

Report to the State of Montana: Legislative Mental Health Study



Appendices

October 15, 2008



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Appendices

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Appendix A: Estimated 2006 Child and Adult Prevalence Rates

Notes on Methodology 10/9/08 Draft

Please note: this methodology note has been developed from information on Dr. Holzer's website. It is being submitted for his review to ensure that it accurately describes his highly technical methods, and will be finalized based on that review.

When estimating prevalence for serious emotional disturbance (SED) among children and serious mental illness among adults, there is no one single method for determining the number of individuals 'in need.' Even when using definitions of these conditions that are widely accepted and utilized, there are multiple methodologies for determining exactly how many people are affected by mental illness. The estimates used in this study were generated by Dr. Charles Holzer of the Department of Psychiatry and Behavioral Sciences, The University of Texas Medical Branch.

Dr. Holzer's child estimates are based on a set of SED studies commissioned by SAMHSA's Center for Mental Health Services and published in the Federal Register. For children and adolescents, the term Serious Emotional Disturbance is used to describe disorders experienced by youth under the age of 18 that have met diagnostic criteria in the DSM-IVR. The CMHS definition is that "children with serious emotional disturbance" are persons: from birth up to age 18, who currently or at any time during the past year have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within DSM-IVR that resulted in functional impairment which substantially interferes with or limits the child's role or functioning in family, school, or community activities. In addition to the diagnostic criteria for SED, there are functional criteria to be met as well: "Functional impairment is defined as difficulties that substantially interfere with or limit a child or adolescent from achieving or maintaining one or more developmentally appropriate social, behavioral, cognitive, communicative, or adaptive skill. Functional impairments of episodic, recurrent, and continuous duration are included unless they are temporary and expected responses to stressful events in their environment. Children who would have met functional impairment criteria during the referenced year without the benefit of treatment or other support services are included in this definition."

Prevalence of SED has been found to be higher for children from poor families. Dr. Holzer's estimates for Montana consider county Census estimates for children in poverty and above, and apply the appropriate prevalence rate for each segment of the county's child population. The prevalence estimates for all the segments are then rolled up to provide an estimated prevalence for the county. These are then rolled up into state totals.¹

More detailed prevalence data is available for adults. Dr. Holzer's adult estimates are based on the National Institute of Mental Health's Collaborative Psychiatric Epidemiology Surveys² (CPES) 2001-2003, which provides data on the distributions, correlates, and risk factors of

¹ See <http://psy.utmb.edu/estimation/estimation.htm> for additional description of the methodology and sources used in these estimates.

² <http://www.icpsr.umich.edu/CPES/index.html>

mental disorders among the general population, with special emphasis on minority groups. This project joins together three nationally representative surveys: the National Comorbidity Survey Replication (NCS-R), the National Survey of American Life (NSAL), and the National Latino and Asian American Study (NLAAS). Studies have found prevalence to be related to such factors as gender, poverty, race, marital status, educational status, age, and type of residence (household vs. group or institutional living), and the CPES collects data on mental health needs and on the respondents' demographic factors from a sample large and representative enough to provide robust estimates of prevalence rates for the different demographic groups.

Holzer has developed estimates for four levels of adult mental illness based on grouping of DSM-IV diagnoses and the level of impairment or disability. Impairment is measured by the Sheehan Scale which measures the extent to which a mental disorder interferes with home management (like cleaning, shopping and taking care of the house), a person's ability to work, to form or maintain close relationships with other people, and or have a social life. This self-rating scale ranges from zero to ten, where 10 indicates the worst level of interference, and it is scored by taking the average of the four areas assessed. Disability is defined as the number of days that activities are limited due to the disorder.

MH1 is the most restricted of the definitions and MH4 the broadest. The table below shows the components defining each MH category. For each disorder, code 3 indicates a current condition. Code 4 indicates a chronic condition. A chronic condition is a current condition that had an onset of two or more years prior to the survey response. The CPES did not assess schizophrenia or other psychotic disorders, and thus limited Holzer's prevalence estimates to the disorders shown in the table. The NLAAS, which focuses on Hispanics and Asian Americans, did not inquire about mania or specific phobia. Holzer used a statistical model to adjust for this omission.

Holzer's estimation methodology for adults divides 2006 county Census estimates into 8100 cells representing the different combinations of the relevant demographic characteristics, followed by application of the appropriate prevalence rate. These estimates are then rolled up to provide county and state estimates. This method has been used by California, Washington and Colorado, and some other Western states including

Criteria for Defining MH Needs Population				
	MH1	MH2	MH3	MH4
Minimum Sheehan impairment score	7	7	5	3
Minimum disability days	120	120	30	7
Diagnosis	-	-	-	-
Bipolar I	4	4	3 or 4	3 or 4
Bipolar II	4	4	3 or 4	3 or 4
Mania	4	4	3 or 4	3 or 4
Major depression with hierarchy	4	4	3 or 4	3 or 4
Dysthymia hierarchy		4	3 or 4	3 or 4
Generalized anxiety		4	3 or 4	3 or 4
Hypomania		4	3 or 4	3 or 4
Major depressive episode		4	3 or 4	3 or 4
Panic disorder		4	3 or 4	3 or 4
Post traumatic stress disorder		4	3 or 4	3 or 4
Agoraphobia without panic		4	3 or 4	3 or 4
Agoraphobia with panic		4	3 or 4	3 or 4
Social phobia		4	3 or 4	3 or 4
Specific phobia		4	3 or 4	3 or 4
DSMIV-Attention Deficit				3 or 4
Adult separation anxiety				3 or 4
Bipolar subthreshold				3 or 4
Conduct disorder				3 or 4
Dysthymia				3 or 4
Intermittent explosive disorder				3 or 4
Oppositional defiant disorder				3 or 4
Panic Attack				3 or 4
Separation anxiety-txlife				3 or 4

Montana. The data is classified in a way that allow for stratification by characteristics such as race and age. However, our utilization data was not stratified by these characteristics, so we could not calculate penetration rates for specific demographic groups.

Appendix A
Estimated 2006 Child and Adult Mental Health Prevalence Rates by Seriousness of Condition

County	Est. Child SED cases	Child SED cases as a % of children under 200% of poverty	Est. Adult MH4 cases	Adult MH4 cases as a percent of adults under 200% of poverty	Est. Adult MH2 cases	Adult MH2 cases as a % of adults under 200% of poverty
Statewide Total Unique	8,859	8.8%	57,895	24.3%	21,840	9.2%
Eastern Region						
Carter	9	8.9%	92	21.7%	35	8.3%
Custer	101	8.8%	696	23.3%	269	9.0%
Daniels	14	9.2%	108	20.7%	42	8.1%
Dawson	71	8.7%	515	22.6%	195	8.5%
Fallon	22	8.7%	151	21.7%	56	8.0%
Garfield	14	8.9%	74	21.0%	28	8.0%
McCone	15	8.6%	99	20.7%	38	7.9%
Phillips	39	8.9%	253	21.8%	99	8.5%
Powder River	13	8.7%	101	21.4%	39	8.2%
Prairie	8	9.3%	59	19.5%	23	7.6%
Richland	81	8.6%	555	22.8%	207	8.5%
Roosevelt	220	9.3%	909	26.0%	365	10.4%
Rosebud	153	9.2%	638	24.6%	243	9.4%
Sheridan	23	8.9%	182	19.3%	70	7.4%
Treasure	5	8.2%	37	20.7%	14	7.8%
Valley	61	8.7%	412	21.6%	158	8.3%
Wibaux	8	9.2%	49	20.7%	19	8.0%
Eastern Total	857	8.9%	4,930	23.0%	1,900	8.8%
North Central Region						
Blaine	122	9.0%	542	24.3%	212	9.5%
Cascade	848	8.8%	4,719	24.0%	1,804	9.2%
Chouteau	63	9.0%	346	23.0%	133	8.8%
Glacier	260	8.9%	1,242	25.8%	471	9.8%
Hill	218	8.9%	1,157	24.6%	430	9.2%
Liberty	16	9.0%	117	21.6%	44	8.1%
Pondera	70	8.8%	419	23.4%	160	9.0%
Teton	63	8.9%	367	22.8%	139	8.6%
Toole	41	8.7%	298	23.8%	110	8.8%
North Central Total	1,701	8.8%	9,207	24.2%	3,503	9.2%

Appendix A
Estimated 2006 Child and Adult Mental Health Prevalence Rates by Seriousness of Condition

County	Est. Child SED cases	Child SED cases as a % of children under 200% of poverty	Est. Adult MH4 cases	Adult MH4 cases as a percent of adults under 200% of poverty	Est. Adult MH2 cases	Adult MH2 cases as a % of adults under 200% of poverty
South Central Region						
Big Horn	260	9.1%	1,095	25.7%	427	10.0%
Carbon	75	8.6%	574	22.8%	219	8.7%
Fergus	93	8.8%	672	21.9%	259	8.5%
Golden Valley	8	9.2%	78	22.7%	30	8.7%
Judith Basin	21	9.1%	132	21.6%	51	8.3%
Musselshell	45	9.2%	295	22.5%	119	9.1%
Petroleum	5	9.4%	33	21.9%	13	8.6%
Stillwater	68	8.6%	463	22.3%	170	8.2%
Sweet Grass	31	8.8%	198	21.8%	74	8.1%
Wheatland	16	8.9%	113	21.2%	46	8.6%
Yellowstone	1,115	8.8%	7,221	24.8%	2,801	9.6%
South Central Total	1,737	8.8%	10,874	24.2%	4,209	9.4%
South West Region						
Beaverhead	66	8.9%	516	22.5%	191	8.3%
Broadwater	28	8.5%	236	22.9%	92	8.9%
Deer Lodge	67	8.9%	522	23.2%	211	9.4%
Gallatin	526	8.6%	4,928	25.3%	1,680	8.6%
Granite	21	9.0%	175	23.7%	72	9.7%
Jefferson	75	8.5%	531	23.8%	199	8.9%
Lewis And Clark	457	8.6%	3,048	24.9%	1,183	9.7%
Madison	40	8.8%	416	21.6%	159	8.3%
Meagher	17	9.3%	123	22.0%	47	8.4%
Park	99	8.7%	944	22.9%	372	9.0%
Powell	42	8.8%	318	23.2%	128	9.3%
Silver Bow	282	8.9%	1,894	24.4%	754	9.7%
South West Total	1,720	8.7%	13,651	24.4%	5,088	9.1%

