

# **Elements of a MENTAL HEALTH SYSTEM INVENTORY**

DRAFT - Not complete.

Prepared for the Children, Families, Health, and Human Services Interim Committee

By Susan Byorth Fox, Research Analyst

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## **Adult Mental Health Services**

Medicaid Mental Health Services (see attached fee schedule and service array)

Medicaid Chemical Dependency Services

Mental Health Services Plan (non-Medicaid for SDMI and 150% FPL) and Pharmacy Benefit -  
by contract with 4 community mental health centers.

Mental Health Grant Services - Project for Assistance in Transition from Homelessness

Program of Assertive Community Treatment (PACT) "hospital without walls" - from 140 slots in  
three communities in FY04 to 350 slots in six communities in FY07

Montana State Hospital - state-operated acute inpatient psychiatric hospital

Montana Mental Health Nursing Care Center - state-operated nursing care facility for individuals  
with mental disorders

Intensive Community-Based Rehabilitation

Home and Community Based Services (Medicaid waiver) - authorized in 2005 Session

AMDD Certified Professional Persons: slightly over 100

## **Children's Mental Health Services**

Montana Medicaid Services

- Inpatient psychiatric services provided in hospital settings or residential treatment facilities;
- Community-based services, such as licensed foster and therapeutic group homes (not including room and board expenses);
- Mental health community-based outpatient services, including individual, group and family therapy; psychotropic medication monitoring; assessment; case management; youth day treatment; community-based psychiatric rehabilitation and support services; and comprehensive school and community treatment; and
- Services provided by mental health professionals, including licensed psychologists, social workers, licensed certified professional counselors, and licensed psychiatrists or medical doctors.

Non-Medicaid Services for children up to 150% of poverty: community-based outpatient  
psychiatric services and psychotropic drug assistance

## **Addiction Services**

Montana Chemical Dependency Center - state-operated inpatient addictions treatment facility

Chemical Dependency Medicaid Benefits and Non-Medicaid Services (block grant)

## **Infrastructure**

Mental Health Services Bureau of AMDD - adult mental health  
 Chemical Dependency Bureau of AMDD - chemical dependency services  
 Health Resources Division - children's mental health, Medicaid, CHIP  
 Mental Health Oversight Advisory Council - statute in 1999, 53-21-702, MCA.  
 System of Care Planning Committee - statute in 2003, 52-2-303, MCA.  
 Three regional Service Area Authorities - based on 2001 TAC recommendation, statute in 2003,  
 Title 53, chapter 21, part 10, MCA.  
 Local Advisory Councils in 29 communities - statute in 1999, 53-21-702, MCA  
 Board of Visitors - original advocates for patients of MSH, MDC (1975), expanded to other  
 mental health and developmental disability facilities, 2-15-211, MCA.  
 Mental Health Ombudsman - legislative initiative, originated in 1999 to serve those in need of  
 public mental health services, 2-15-210, MCA.  
 Montana Advocacy Program is a private, non-profit corporation that administers eight Protection  
 and Advocacy programs and one private program that advocate the rights of Montanans  
 with disabilities. All programs are established under federal law.

Licensed Mental Health Care Providers (2005 - DOLI)

Medical Doctor	3,659
Psychiatrists	155
Doctor of Osteopathy	198
Psychologist	232
APRN - psych(Rx)	5
Lic. Prof. Counselor	907
Master Social Work	483
Lic. Addictions Counselor	505

Licensed Facilities

Hospitals	18
W/ Psychiatric Beds	5 (inc. MSH)
Critical Access Facilities	43
CHC/FQHC	11 + 6 satellites
Mental Health Centers	16
Specialty MH Facilities	2
Residential TX Facilities	3
Outpatient CD Programs	24
Inpatient CD TX Centers	8

State facilities:

Montana State Hospital - Inpatient psychiatric hospital, transitional care units, psychosocial  
 rehabilitation.  
 Montana Mental Health Nursing Care Center - residential facility that provides long-term care  
 and treatment  
 Montana Chemical Dependency Center - Inpatient chemical dependency treatment center  
 administered by the State.

Information incomplete:

Short-term acute inpatient and intermediate care facilities

Crisis centers

Outpatient services (ACT or PACT)

Supported housing

Independent living options

**Time line of recent changes to public mental health system**

April 1, 1997 through May 1, 1999 - Mental Health Managed Care Contract

1999 - Creation of Mental Health Oversight Advisory Council (1/2 consumer membership) and Local Advisory Councils. Mental Health Ombudsman.

