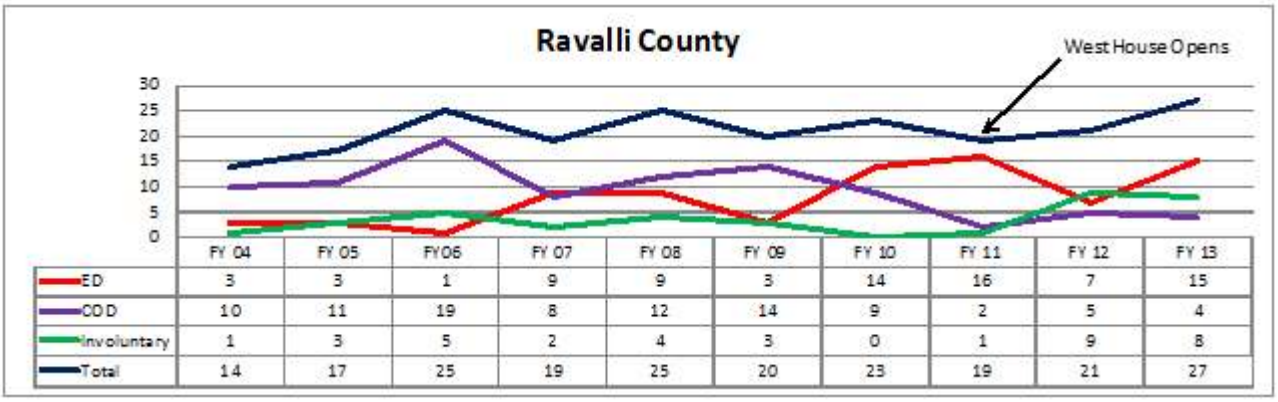
Many of the new crisis services have been in existence only a short time, making it difficult to evaluate their long-term effectiveness. However, the HB 130 grants and the funding of secure crisis beds through HB 131 were designed to avoid short-term admissions to the Montana State Hospital and the problems often associated with those admissions, such as increasing the census at MSH and using law enforcement officers to transport individuals to MSH for short-term treatment or evaluation and then back to their county of residence for commitment hearings.

Looking at whether and how short-term admissions to MSH have changed in the counties receiving HB 130 and HB 131 funds may provide some clues as to the effectiveness of the services developed as a result.

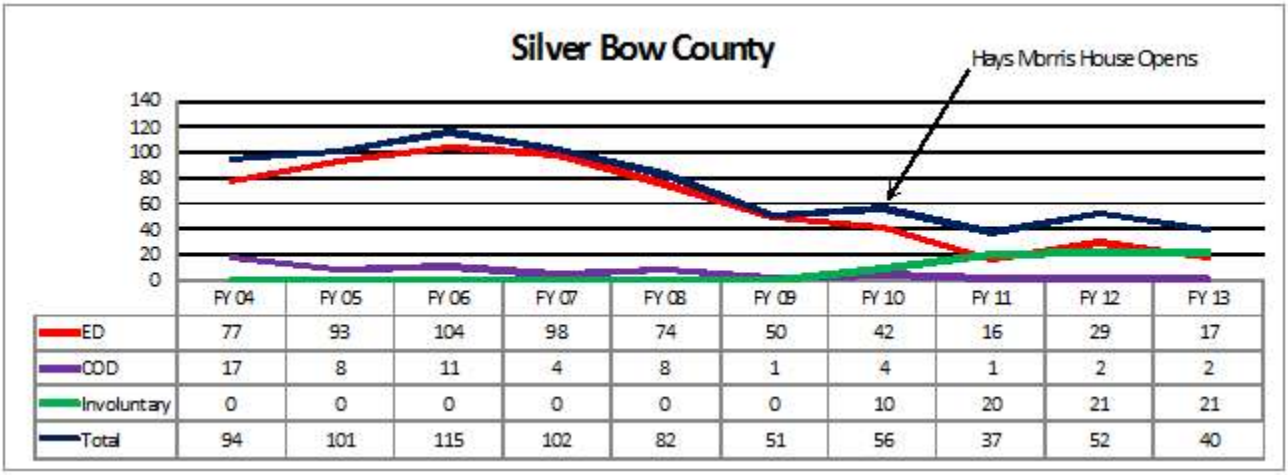
The following graphs show the number of admissions for emergency detentions (ED), court-ordered detentions (COD), and involuntary commitments from the three counties that have received funds to develop emergency detention and crisis stabilization facilities. Emergency detentions occur when a law enforcement officer believes an emergency situation exists because of a person's mental disorder and detains the person for evaluation. A court-ordered detention occurs when a professional person documents a need for involuntary commitment, a county attorney files a commitment petition, and a judge orders treatment for up to five days. If a judge orders a person to be involuntarily committed, the person is transferred to the Montana State Hospital for up to 90 days of treatment.