Appendix A
Estimated 2006 Child and Adult Mental Health Prevalence Rates by Seriousness of Condition

County	Est. Child SED cases	Child SED cases as a % of children under 200% of poverty	Est. Adult MH4 cases	Adult MH4 cases as a percent of adults under 200% of poverty	Est. Adult MH2 cases	Adult MH2 cases as a % of adults under 200% of poverty
Western Region						
Flathead	828	8.7%	5,348	24.5%	2,065	9.5%
Lake	341	8.9%	1,942	24.4%	763	9.6%
Lincoln	188	9.0%	1,317	22.9%	534	9.3%
Mineral	32	8.9%	267	24.0%	105	9.5%
Missoula	806	8.7%	6,951	25.6%	2,489	9.2%
Ravalli	353	8.8%	2,347	23.6%	885	8.9%
Sanders	101	9.0%	737	22.7%	299	9.2%
Western Total	2,649	8.8%	18,909	24.6%	7,140	9.3%
<i>Source: Estimates by Holzer based on CPES and Census Estimates</i>						

Appendix B: FY2007 Montana DPHHS Unduplicated Child and Adult Mental Health Service/Medication Users as a Percent of Population under 200% of Poverty: Methodology and Sources

These data were provided by DPHHS in response to a request for data by DMA. All data were for services delivered during FY07. For children, these data include an unduplicated count of all children receiving mental health services or psychotropic medications through one of the following four programs: CMHB Medicaid, Other State Plan Medicaid, the Children's Mental Health Services Plan and the Child and Family Services Division. One important children's program that provides mental health services, CHIP, was not included because its data are collected through a separate information system.

For adults, these data include an unduplicated count of all adults receiving mental health services or psychotropic medications through one of the following four programs: AMDD Medicaid, Other State Plan Medicaid, the Mental Health Services Plan and the Disabilities Services Division.

Counts of children or adults who used services include those who, due to co-pay or third party liability (insurance), had no reimbursement for the service, i.e. had a claim for a MH service, but no reimbursement amount because the charged amount was either less than or equal to co-pay amount or what another payer (insurance) covered.

Exclusions: Both children's and adult data exclude any mental health services provided by Indian Health Service or tribal health facilities. These data were excluded because examination showed them to be incomplete. Data from Urban Indian Health Clinics, however, are included.

The tables include a count of the individuals receiving any mental health services and/or psychotropic medication by county and region. On the number served, the county information is from the claim itself and often will not match enrollment data (claim likely has the county of address in error).

We have used Census estimates of 2006 county child and adult population to calculate the number of service/medication users as a percent of estimated 2006 population under poverty. In addition, we have provided data on the number of individuals using mental health services that excludes any individuals using only psychotropic medications, but receiving no other mental health services.

An Important Note about the Limitations of Our Data

Our data request captured an extensive menu of mental health services, including those that are only used as mental health treatment or rehabilitation, and other medical services, like personal care services, labs, medications, and physician evaluation, that may be provided in connection with assessing or treating a mental health diagnosis or for other health problems. A high proportion of individuals in Medicaid, 9095 adults - virtually half of those served by AMDD, and 4695 children, over half of those served by CMHB, receive what we have reported as “miscellaneous” services. This broad definition of mental health services, combined with our inclusion of individuals receiving psychotropic medications, gives Montana an indication of the extent and cost of the treatment of mental health conditions both through traditional mental health services, and by other practitioners. However, this broad definition also contributes to the high rates we have found of Medicaid recipients receiving mental health services. The definition may in fact overstate the rates at which individuals receive mental health treatment. For example, because we included psychotropic medications we may be reporting on individuals who are using these medications to treat non-mental health conditions. Our figures also may have included tests or physician examinations that ruled out a mental health condition as the cause of a presenting problem that was eventually determined to be a physical health condition. It may be helpful for Montana to further evaluate both the numbers of individuals served and the types of services they receive in order to establish a working definition for receiving mental health services that may be somewhat more helpful in setting policy and monitoring program performance.

Appendix B
FY2007 Montana DPHHS Unduplicated Child and Adult Mental Health Service/Medication Users
as a Percent of Population under 200% of Poverty
(Excludes Individuals Receiving Only CHIP Services or Only Services from IHS Facilities)

	Receiving MH Services and/or MH Medications				Receiving MH Services			
	Adults		Children		Adults		Children	
	# Receiving	As a % of Adults < 200% of Poverty	# Receiving	As a % of Children under 200% of Poverty	# Receiving	As a % of Adults < 200% of Poverty	# Receiving	As a % of Children under 200% of Poverty
Statewide Total	28,221	11.9%	13,167	13.4%	21,230	8.9%	11,802	12.0%
Carter	12	2.8%	5	5.0%	9	2.1%	4	4.0%
Custer	464	15.5%	205	17.8%	353	11.8%	164	14.2%
Daniels	30	5.8%	24	15.7%	27	5.2%	18	11.8%
Dawson	247	10.8%	81	10.0%	191	8.4%	66	8.1%
Fallon	70	10.0%	2424	9.5%	47	6.7%	22	8.7%
Garfield	15	4.3%	7	4.4%	13	3.7%	5	3.2%
McCone	19	4.0%	10	5.7%	17	3.5%	10	5.7%
Phillips	101	8.7%	83	18.9%	76	6.5%	75	17.0%
Powder River	29	6.1%	7	4.7%	19	4.0%	6	4.0%
Prairie	33	10.9%	6	7.0%	24	7.9%	5	5.8%
Richland	246	10.1%	79	8.4%	192	7.9%	66	7.0%
Roosevelt	367	10.5%	267	11.2%	253	7.2%	230	9.7%
Rosebud	161	6.2%	156	9.3%	120	4.6%	145	8.7%
Sheridan	94	10.0%	30	11.6%	67	7.1%	25	9.7%
Treasure	6	3.4%	7	11.5%	4	2.2%	6	9.8%
Valley	234	12.3%	123	17.5%	157	8.2%	109	15.5%
Wibaux	22	9.3%	8	9.2%	16	6.8%	8	9.2%
Eastern Total	2,150	10.0%	1,122	11.7%	1,585	7.4%	964	10.1%
Blaine	115	5.2%	114	8.4%	61	2.7%	93	6.9%
Cascade	2,683	13.6%	1,221	12.6%	1,979	10.1%	1,007	10.4%
Chouteau	86	5.7%	27	3.9%	55	3.7%	22	3.2%
Glacier	329	6.8%	158	5.4%	201	4.2%	134	4.6%
Hill	592	12.6%	266	10.8%	406	8.6%	247	10.0%
Liberty	28	5.2%	12	6.7%	22	4.1%	8	4.5%
Pondera	175	9.8%	66	8.3%	123	6.9%	60	7.6%
Teton	158	9.8%	75	10.6%	115	7.2%	72	10.2%
Toole	153	12.2%	56	11.8%	122	9.7%	52	11.0%
North Central Total	4,319	11.3%	1,995	10.4%	3,084	8.1%	1,695	8.8%

Appendix B
FY2007 Montana DPHHS Unduplicated Child and Adult Mental Health Service/Medication Users
as a Percent of Population under 200% of Poverty
(Excludes Individuals Receiving Only CHIP Services or Only Services from IHS Facilities)

	Receiving MH Services and/or MH Medications				Receiving MH Services			
	Adults		Children		Adults		Children	
	# Receiving	As a % of Adults < 200% of Poverty	# Receiving	As a % of Children under 200% of Poverty	# Receiving	As a % of Adults < 200% of Poverty	# Receiving	As a % of Children under 200% of Poverty
Statewide Total	28,221	11.9%	13,167	13.4%	21,230	8.9%	11,802	12.0%
Big Horn	244	5.7%	138	4.8%	131	3.1%	112	3.9%
Carbon	188	7.5%	81	9.3%	123	4.9%	71	8.2%
Fergus	362	11.8%	173	16.4%	261	8.5%	157	14.9%
Golden Valley	21	6.1%	20	23.0%	12	3.5%	16	18.4%
Judith Basin	48	7.9%	16	7.0%	22	3.6%	15	6.5%
Musselshell	158	12.0%	73	15.0%	117	8.9%	66	13.5%
Petroleum	8	5.3%	-	0.0%	4	2.6%	-	0.0%
Stillwater	159	7.7%	78	9.8%	101	4.9%	59	7.4%
Sweet Grass	55	6.0%	23	6.5%	44	4.8%	22	6.2%
Wheatland	49	9.2%	39	21.8%	31	5.8%	35	19.6%
Yellowstone	4,647	15.9%	2,169	17.1%	3,770	12.9%	1,960	15.4%
South Central Total	5,939	13.2%	2,810	14.3%	4,616	10.3%	2,513	12.8%
Beaverhead	264	11.5%	128	17.3%	198	8.6%	112	15.1%
Broadwater	120	11.6%	43	13.1%	72	7.0%	38	11.6%
Deer Lodge	594	26.4%	206	27.4%	469	20.8%	189	25.2%
Gallatin	1,097	5.6%	488	8.0%	861	4.4%	427	7.0%
Granite	52	7.0%	13	5.6%	33	4.5%	11	4.7%
Jefferson	275	12.3%	129	14.7%	203	9.1%	114	13.0%
Lewis And Clark	1,886	15.4%	848	16.0%	1,476	12.1%	777	14.7%
Madison	108	5.6%	41	9.0%	86	4.5%	33	7.3%
Meagher	46	8.2%	20	11.0%	34	6.1%	19	10.4%
Park	463	11.3%	206	18.1%	356	8.7%	201	17.7%
Powell	227	16.5%	109	22.8%	165	12.0%	102	21.3%
Silver Bow	1,863	24.0%	774	24.4%	1,521	19.6%	743	23.4%
South West Total	6,995	12.5%	3,005	15.2%	5,477	9.8%	2,766	14.0%