Early 2000 - AMDD contracts with the Technical Assistance Collaborative (TAC) for evaluate the strengths and weaknesses of the Medicaid Mental Health Program and the Mental Health Services Plan and to offer recommendations for the future.

January 15, 2001 - TAC Final Report

July 1, 2001 - Creation of System of Care

FY 2003 - Cost control measures in MHSP and Medicaid mental health services (reductions in services, rates.)

July, 2002 - beginning of Program of Assertive Community Treatment (PACT) - Helena and Billings

July 1, 2003 - Children's Mental Health Services were transferred to the Health Resources Division. (includes Children's Medicaid and Children's Mental Health Services Plan and CHIP).

July 1, 2003 - Creation of Children's System of Care (SOC) Planning Committee  
Creation of Service Area Authorities (regional planning)

January 2004 - SAA Implementation Plan

June 1, 2005 - Additional 2 PACT programs, Additional FTE 5 FTE ( 2 for crisis).

## MEASURES OF VARIOUS GROUPS

### AMDD Service Model

Screening

Assessment

Mobile Crisis Team

Intervention - face-to-face short-term services

Stabilization - 24/7/365 secure residential setting

Clinically managed residential detoxification

Referral and linkage with mental health resources in the community: eligibility, assessments, enrollment, housing, aftercare, advocacy

### Montana Mental Health Association - Continuum of Care

Prevention

Early Recognition

Notification - single point of access, crisis lines, referral database

First Response

Professional Medical Contact

Definitive Care: secure beds, medications, day treatment, case management, financial assistance/planning, outpatient therapy

Rehabilitation

Recovery

### From NAMI report "Grading the States"

Components of a high-quality system:

1. Comprehensive services and supports
  - affordable and supportive housing
  - access to medications
  - assertive community treatment
  - integrated dual diagnosis treatment
  - illness management and recovery
  - family psychoeducation
  - supported employment
  - jail diversion
  - peer services and support
  - crisis intervention services: mobile crisis intervention 24/7, acute care hospital beds, crisis residential services,
2. Integrated systems
3. Sufficient funding: Medicaid, health insurance parity,
4. Consumer- and family-driven systems
5. Safe and respectful treatment environments
6. Accessible information for consumers and family members
7. Access to acute care and long-term care treatment

- 8. Cultural competence
- 9. Health promotion and mortality reduction
- 10. Adequate mental health workforce

2001 TAC Report (emphasis added)

A table depicting recommendations by timeframe:

<b>IMMEDIATE</b>	<b>SOON</b>	<b>LATER</b>
<ul style="list-style-type: none"> <li>• Strategic Planning Process and Document</li> <li>• Advisory Input Process Revisions</li> <li>• Regional Planning and Advisory Councils</li> <li>• Regional Structures – Planning</li> <li>• <b>Core Services Array – Decision, Inventory, and Plan for Implementation</b></li> <li>• Selected Service Rate Increases and Finances for System Stabilization</li> <li>• QM/I – Performance and Outcome Reporting</li> <li>• MIS – Data Analysis</li> <li>• <b>State Infrastructure/Staff – Data Analyst and Service System Planner</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Clarification of Roles and Responsibilities in System</b></li> <li>• Regional Structures – Implementation (Including Necessary Infrastructure)</li> <li>• Increased Consumer and Family Role</li> <li>• <b>Defining Levels of Care and Eligibility and Priority Populations</b></li> <li>• Additional Services for Children (beginning with Core Services)</li> <li>• Additional Services for Adults (beginning with Core Services)</li> <li>• Additional Funding for Services and Regional and State Infrastructure               <ul style="list-style-type: none"> <li>• Expansion of Utilization Management, Including Establishment of Criteria</li> </ul> </li> <li>• Resource Management Plan – Housing, Vocational, Education, etc.</li> <li>• <b>State Infrastructure/Staff – QM/I Specialist</b></li> </ul>	<ul style="list-style-type: none"> <li>• QM/I Activities Including Human Resource Development Plan, Practice Guidelines Development and Dissemination, Structure for Taking Action</li> <li>• Introduction of Incentive Based Financing Mechanisms; Consideration of a limited Medicaid Waiver or State Plan Amendment</li> <li>• <b>System Wide Needs Assessment/Gap Analysis</b></li> <li>• <b>State Infrastructure/Staff – Human Resource Development Specialist, Contracts Specialist (Regional Structure Liaison), Clerical/ Administrative Support</b></li> <li>• Additional Resources for Additional Services</li> <li>• MIS – Development Single Comprehensive Data System</li> </ul>

*Improving Montana's Mental Health System – Final Report  
The Technical Assistance Collaborative, Inc.*

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