	FY 04	FY 05	FY 06	FY 07	FY 08	FY 09	FY 10	FY 11	FY 10	FY 13
ED	27	40	33	33	37	62	61	9	0	6
COD	8	8	6	7	3	2	0	2	0	0
Involuntary	5	8	5	2	5	2	1	24	24	35
Total	40	56	44	42	45	66	62	35	24	41

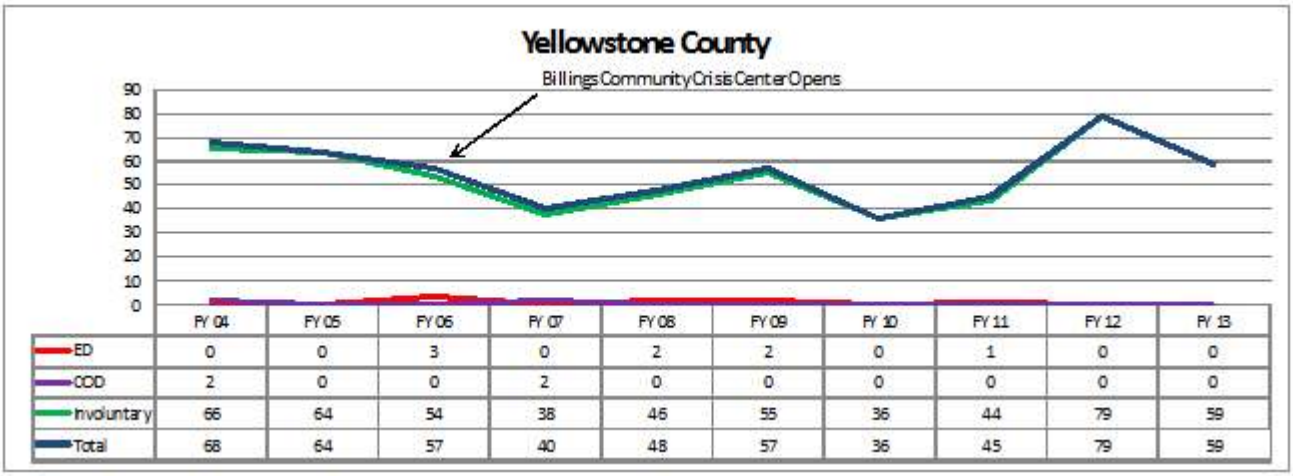


	FY 04	FY 05	FY06	FY 07	FY 08	FY 09	FY 10	FY 11	FY 12	FY 13
ED	3	3	1	9	9	3	14	16	7	15
COD	10	11	19	8	12	14	9	2	5	4
Involuntary	1	3	5	2	4	3	0	1	9	8
Total	14	17	25	19	25	20	23	19	21	27



	FY 04	FY 05	FY 06	FY 07	FY 08	FY 09	FY 10	FY 11	FY 12	FY 13
ED	77	93	104	98	74	50	42	16	29	17
COD	17	8	11	4	8	1	4	1	2	2
Involuntary	0	0	0	0	0	0	10	20	21	21
Total	94	101	115	102	82	51	56	37	52	40

The graph below shows the number of admissions from Yellowstone County, which has received continued HB 130 funding for the Billings Community Crisis Center. That facility is an outpatient crisis response facility that provides treatment for less than 24 hours to individuals with mental illness and co-occurring substance abuse disorders.



	FY 04	FY 05	FY 06	FY 07	FY 08	FY 09	FY 10	FY 11	FY 12	FY 13
ED	0	0	3	0	2	2	0	1	0	0
COD	2	0	0	2	0	0	0	0	0	0
Involuntary	66	64	54	38	46	55	36	44	79	59
Total	68	64	57	40	48	57	36	45	79	59

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Sources

- Interviews and e-mails with the following Department of Public Health and Human Services staff members, January and February 2014: Mental Health Services Bureau Chief Deb Matteucci, Disability Services Division Administrator Rebecca de Camara, Developmental Disabilities Program Director Jeff Sturm
- DPHHS Memos on FY 2014 County Matching Grants for Crisis Intervention and Jail Diversion
- Montana State Hospital Admissions Data, FY 2004 through FY 2013