Appendix B
FY2007 Montana DPHHS Unduplicated Child and Adult Mental Health Service/Medication Users
as a Percent of Population under 200% of Poverty
(Excludes Individuals Receiving Only CHIP Services or Only Services from IHS Facilities)

	Receiving MH Services and/or MH Medications				Receiving MH Services			
	Adults		Children		Adults		Children	
	# Receiving	As a % of Adults < 200% of Poverty	# Receiving	As a % of Children under 200% of Poverty	# Receiving	As a % of Adults < 200% of Poverty	# Receiving	As a % of Children under 200% of Poverty
Statewide Total	28,221	11.9%	13,167	13.4%	21,230	8.9%	11,802	12.0%
Flathead	2,036	9.3%	1,254	13.2%	1,391	6.4%	1,140	12.0%
Lake	921	11.6%	491	12.8%	641	8.1%	446	11.6%
Lincoln	719	12.5%	318	15.1%	504	8.8%	284	13.5%
Mineral	224	20.2%	104	29.0%	155	14.0%	96	26.7%
Missoula	3,389	12.5%	1,320	14.2%	2,604	9.6%	1,201	12.9%
Ravalli	1,154	11.6%	552	13.8%	894	9.0%	505	12.7%
Sanders	375	11.6%	196	17.4%	279	8.6%	192	17.0%
Western Total	8,818	11.5%	4,235	14.0%	6,468	8.4%	3,864	12.8%

Appendices C & D: FY2007 DPHHS Child and Adult Service Users per Thousand Population Under 200% of Poverty by County, Region and Service Type Methodology and Sources

Appendix C and D are drawn from the same DPHHS special report as Appendix B, and are subject to the same exclusions of CHIP and IHS facility data described in the notes to Appendix B. These tables show penetration rates, calculated as: the number of individuals receiving a service in the county per thousand population under 200% of poverty. County population estimates are for 2006. We have shown most of the rates as whole numbers to promote readability, but it is important to interpret them as *ratios of number served to thousand people under 200% of poverty*. This indicates the relative access to services in different counties, taking into account their different populations. We have provided the state's first quartile for the rate of penetration as a standard for identifying low access counties. They appear at the end of each table.

We calculated total users for each service type by adding together users from all child programs, and from all adult programs where the service type was available. This method can result in duplication and therefore somewhat overstate the rate of service use.

The table below shows the billing codes corresponding to each service type. Please note additional explanations provided for Other Miscellaneous services and inpatient and residential services.

Service Types by Billing Codes	
Service	Billing Code
Individual Counseling	90804-90829
Group Counseling	90853, 90857
Family Counseling	90846, 90847
Multi-family counseling	90849
Psychological & Neuropsychological Testing	96101-96120
Comprehensive school and community treatment	H0036
Medication Management	90862, 90865
Other Miscellaneous Services	Those services that did not fit within one of the categories listed in this table. They include, but are not limited to: Personal care when provided by a personal care agency (the single largest group in other miscellaneous); Miscellaneous physician services that are billed directly by physician (subsequent hospital care related to MH); Office or outpatient visit provided by a FQHC related to MH; Miscellaneous psychiatrist services that are billed directly by psychiatrist (i.e. subsequent hospital care or home visit related to MH); Lab work (blood draws, etc. again when primary diagnosis is for Mental Health)

Service Types by Billing Codes	
Service	Billing Code
23 HR Observation. - Hospital.	(Prov. Type 02 - Other Outpatient)
Targeted Case Management	T1016 mod HA/HB
Community based psychiatric rehabilitation and support services (CBPRS) Psychiatric Aide	H2019 mod --/HQ
Behavior Management Skills Development Services	H2014 mod --/HQ
Supported Employment / Employment	
Training (Guidance & Skills)	
Intensive Outpatient Programs	H0046 mod HB
Day Treatment Services	H2012 mod HA/HB
Program in Assertive Community Treatment	H0040
Respite Care Services	S5150 mod HA/HB
Group Home	
Therapeutic Foster Care (includes family care)	S5145 mod HRU5/HR--/HETG, S5140 mod --/U5)
*PRTF	Revenue code 124, 183; see footnote
*Acute Inpatient	Provider Type 01 - See PRTF footnote
*PRTF refers to psychiatric room and board. For children, PRTF can be an <u>inpatient</u> hospital provider or a Residential Treatment Center provider. For adults, PRTF is only inpatient hospital providers. Claims showing for inpatient hospital amounts are not duplicated in both categories. Some PRTF providers are located out-of-state.	

Regional Averages are weighted averages, calculated by dividing *the total number of children served in the region* to the *total child population of the region*. Adult calculations were also done this way. This results in an average that accurately expresses the rate of utilization for the entire region.³

We have also calculated averages for categories of services. These are simple averages. This provides an indication of the average use of the most common modalities in the category.

³ We did not do a simple average of the rates for each county, because this would have weighted the lower population counties the same as those with higher populations.

Appendix C – Table 1
FY2007 DPHHS Child Service Users Per Thousand Population Under 200% of Poverty by County, Region and Service Type
(Excludes Individuals Receiving Only CHIP Services or Only Services from IHS Facilities)

County	Other Miscellaneous Services**	Psychotropic Drug Expenditures	Outpatient Services					Average
			Psychiatric Diagnostic Interview	Individual Counseling	Group Counseling	Family Counseling	Psychological & Neuropsychological Testing	
Carter	0	20	50	20	0	10	10	18
Custer	31	103	109	81	3	60	14	53
Daniels	0	78	65	59	0	33	59	43
Dawson	17	53	37	43	2	25	5	22
Fallon	20	40	71	60	12	20	12	35
Garfield	19	25	6	6	0	0	0	3
McCone	46	17	11	17	0	0	6	7
Phillips	59	84	75	73	18	43	23	46
Powder River	20	27	20	27	0	7	0	11
Prairie	23	23	0	23	0	0	12	7
Richland	21	43	19	28	2	4	5	12
Roosevelt	28	36	47	17	1	14	10	18
Rosebud	27	28	42	25	10	13	10	20
Sheridan	54	62	23	27	0	12	4	13
Treasure	66	33	16	49	0	33	33	26
Valley	94	90	44	36	0	24	19	25
Wibaux	46	11	11	34	0	23	11	16
Eastern Average	33	51	49	36	4	21	11	24
Blaine	10	78	65	59	0	33	59	43
Cascade	37	53	37	43	2	25	5	22
Chouteau	17	40	71	60	12	20	12	35
Glacier	16	25	6	6	0	0	0	3
Hill	37	17	11	17	0	0	6	7
Liberty	34	84	75	73	18	43	23	46
Pondera	33	27	20	27	0	7	0	11
Teton	62	23	0	23	0	0	12	7
Toole	82	43	19	28	2	4	5	12
North Central	33	52	31	48	5	20	9	23

Appendix C – Table 1
FY2007 DPHHS Child Service Users Per Thousand Population Under 200% of Poverty by County, Region and Service Type
(Excludes Individuals Receiving Only CHIP Services or Only Services from IHS Facilities)

County	Other Miscellaneous Services**	Psychotropic Drug Expenditures	Outpatient Services					Average
			Psychiatric Diagnostic Interview	Individual Counseling	Group Counseling	Family Counseling	Psychological & Neuropsychological Testing	
Big Horn	9	22	15	17	1	9	4	9
Carbon	15	55	29	64	2	21	14	26
Fergus	35	75	79	126	6	24	21	51
Golden Valley	11	149	80	103	0	0	11	39
Judith Basin	22	17	4	39	0	9	0	10
Musselshell	43	80	39	90	8	14	6	32
Petroleum	0	0	19	0	0	0	0	4
Stillwater	25	64	30	50	0	21	6	22
Sweet Grass	28	11	14	31	0	14	3	12
Wheatland	117	56	17	84	0	11	0	22
Yellowstone	101	85	54	82	10	38	14	40
South Central	73	71	46	71	7	30	12	33
Beaverhead	23	80	53	85	9	74	15	47
Broadwater	21	67	49	70	6	27	18	34
Deer Lodge	60	145	111	136	21	65	5	68
Gallatin	20	42	29	51	6	32	5	25
Granite	17	34	17	30	4	21	9	16
Jefferson	21	73	34	69	23	33	3	33
Lewis And Clark	56	72	54	83	13	52	9	42
Madison	24	48	26	37	2	26	7	20
Meagher	55	38	11	44	0	16	0	14
Park	81	70	65	104	26	59	19	55
Powell	92	88	50	88	15	21	23	39
Silver Bow	140	91	80	108	20	41	11	52
South West	56	68	51	78	13	43	9	39

Appendix C – Table 1
FY2007 DPHHS Child Service Users Per Thousand Population Under 200% of Poverty by County, Region and Service Type
(Excludes Individuals Receiving Only CHIP Services or Only Services from IHS Facilities)

County	Other Miscellaneous Services**	Psychotropic Drug Expenditures	Outpatient Services					Average
			Psychiatric Diagnostic Interview	Individual Counseling	Group Counseling	Family Counseling	Psychological & Neuropsychological Testing	
Flathead	19	42	37	42	7	20	47	31
Lake	24	45	36	50	3	20	9	23
Lincoln	43	64	54	64	4	29	11	32
Mineral	33	123	136	142	25	33	31	74
Missoula	38	73	57	74	3	45	13	38
Ravalli	46	55	51	61	3	35	15	33
Sanders	60	56	64	115	16	38	24	51
West	32	56	48	61	5	31	24	34
State 1st quartile	19.8	27.3	18.4	27.5	0.0	9.8	4.9	

**Appendix C – Table 2: Intensive Community Services & Supports
 FY2007 DPHHS Child Service Users Per Thousand Population Under 200% of Poverty by County, Region & Service Type
 (Excludes Individuals Receiving Only CHIP Services or Only Services from IHS Facilities)**

County/ Region	Targeted Case Management	Community Based Psych. Rehab. & Support Services (CBPRS) Psychiatric Aide	Day Treatment Services	Partial Hospitalization	Respite Care Services	Average
Carter	0	0	0	0	0	0
Custer	47	36	4	0	5	19
Daniels	33	13	0	0	0	9
Dawson	41	31	1	1	5	16
Fallon	16	4	4	8	4	7
Garfield	0	0	0	0	0	0
McCone	0	6	0	0	0	1
Phillips	61	2	7	0	2	15
Powder River	0	0	0	0	0	0
Prairie	0	0	0	0	0	0
Richland	21	3	2	1	2	6
Roosevelt	34	5	1	0	3	8
Rosebud	31	3	4	2	1	8
Sheridan	15	0	4	0	0	4
Treasure	16	0	0	0	0	3
Valley	43	0	3	0	3	10
Wibaux	23	0	11	0	0	7
Eastern	32	10	3	1	3	10
Blaine	21	1	1	0	1	5
Cascade	29	16	2	0	4	10
Chouteau	1	0	0	0	0	0
Glacier	17	4	1	1	0	5
Hill	18	4	3	0	1	5
Liberty	0	0	0	0	0	0
Pondera	13	1	0	0	1	3
Teton	16	4	0	0	4	5
Toole	8	0	0	0	0	2
North Central	22	9	2	0	2	7

**Appendix C – Table 2: Intensive Community Services & Supports
 FY2007 DPHHS Child Service Users Per Thousand Population Under 200% of Poverty by County, Region & Service Type
 (Excludes Individuals Receiving Only CHIP Services or Only Services from IHS Facilities)**

County/ Region	Targeted Case Management	Community Based Psych. Rehab. & Support Services (CBPRS) Psychiatric Aide	Day Treatment Services	Partial Hospitalization	Respite Care Services	Average
Big Horn	14	2	1	0	1	4
Carbon	16	7	1	0	7	6
Fergus	45	20	5	0	3	15
Golden Valley	0	0	0	0	0	0
Judith Basin	9	0	0	0	0	2
Musselshell	23	16	4	0	0	9
Petroleum	0	0	0	0	0	0
Stillwater	18	5	1	4	1	6
Sweet Grass	8	0	0	0	0	2
Wheatland	11	22	0	0	6	8
Yellowstone	40	21	3	5	5	15
South Central	33	16	3	3	4	12
Beaverhead	78	75	1	0	42	39
Broadwater	46	21	9	0	9	17
Deer Lodge	120	69	8	1	35	47
Gallatin	29	18	1	0	9	11
Granite	17	4	0	0	13	7
Jefferson	48	15	16	0	13	18
Lewis And Clark	52	23	9	0	9	19
Madison	18	9	0	0	7	7
Meagher	22	5	0	0	0	5
Park	84	67	2	0	38	38
Powell	92	44	27	0	10	35
Silver Bow	86	45	3	0	11	29
South West	55	31	5	0	13	21

**Appendix C – Table 2: Intensive Community Services & Supports
 FY2007 DPHHS Child Service Users Per Thousand Population Under 200% of Poverty by County, Region & Service Type
 (Excludes Individuals Receiving Only CHIP Services or Only Services from IHS Facilities)**

County/ Region	Targeted Case Management	Community Based Psych. Rehab. & Support Services (CBPRS) Psychiatric Aide	Day Treatment Services	Partial Hospitalization	Respite Care Services	Average
Flathead	26	6	1	6	4	8
Lake	44	4	2	4	3	11
Lincoln	32	14	2	1	1	10
Mineral	139	58	6	6	0	42
Missoula	40	8	2	2	7	12
Ravalli	32	9	2	0	12	11
Sanders	52	5	1	1	0	12
West	36.0	7.7	1.6	3.4	5.4	11
State 1st quartile	13.4	0.0	0.0	0.0	0.0	

Appendix C – Table 3
FY2007 DPHHS Child Service Users Per Thousand Population Under 200% of Poverty by County, Region and Service Type
(Excludes Individuals Receiving Only CHIP Services or Only Services from IHS Facilities)

	School Services	Psych./Med.	Crisis Intervention	Community Residential			Inpatient & Residential		
	Comprehensive School & Community Treat.	Medication Management	23 HR Observ. - Hosp.	Group Home	Therapeutic Foster Care	Average	PRTF*	Acute Inpatient*	Average
Carter	0	10	0	0	0	0	0	0	0
Custer	10	10	18	8	15	11	10	1	5
Daniels	0	20	7	0	13	7	7	0	3
Dawson	0	7	11	10	7	9	10	0	5
Fallon	0	4	20	12	0	6	4	0	2
Garfield	0	6	0	0	0	0	0	0	0
McCone	0	0	6	0	0	0	0	0	0
Phillips	57	11	25	11	14	13	16	0	8
Powder River	0	0	0	0	0	0	0	0	0
Prairie	0	0	0	0	12	6	0	0	0
Richland	18	5	13	3	5	4	4	0	2
Roosevelt	38	6	14	3	9	6	10	0	5
Rosebud	21	4	8	5	5	5	2	0	1
Sheridan	12	8	8	4	4	4	0	0	0
Treasure	0	16	16	0	16	8	16	0	8
Valley	24	17	27	4	14	9	11	1	6
Wibaux	0	0	0	0	0	0	0	0	0
Eastern	21	7	13	5	8	7	7	0	4
Blaine	34	1	3	2	2	2	7	0	3
Cascade	19	7	7	6	7	6	7	0	3
Chouteau	1	0	1	0	0	0	1	0	1
Glacier	0	0	3	2	1	2	4	0	2
Hill	35	6	9	4	1	3	6	1	4
Liberty	0	0	11	0	0	0	0	0	0
Pondera	1	1	6	0	1	1	1	0	1
Teton	0	0	9	1	4	3	0	0	0
Toole	0	0	6	0	0	0	6	0	3
North Central	17	4	6	4	4	4	6	0	3

Appendix C – Table 3
FY2007 DPHHS Child Service Users Per Thousand Population Under 200% of Poverty by County, Region and Service Type
(Excludes Individuals Receiving Only CHIP Services or Only Services from IHS Facilities)

	School Services	Psych./Med.	Crisis Intervention	Community Residential			Inpatient & Residential		
	Comprehensive School & Community Treat.	Medication Management	23 HR Observ. - Hosp.	Group Home	Therapeutic Foster Care	Average	PRTF*	Acute Inpatient*	Average
Big Horn	4	2	6	2	3	2	3	0	2
Carbon	0	11	14	2	6	4	2	0	1
Fergus	1	14	24	8	1	4	6	0	3
Golden Valley	0	11	57	0	0	0	0	0	0
Judith Basin	4	0	9	0	4	2	0	0	0
Musselshell	39	12	31	4	2	3	8	0	4
Petroleum	0	0	0	0	0	0	0	0	0
Stillwater	0	6	14	3	8	5	5	0	3
Sweet Grass	0	3	3	3	0	1	3	0	1
Wheatland	0	6	17	0	0	0	0	0	0
Yellowstone	7	22	31	8	12	10	11	0	6
South Central	6	16	25	6	9	8	9	0	4
Beaverhead	26	7	26	5	30	18	3	0	1
Broadwater	3	6	21	6	18	12	12	0	6
Deer Lodge	84	28	84	16	29	23	15	0	7
Gallatin	5	1	5	3	9	6	3	0	1
Granite	0	4	13	0	0	0	0	0	0
Jefferson	41	6	28	18	9	14	5	0	2
Lewis And Clark	17	10	31	14	14	14	13	0	7
Madison	4	0	11	0	13	7	4	0	2
Meagher	0	0	16	0	0	0	0	0	0
Park	18	16	18	4	35	20	9	0	4
Powell	71	19	23	29	25	27	10	2	6
Silver Bow	60	21	24	9	18	14	12	0	6
South West	25	10	22	9	15	12	8	0	4

Appendix C – Table 3
FY2007 DPHHS Child Service Users Per Thousand Population Under 200% of Poverty by County, Region and Service Type
(Excludes Individuals Receiving Only CHIP Services or Only Services from IHS Facilities)

	School Services	Psych./Med.	Crisis Intervention	Community Residential			Inpatient & Residential		
	Comprehensive School & Community Treat.	Medication Management	23 HR Observ. - Hosp.	Group Home	Therapeutic Foster Care	Average	PRTF*	Acute Inpatient*	Average
Flathead	17	17	9	3	7	5	5	0	2
Lake	34	21	21	5	5	5	7	0	3
Lincoln	48	12	12	4	5	4	4	0	2
Mineral	139	53	14	8	11	10	22	0	11
Missoula	19	21	14	7	8	7	8	0	4
Ravalli	31	7	8	4	6	5	6	0	3
Sanders	17	13	13	4	2	3	5	1	3
West	25	17	12	5	7	6	6	0	3
State 1st Quartile	0.0	1.3	6.3	0	0		0	0	

Appendix D – Table 1
FY2007 DPHHS Adult Service Users Per Thousand Population Under 200% of Poverty by County, Region and Service Type
(Excludes Individuals Receiving Only Services from IHS Facilities)

County/ Region/ State	Misc.	Psychotropic Drugs	Outpatient Services						Psych./ Med.	School	Crisis Intervention		
	Other Services**		Diag. Interview	Individual Counseling	Group Counseling	Family Counseling	Psych. & Neuropsych Testing	Average	Medication Management	Comp. School & Community Tr.	Crisis Intervention	23 HR Observ.	Average
Carter	9	9	2	5	0	0	0	1	0	0.0	0	0	0
Custer	30	98	29	66	1	3	4	21	36	0.0	0	19	10
Daniels	29	25	8	19	4	2	2	7	12	0.0	0	10	5
Dawson	28	68	24	50	8	3	3	17	33	0.0	0	13	6
Fallon	33	49	6	17	0	1	1	5	9	0.0	0	7	4
Garfield	23	20	6	9	0	0	0	3	0	0.0	0	6	3
McCone	33	17	2	0	0	0	0	0	0	0.0	0	0	0
Phillips	34	45	9	23	3	3	3	8	9	2.6	0	9	4
Powder River	19	36	2	11	0	0	0	3	4	0.0	0	4	2
Prairie	33	63	23	50	3	10	7	18	20	0.0	0	7	3
Richland	26	66	23	44	2	2	3	15	31	0.0	0	5	3
Roosevelt	30	56	8	14	1	1	8	6	8	0.9	0	23	12
Rosebud	22	30	10	20	0	2	0	7	5	0.0	0	3	2
Sheridan	36	74	12	30	2	2	3	10	30	0.0	0	4	2
Treasure	17	22	0	0	0	0	6	1	0	0.0	0	0	0
Valley	41	78	12	36	5	5	7	13	25	0.0	0	10	5
Wibaux	46	42	4	4	4	0	0	3	4	0.0	0	0	0
Eastern Region	29	59	15	32	2	2	4	11	19	0.3	0	11	6
Blaine	9	39	10	13	0	0	1	5	0	1.3	0	4	2
Cascade	40	88	31	59	8	2	1	20	3	0.4	0	8	4
Chouteau	19	37	4	11	1	0	0	3	1	0.0	0	5	2
Glacier	18	43	10	16	2	1	1	6	0	0.0	0	5	3
Hill	41	85	28	44	1	1	1	15	2	0.6	0	14	7
Liberty	18	26	7	18	0	0	0	5	0	0.0	0	6	3
Pondera	39	59	11	28	0	0	1	8	0	0.0	0	8	4
Teton	38	53	12	34	0	1	0	9	1	0.0	0	5	2
Toole	68	58	19	39	1	2	1	12	0	0.0	1	10	5
North Central Region	35	72	23	43	5	2	1	15	2	0.4	0	8	4

Appendix D – Table 1
FY2007 DPHHS Adult Service Users Per Thousand Population Under 200% of Poverty by County, Region and Service Type
(Excludes Individuals Receiving Only Services from IHS Facilities)

County/ Region/ State	Misc.	Psychotropic Drugs	Outpatient Services						Psych./ Med.	School	Crisis Intervention		
	Other Services**		Diag. Interview	Individual Counseling	Group Counseling	Family Counseling	Psych. & Neuropsych Testing	Average	Medication Management	Comp. School & Community Tr.	Crisis Intervention	23 HR Observ.	Average
Big Horn	12	42	7	10	0	0	3	4	2	0.0	0	8	4
Carbon	19	51	15	25	1	1	2	9	6	0.0	0	7	4
Fergus	30	69	17	35	2	4	2	12	13	0.0	0	16	8
Golden Valley	9	38	9	15	0	0	3	5	6	0.0	0	9	4
Judith Basin	18	56	5	13	3	3	2	5	3	0.0	0	2	1
Musselshell	38	71	26	40	1	0	10	15	8	0.0	0	13	6
Petroleum	13	40	0	7	0	0	0	1	0	0.0	0	0	0
Stillwater	24	51	14	17	0	0	0	6	2	0.0	0	8	4
Sweet Grass	35	20	7	13	2	0	0	4	0	0.0	0	3	2
Wheatland	51	58	4	19	0	2	0	5	0	0.0	0	0	0
Yellowstone	47	70	19	36	1	5	2	12	16	0.1	2	23	12
South Central Region	65	81	28	39	3	2	5	15	12	0.1	1	18	10
Beaverhead	24	80	27	58	7	1	1	19	9	0.0	4	13	8
Broadwater	17	88	21	51	0	2	1	15	6	0.0	0	11	5
Deer Lodge	40	169	77	81	13	3	3	35	74	0.0	16	32	24
Gallatin	14	31	18	24	6	2	2	10	2	0.0	2	3	3
Granite	19	47	11	14	0	1	1	5	4	0.0	0	3	1
Jefferson	17	80	21	39	5	2	2	14	35	0.0	3	36	19
Lewis And Clark	60	95	33	70	13	4	2	25	16	0.2	7	23	15
Madison	22	25	14	20	2	0	1	7	7	0.0	3	5	4
Meagher	48	48	5	20	0	0	0	5	0	0.0	0	18	9
Park	34	68	25	50	14	3	2	19	1	0.0	3	17	10
Powell	56	93	34	30	1	1	7	14	20	0.0	2	20	11
Silver Bow	106	127	58	74	10	4	1	29	60	0.8	12	24	18
South West Region	42	73	30	48	8	2	2	18	18	0.1	5	15	10

Appendix D – Table 1
FY2007 DPHHS Adult Service Users Per Thousand Population Under 200% of Poverty by County, Region and Service Type
(Excludes Individuals Receiving Only Services from IHS Facilities)

County/ Region/ State	Misc.	Psychotropic Drugs	Outpatient Services						Psych./ Med.	School	Crisis Intervention		
	Other Services**		Diag. Interview	Individual Counseling	Group Counseling	Family Counseling	Psych. & Neuropsych Testing	Average	Medication Management	Comp. School & Community Tr.	Crisis Intervention	23 HR Observ.	Average
Flathead	25	60	26	21	3	1	1	10	13	0.0	3	13	8
Lake	38	74	23	31	2	1	2	12	16	0.5	1	23	12
Lincoln	46	84	27	39	2	4	1	14	11	0.3	1	13	7
Mineral	26	149	43	86	9	11	3	30	42	0.0	2	14	8
Missoula	44	78	38	38	4	2	3	17	29	0.1	5	11	8
Ravalli	57	69	36	38	3	3	3	16	19	0.2	2	8	5
Sanders	47	70	19	36	1	5	2	12	12	0.0	1	9	5
Western Region	40	73	31	33	3	2	2	14	20	0.2	3	13	8
State 1st Quartile	19.0	39.4	7.4	14.4	0.0	0.0	0.5		0.9	0.0	0.0	4.6	

Appendix D – Table 2
FY2007 DPHHS Adult Service Users Per Thousand Population Under 200% of Poverty by County, Region and Service Type
(Excludes Individuals Receiving Only Services from IHS Facilities)

County/Region /State	Intensive Community Services & Supports										Community Residential			Inpatient Residential		
	Targ. Case Mgmt	Com. Based Psych Rehab & Support	Beh. Mgt Skills Dev	Supported Emp / Employment	Training	Intensive Outpatient	Day Treatment	PACT	Average	Group Home	Therapeutic Foster Care	Average	PRTF	Acute Inpatient	Average	
Carter	0	0	0	2	2	0	0	0	1	0.0	0.0	0.0	0.0	0.0	0.0	
Custer	76	21	0	5	2	0	19	0	15	4.3	2.7	3.5	1.7	0.7	1.2	
Daniels	23	6	0	0	6	0	0	0	4	0.0	0.0	0.0	0.0	0.0	0.0	
Dawson	49	21	0	5	2	0	18	0	12	3.5	0.0	1.8	1.3	0.9	1.1	
Fallon	14	1	0	0	0	0	1	0	2	1.4	0.0	0.7	1.4	0.0	0.7	
Garfield	6	0	0	3	6	0	0	3	2	0.0	0.0	0.0	0.0	0.0	0.0	
McCone	2	0	0	2	2	0	0	0	1	0.0	0.0	0.0	0.0	0.0	0.0	
Phillips	15	9	1	1	0	1	1	0	3	0.0	0.0	0.0	0.9	4.3	2.6	
Powder River	17	0	0	4	0	0	0	0	3	0.0	0.0	0.0	0.0	2.1	1.1	
Prairie	43	3	0	7	3	0	0	0	7	0.0	0.0	0.0	0.0	0.0	0.0	
Richland	52	14	0	4	1	0	12	0	10	0.4	0.8	0.6	2.1	0.4	1.2	
Roosevelt	11	1	0	0	1	0	0	0	2	0.0	0.3	0.1	3.4	0.3	1.9	
Rosebud	13	0	0	1	1	0	1	0	2	0.8	0.4	0.6	1.9	0.4	1.2	
Sheridan	37	4	0	0	0	0	2	0	5	0.0	0.0	0.0	2.1	1.1	1.6	
Treasure	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0	
Valley	35	6	0	0	1	0	1	0	5	0.5	0.0	0.3	0.5	2.1	1.3	
Wibaux	13	0	0	0	0	0	0	0	2	0.0	0.0	0.0	0.0	0.0	0.0	
Eastern Region	33	8	0	2	1	0	6	0	6	1.2	0.6	0.9	1.6	0.8	1.2	
Blaine	9	4	0	0	1	0	0	0	2	0.0	0.0	0.0	0.4	1.8	1.1	
Cascade	29	14	0	5	3	0	14	4	9	1.9	0.9	1.4	4.3	1.9	3.1	
Chouteau	4	0	0	1	1	0	0	0	1	0.0	0.0	0.0	0.7	0.0	0.3	
Glacier	13	6	0	0	1	0	4	0	3	0.0	0.0	0.0	1.9	0.2	1.0	
Hill	23	8	0	1	2	0	8	0	5	0.0	0.9	0.4	0.6	5.8	3.2	
Liberty	13	0	0	0	0	0	0	0	2	0.0	0.0	0.0	0.0	0.0	0.0	
Pondera	17	11	0	1	1	0	1	0	4	0.0	0.0	0.0	1.7	1.7	1.7	
Teton	17	2	0	1	1	0	1	0	3	0.0	0.0	0.0	0.6	1.2	0.9	
Toole	30	2	0	2	2	0	1	0	4	0.3	0.1	0.2	3.2	0.8	2.0	
North Central	23	10	0	3	2	0	9	2	6	1.0	0.6	0.8	2.8	2.0	2.4	

Appendix D – Table 2
FY2007 DPHHS Adult Service Users Per Thousand Population Under 200% of Poverty by County, Region and Service Type
(Excludes Individuals Receiving Only Services from IHS Facilities)

County/Region /State	Intensive Community Services & Supports									Community Residential			Inpatient Residential		
	Targ. Case Mgmt	Com. Based Psych Rehab & Support	Beh. Mgt Skills Dev	Supported Emp / Employment	Training	Intensive Outpatient	Day Treatment	PACT	Average	Group Home	Therapeutic Foster Care	Average	PRTF	Acute Inpatient	Average
Big Horn	5	0	0	0	0	0	0	0	1	0.2	0.0	0.1	3.7	0.2	2.0
Carbon	5	0	1	2	1	1	1	0	1	0.4	0.0	0.2	4.4	1.2	2.8
Fergus	10	1	0	0	1	0	1	1	2	0.3	0.0	0.2	3.3	2.0	2.6
Golden Valley	3	0	0	0	3	0	0	0	1	0.0	0.0	0.0	0.0	0.0	0.0
Judith Basin	8	0	0	0	2	0	0	0	1	0.0	0.0	0.0	1.6	1.6	1.6
Musselshell	9	0	0	1	2	1	0	0	2	0.0	0.0	0.0	4.6	2.3	3.4
Petroleum	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
Stillwater	3	0	0	0	2	0	1	0	1	0.5	0.0	0.2	1.4	0.5	1.0
Sweet Grass	4	0	0	1	0	0	0	0	1	0.0	0.0	0.0	0.0	0.0	0.0
Wheatland	4	0	0	0	0	0	0	0	0	0.0	0.0	0.0	1.9	0.0	0.9
Yellowstone	23	8	1	4	3	1	6	3	6	2.1	0.1	1.1	8.8	0.4	4.6
South Central Region	17	5	0	3	2	1	4	2	4	1.5	0.1	0.8	6.8	0.6	3.7
Beaverhead	40	1	0	1	3	1	14	0	7	0.4	0.4	0.4	0.9	0.9	0.9
Broadwater	41	12	0	0	0	0	0	0	7	0.0	0.0	0.0	2.9	1.0	1.9
Deer Lodge	121	9	1	6	4	1	20	5	21	9.3	1.3	5.3	2.2	8.4	5.3
Gallatin	17	2	0	1	1	0	0	0	3	0.7	0.0	0.3	0.3	0.3	0.3
Granite	15	0	0	0	1	0	0	0	2	0.0	0.0	0.0	2.7	2.7	2.7
Jefferson	21	1	0	3	0	0	0	0	3	0.0	1.3	0.7	1.8	1.3	1.6
Lewis And Clark	38	13	0	6	3	0	16	8	11	2.7	6.1	4.4	2.2	1.1	1.7
Madison	14	0	0	1	2	0	1	0	2	0.0	0.0	0.0	0.0	1.0	0.5
Meagher	20	2	0	0	0	0	0	0	3	0.0	0.0	0.0	0.0	0.0	0.0
Park	36	1	0	0	1	0	10	0	6	0.0	0.0	0.0	0.5	0.7	0.6
Powell	34	2	0	1	1	0	2	0	5	1.5	0.7	1.1	1.5	1.5	1.5
Silver Bow	82	3	0	5	4	0	31	0	16	3.6	0.1	1.9	1.7	1.7	1.7
South West Region	38	5	0	3	2	0	10	2	8	1.7	1.5	1.6	1.2	1.2	1.2

Appendix D – Table 2
FY2007 DPHHS Adult Service Users Per Thousand Population Under 200% of Poverty by County, Region and Service Type
(Excludes Individuals Receiving Only Services from IHS Facilities)

County/Region /State	Intensive Community Services & Supports									Community Residential			Inpatient Residential		
	Targ. Case Mgmt	Com. Based Psych Rehab & Support	Beh. Mgt Skills Dev	Supported Emp / Employment	Training	Intensive Outpatient	Day Treatment	PACT	Average	Group Home	Therapeutic Foster Care	Average	PRTF	Acute Inpatient	Average
Flathead	16	3	0	2	1	0	6	3	4	0.8	0.6	0.7	3.4	0.3	1.9
Lake	23	4	0	1	1	0	3	0	4	0.3	0.1	0.2	2.1	1.4	1.8
Lincoln	28	5	1	1	0	1	9	0	6	0.3	0.2	0.3	3.0	1.0	2.0
Mineral	83	24	0	0	0	0	2	2	14	0.9	0.0	0.5	0.0	1.8	0.9
Missoula	36	4	0	5	3	1	6	3	7	1.3	0.1	0.7	1.6	1.1	1.3
Ravalli	25	9	0	4	2	0	8	0	6	2.3	0.0	1.2	0.9	1.8	1.4
Sanders	27	12	0	1	0	1	1	0	5	0.0	0.0	0.0	0.3	0.6	0.5
Western Region	27	5	0	3	2	0	6	2	6	1.1	0.2	0.7	2.1	1.0	1.5
State 1 st Quartile	9.0	0	0	0	0	0	0	0		0	0	0	0	0	

Appendix E: Methodology for Data from Other States

Draft 10/9/2008

Note: DMA has shared this explanation of methodology and its results with the states that contributed data. This Appendix will be finalized based on their review.

DMA requested data from a number of states with similar characteristics to Montana. We received data from four states. This section describes the nature of the data we received and how we used it. For all states and for Montana, we compared rates of service utilization to total population in the Year 2000, getting rates of utilization per thousand population. Because we excluded certain counties from a few states, we needed county level data stratified by age. The 2000 Census was unfortunately the most recent data that was complete. Use of relatively old data means that our rates do not account for any increases or decreases that may have occurred by the time the data on users was collected.

Alaska's Medicaid program and Arizona's Medicaid program generated a special report in response to our standard data request for the following information (separated for children and adults).

- Unduplicated users of inpatient services
- Unduplicated users of residential services
- Unduplicated users of any mental health service

Alaska

Alaska provided data for the period 7/1/06 through 6/30/07 for its Medicaid program. Alaska has used its SCHIP program to expand Medicaid eligibility to 175% of federal poverty level for children of all ages. Residential data did not include foster care or group home data.

The source of the data was State of Alaska Department of Health and Social Services: Fiscal Year 2009 Budget Overview, posted at http://www.hss.state.ak.us/publications/FY09_budgetoverview.pdf.

Arizona

In the case of Arizona, we requested that Maricopa County be excluded from the data because it includes the large city of Phoenix. Counties included are Mohave, Yavapai, Coconino, Navajo, Apache, La Paz, Yuma, Pima, Pinal, Gila, Graham, Santa Cruz, Cochise, Greenlee. They provided data for the same period as Alaska, July 1, 2006 through June 30, 2007. They reported separately on the three programs that together constitute Arizona's Behavioral Health Services program, Medicaid, SCHIP and a small number of individuals served outside of these federal

programs. We added together the numbers served in the three programs, which may result in duplications if an individual is served under more than one program during the reporting year. In addition, we added together individuals served in inpatient and residential care, which would duplicate any individuals served in both levels. Overall, these methods will tend to somewhat overstate utilization rates.

New Mexico

New Mexico provided a standard report for an 11 month period, 07/01/2007 to 05/31/2008. Because this is an 11 month rather than a 12 month period, this will tend to understate the number of service users. New Mexico has developed a purchasing collaborative that consolidates the mental health services purchased through all state agencies. Thus, our figures include New Mexico Medicaid and CHIP, as well as mental health services purchased under the auspices of other state agencies. The following services were included in each category. Because we added together users of each service to get a total for the category, we would have duplicated an individual served in more than one service type, somewhat overcounting.

New Mexico Reporting Categories for 24 Hour Services		
Level of Care	Children	Adults
Inpatient/Residential	Inpatient Hospitalization Psychiatric Residential Treatment Services (Non-Accredited) Residential Treatment Services (Accredited)	Inpatient Hospitalization Psychiatric Adult Residential Services
Group Homes/Foster Care	Foster Care Therapeutic TFC I Foster Care Therapeutic TFC II Group Home	Foster Care Therapeutic TFC I Foster Care Therapeutic TFC II Group Home

Minnesota

Minnesota annually posts a report on the web that summarizes utilization for its state managed, county based mental health system. We downloaded these reports and extracted data for counties that were considered frontier counties, or that had a population density (according to the 2000 Census) that was no denser than the most densely populated Montana county. The counties we included are listed in the table below.

Minnesota Counties compared to Montana			
Frontier Counties	Counties no Denser than Montana's densest county		
Cook	Aitkin	Itasca	Polk
Kittson	Becker	Jackson	Pope
Koochiching	Beltrami	Kanabec	Red Lake
Lake	Big Stone	Lac qui Parle	Redwood
Lake of the Woods	Brown	Lincoln	Renville
Mahnomen	Carlton	Lyon	Rock
Traverse	Cass	Marshall	Roseau
	Chippewa	McLeod	Sherburne
	Clay	Meeker	Sibley
	Clearwater	Mille Lacs	Stevens
	Cottonwood	Morrison	Swift
	Dodge	Murray	Todd
	Faribault	Nobles	Wadena
	Fillmore	Norman	Waseca
	Freeborn	Otter Tail	Washington
	Grant	Pennington	Wilkin
	Houston	Pine	Winona
	Hubbard	Pipestone	

The reports we reference are listed below with their web links:

Mental Health Management Report: Service Utilization Tables for Children During Calendar Year 2006

http://www.dhs.state.mn.us/main/groups/disabilities/documents/pub/dhs16_139704.pdf

Mental Health Management Report: Service Utilization Tables for Adults During Calendar Year 2006

http://www.dhs.state.mn.us/main/groups/disabilities/documents/pub/dhs16_139703.pdf

These reports compile data on persons who receive public mental health services administered by counties or through Minnesota Health Care Programs. Minnesota Health Care Programs have expansive coverage for both children and adults. They include: the state's three publicly funded basic health care programs — Medical Assistance (Minnesota's Medicaid program, which covers most children to 150% of poverty and parents to 100% of poverty), General Assistance Medical Care (GAMC, which provides coverage for uninsured adults without children up to 200% of poverty and for parents, up to 275% of poverty) and MinnesotaCare (which provides full or partial coverage for adults up to 175% of federal poverty).

The reports include an unduplicated total of users of any mental health service. However, to get counts of individuals served in inpatient and residential, we added up the relevant services. For children: we added together users of community inpatient, residential treatment, and regional treatment centers. For adults: we added together users of residential treatment, community inpatient, and inpatient treatment provided by state operated services, contract beds and community inpatient. There are likely to be some duplications of individuals who may have received services in more than one reporting category during 2006. Some may have also received services in more than one county during the year. This would tend to overstate the combined inpatient and residential utilization rate for the state. Modalities such as group homes and foster care were not included in the list of reported services or in the unduplicated total of Minnesotans using mental health services.

Appendix F – Selected Mental Health Provider Types by Region and City

Physicians Licensed in Montana as of 5/5/2008 with a Specialty of Psychiatry by Region and License Address									
Region City	Total	Region City	Total	Region City	Total	Region City	Total	Region City	Total
Eastern		North Central		South Central		South West		Western	
		GREAT FALLS	7	BILLINGS	21	BOULDER	1	ALBERTON	1
						BOZEMAN	7	COLUMBIA FALLS	1
						BUTTE	2	FLORENCE	1
						HELENA	12	KALISPELL	7
						LIVINGSTON	3	MISSOULA	12
						WARMSPRINGS	6	WHITEFISH	2
Region Subtotal	0	Region Subtotal	7	Region Subtotal	21	Region Subtotal	31	Region Subtotal	24
								STATE TOTAL	83

Source: Department of Labor and Industry: Health Care Licensing Bureau as of 5/5/08

Psychologists Licensed in Montana as of 5/5/2008 by Region and License Address									
Region City	Total	Region City	Total	Region City	Total	Region City	Total	Region City	Total
Eastern		North Central		South Central		South West		Western	
COLSTRIP	3	BROWNING	1	BILLINGS	20	ANACONDA	2	CLINTON	1
GLASGOW	1	CUT BANK	1	HILGER	1	BELGRADE	1	CORVALLIS	1
MILES CITY	2	GREAT FALLS	16	MC LEOD	1	BOZEMAN	23	FLORENCE	1
POPLAR	1	HAVRE	4	RED LODGE	1	BUTTE	4	HAMILTON	2
				ROBERTS	1	DEER LODGE	1	KALISPELL	15
						DILLON	1	MARION	1
						EMIGRANT	1	MISSOULA	59
						HELENA	18	POLSON	1
						JEFFERSON CITY	1	SAINT IGNATIUS	1
						LIVINGSTON	3	SEELEY LAKE	1
						WARMSPRINGS	3	VICTOR	1
								WHITEFISH	2
Region Subtotal	7	Region Subtotal	22	Region Subtotal	24	Region Subtotal	58	Region Subtotal	86
								STATE TOTAL	197

Source: Department of Labor and Industry: Health Care Licensing Bureau as of 5/5/08

Licensed Alcoholism Counselors in Montana as of 5/5/2008 by Region and License Address

Region City	Total	Region City	Total	Region City	Total	Region City	Total	Region City	Total
Eastern		North Central		South Central		South West		Western	
BIRNEY	1	BELT	1	BALLANTINE	1	ANACONDA	15	ARLEE	2
COLSTRIP	2	BOX ELDER	6	BILLINGS	101	BASIN	1	BIGFORK	1
GLENDIVE	5	BROWNING	10	BRIDGER	1	BELGRADE	3	CLINTON	1
LAME DEER	4	CHOTEAU	1	BUSBY	1	BOULDER	2	COLUMBIA FALLS	3
MILES CITY	9	CONRAD	2	COLUMBUS	1	BOZEMAN	13	CORVALLIS	2
POPLAR	6	DUTTON	1	CROW AGENCY	1	BUTTE	43	EUREKA	3
SAVAGE	1	EAST GLACIER PARK	1	HUNTLEY	1	CLANCY	1	FLORENCE	2
SCOBAY	1	FORT BENTON	1	LAUREL	5	DEER LODGE	9	HAMILTON	4
SIDNEY	3	GREAT FALLS	41	LEWISTOWN	3	DILLON	1	KALISPELL	31
		HARLEM	3	LODGE GRASS	1	DRUMMOND	1	KILA	3
		HAVRE	5	ROBERTS	1	EAST HELENA	5	LIBBY	4
		HAYS	1	SHEPHERD	2	FORT HARRISON	1	MARION	2
		HEART BUTTE	2	STANFORD	1	HALL	1	MISSOULA	64
		LOMA	1	WINIFRED	1	HELENA	42	PLAINS	1
		SHELBY	1			LIVINGSTON	13	POLSON	5
		STOCKETT	1			MANHATTAN	1	RONAN	4
		ULM	1			PHILIPSBURG	1	SAINT IGNATIUS	3
						THREE FORKS	1	SAINT REGIS	1
						TOWNSEND	1	SEELEY LAKE	1
						TWIN BRIDGES	1	STEVENSVILLE	2
						WEST YELLOWSTONE	1	SUPERIOR	1
						WHITEHALL	2	THOMPSON FALLS	2
								TROY	1
								VICTOR	1
								WHITEFISH	6
Region Subtotal	32	Region Subtotal	79	Region Subtotal	121	Region Subtotal	159	Region Subtotal	150
								STATE TOTAL	541

Source: Department of Labor and Industry: Health Care Licensing Bureau as of 5/5/08

**Licensed Clinical Social Workers and Licensed Clinical Professional Counselors
in Montana as of 5/5/2008 by Region and License Address**

Region City	Total	Region City	Total	Region City	Total	Region City	Total	Region City	Total
Eastern		North Central		South Central		South West		Western	
BROCKTON	1	BELT	4	BIG TIMBER	2	ANACONDA	13	ALBERTON	3
COLSTRIP	2	BLACK EAGLE	1	BILLINGS	216	BELGRADE	17	ARLEE	6
CULBERTSON	1	BOX ELDER	1	BRIDGER	2	BIG SKY	1	BIG ARM	1
FAIRVIEW	2	BROWNING	3	COLUMBUS	3	BOULDER	4	BIGFORK	9
FORSYTH	3	CASCADE	2	CROW AGENCY	1	BOZEMAN	120	BONNER	2
GLASGOW	2	CHINOOK	5	GARRYOWEN	1	BUTTE	52	CHARLO	2
GLENDIVE	7	CHOTEAU	2	GEYSER	1	CLANCY	15	CLINTON	3
LAME DEER	3	CONRAD	3	HARDIN	2	CLYDE PARK	1	COLUMBIA FALLS	8
MALTA	2	CUT BANK	2	HARLOWTON	1	DEER LODGE	7	CORVALLIS	5
MILES CITY	9	DUTTON	1	HUNTLEY	4	DILLON	8	ELMO	1
PLENTYWOOD	2	FAIRFIELD	2	JOLIET	1	EAST HELENA	4	EUREKA	9
POPLAR	4	FORT BENTON	2	LAUREL	8	ELLISTON	1	FLORENCE	10
SIDNEY	2	FORT SHAW	1	LAVINA	1	EMIGRANT	3	FORTINE	1
TERRY	1	GILDFORD	1	LEWISTOWN	13	FORT HARRISON	1	HAMILTON	16
WHITETAIL	1	GREAT FALLS	95	LODGE GRASS	2	FRENCHTOWN	3	KALISPELL	75
WOLF POINT	5	HARLEM	1	MOLT	2	GALLATIN GATEWAY	1	KILA	1
		HAVRE	19	RED LODGE	4	GARDINER	1	LAKESIDE	1
		LOMA	1	ROBERTS	1	HALL	3	LIBBY	11
		SHELBY	3	ROUNDUP	2	HELENA	119	LOLO	4
		SUN RIVER	1	RYEGATE	1	LIVINGSTON	14	MARION	1
		ULM	1	SHEPHERD	4	MANHATTAN	2	MISSOULA	173
		VALIER	1			PARK CITY	2	PLAINS	4
						THREE FORKS	2	POLSON	14
						TOWNSEND	7	RONAN	5
						WARMSPRINGS	2	SAINT IGNATIUS	2
						WHITEHALL	4	SAINT REGIS	1
								SEELEY LAKE	1
								SOMERS	2
								STEVENSVILLE	9
								THOMPSON FALLS	6
								TROUT CREEK	3
								VICTOR	3
								WHITEFISH	20
Region Subtotal	47	Region Subtotal	152	Region Subtotal	272	Region Subtotal	407	Region Subtotal	412
								STATE TOTAL	1290

Source: Department of Labor and Industry: Health Care Licensing Bureau as of 5/5/08

**Appendix F
Region and City Locations of
Targeted Case Management Providers**

Region	City	# of Providers	Additional Areas Served
Eastern	Billings	2	Lame Deer, Phillips, Rosebud
	Glendive	2	Dawson, Wibaux
	Lame Deer	1	Powder River, Rosebud
	Malta	1	Phillips, Valley
	Miles City	4	Custer, Fallon, Prairie, Rosebud
	Sidney	1	Richland, Sheridan
	Wolf Point	1	Daniels, McCone, Roosevelt, Valley
	Total	12	
North Central	Billings	1	Blaine, Choteau, Hill
	Browning	1	
	Chinook	1	
	Choteau	1	
	Conrad	1	
	Cut Bank	1	
	Great Falls	4	
	Havre	1	
	Shelby	1	
Total	12		
South Central	Billings	6	Bill Horn, Billings Crow Agency Hardin, Carbon, Golden Valley, Lodge Grass Musselshell, Stillwater, Sweet Grass, Sweet Water, Treasure, Wyola, Yellowstone
	Lewiston	1	Basin, Fergus, Golden Valley, Judith, Petroleum, Wheatland
	Total	7	
South Western	Anaconda	1	Anaconda, Deer Lodge
	Billings	1	Park
	Boulder	1	
	Bozeman	2	Belgrade, Park
	Butte	3	Beaverhead, Deer Lodge, Jefferson, Powell, Silverbow, Whitehall
	Dillon	1	
	Helena	4	Broadwater, Clark, Jefferson, Lewis, Powell
	Lewistown	1	Meagher
	Livingston	2	Gallatin
	Townsend	1	
Total	17		
Western	Hamilton	1	Ravalli
	Kalispell	2	Flathead
	Libby	1	Libby, Lincoln
	Mineral County	1	
	Missoula	3	
	Ronan	1	Dixon, Lake County
	Superior	1	
Total	10		
Statewide	Total	58	

Appendix G: List of Attachments Cited in Section VI

These resources are available upon request from the Legislative Services Division

- Attachment 1** - Hidden Cost of Homelessness – Lincoln, NE
- Attachment 2** - Chapter 269; SB262 Final Version
- Attachment 3** - NPR – Veterans Court – Buffalo, NY
- Attachment 4** - Veterans and the Justice System
- Attachment 5** - CIT Tracking Form
- Attachment 6** - Brief Jail Mental Health Screening
- Attachment 7** - Reducing Risk and Responding to Mental Health Needs: Kentucky’s New System of Care
- Attachment 8** - The EXIT Program: Engaging Diverted Individuals through Voluntary Services
- Attachment 9** - “20 in 20” – Innovation Number 17
- Attachment 10** - “20 in 20” – Innovation Number 14
- Attachment 11** - Sensitizing Providers to the Effects of Incarceration on Treatment and Risk Management (SPECTRM)
- Attachment 12** - Integration of Telemedicine Practice into Correctional Medicine: An Evolving Standard
- Attachment 13** - Can Telemedicine Reduce Spending and Improve Prisoner Health Care?
- Attachment 14** - Psychiatric Telemedicine for Rural New York
- Attachment 15** - Telepsychiatry’s Untapped Potential: When Will It Pay to Deliver?
- Attachment 16** - Literature Review Summary on the Use of Telepsychiatry with Forensic Populations
- Attachment 17** - A Pilot Survey of Inmate Preferences for On-Site, Visiting Consultant, and Telemedicine
- Attachment 18** - Oklahoma Mental Health Consumer Council
- Attachment 19** - Peer Support within Criminal Justice Settings: The Role of Forensic Peer Specialists
- Attachment 20** - Chapter 269: 2B262 – Final Version
- Attachment 21** - From Needles and Thread to Legislative Mandates
- Attachment 22** - Correctional Center of Northwest Ohio (CCNO)
- Attachment 23** - Alternative Sentencing for Service Members with PTSD
- Attachment 24** - S.F. No. 3376, as introduced – 2007-2008th Legislative Session (2007-2008)

Appendix H: Survey Results

Responses to Close Ended Questions

Montana - Mental Health Study		
Who are you? Please indicate your role or roles in relation to Montana's mental health system.		
Answer Options	Response Percent	Response Count
a. Person using mental health services or supports	14.1%	101
b. Family member of a person using mental health services or supports	18.6%	133
c. Provider of mental health services or supports	32.8%	235
d. Advocate	22.3%	160
e. Town or county employee	6.8%	49
f. Police or other law enforcement official	2.2%	16
g. Jail employee	1.3%	9
h. Court or judicial employee or official	2.7%	19
i. Prison employee	0.3%	2
j. Probation or parole employee	1.4%	10
k. Juvenile justice professional	1.3%	9
l. Other - specify below	29.2%	209
	Specify if you checked other	218
	<i>answered question</i>	716
	<i>skipped question</i>	0

Where do you live? Please select the applicable county or reservation (List of reservations follow the list of counties).					
Answer Options	Response Percent	Response Count	Answer Options	Response Percent	Response Count
Beaverhead	0.8%	6	Park	0.8%	6
Big Horn	0.3%	2	Petroleum	0.3%	2
Blaine	0.0%	0	Phillips	0.7%	5
Broadwater	0.3%	2	Pondera	0.6%	4
Carbon	0.1%	1	Powder River	0.1%	1
Carter	0.0%	0	Powell	1.1%	8
Cascade	3.9%	28	Prairie	0.0%	0
Chouteau	0.1%	1	Ravalli	2.4%	17
Custer	3.9%	28	Richland	0.3%	2
Daniels	0.7%	5	Roosevelt	0.4%	3
Dawson	1.3%	9	Rosebud	0.3%	2
Deer Lodge	3.9%	28	Sanders	0.6%	4
Fallon	0.1%	1	Sheridan	0.6%	4
Fergus	0.3%	2	Silver Bow	2.5%	18
Flathead	5.2%	37	Stillwater	0.1%	1
Gallatin	5.8%	41	Sweet Grass	0.3%	2
Garfield	0.1%	1	Teton	0.3%	2
Glacier	0.0%	0	Toole	0.3%	2
Golden Valley	0.1%	1	Treasure	0.3%	2
Granite	0.6%	4	Valley	1.1%	8
Hill	2.7%	19	Wheatland	0.0%	0
Jefferson	1.7%	12	Wibaux	0.0%	0
Judith Basin	0.0%	0	Yellowstone	7.9%	56
Lake	2.9%	21	Blackfeet	0.1%	1
Lewis and Clark	19.1%	136	Crow	0.0%	0
Liberty	0.0%	0	Flathead	1.0%	7
Lincoln	0.6%	4	Fort Peck	0.4%	3
Madison	0.3%	2	Fort Belknap	0.0%	0
McCone	0.1%	1	Northern Cheyenne	0.0%	0
Meagher	0.1%	1	Rocky Boys	0.0%	0
Mineral	1.3%	9	i. Other (please specify)	0.6%	4
Missoula	24.9%	177	<i>answered question</i>		712
Musselshell	0.3%	2	<i>skipped question</i>		4

What are the strengths of Montana's mental health service system? (Select from the drop down menu, or write in your own answer.)						
Answer Options	What is the greatest strength		What is the second strongest feature		What is the third strongest feature	
	Response Percent	Response Count	Response Percent	Response Count	Response Percent	Response Count
a. Provider management of mental health programs	5.6%	31	5.8%	29	5.6%	26
b. Skill of mental health workforce	18.2%	100	13.7%	69	9.9%	46
c. Supportiveness of mental health workforce	17.7%	97	16.9%	85	11.0%	51
d. Consumers direction of their own recovery	6.7%	37	6.4%	32	8.0%	37
e. Family direction of their child's services	2.7%	15	5.2%	26	5.4%	25
f. Use of evidence based practices	3.3%	18	7.6%	38	6.9%	32
g. Effective communication between different parts of the system	1.8%	10	3.4%	17	2.8%	13
h. Range of mental health services (ability to meet a variety of needs)	8.9%	49	6.4%	32	6.2%	29
i. Capacity/amount of services available (ability to serve the people in need)	1.3%	7	1.4%	7	3.2%	15
j. Coordination of services	2.7%	15	4.2%	21	7.1%	33
k. Coordination between criminal justice and mental health systems	1.6%	9	1.4%	7	4.3%	20
l. Kid's Management Authorities (KMA) service planning process	2.6%	14	1.6%	8	2.8%	13
m. Kids Management Agency Advisory Group	0.5%	3	0.8%	4	0.4%	2
n. State Leadership	2.2%	12	2.2%	11	3.9%	18
o. Area Leadership (Service Area Authority)	2.2%	12	3.8%	19	3.0%	14
p. Local Leadership (Local Advisory Council)	6.0%	33	4.8%	24	6.5%	30
q. other (specify below)	15.8%	87	14.7%	74	13.1%	61
	Specify if you checked other	103		87		76
	<i>answered question</i>	549		503		465
	<i>skipped question</i>	167				251

What is the greatest unmet service need for mental health recipients in your part of Montana? Unmet service needs are either not addressed - or are not adequately addressed - by the service delivery system. (select from the drop down menu, or write in your own.)						
Answer Options	What is the greatest unmet service need		What is the second most important unmet service need		What is the third most important unmet service need	
	Response Percent	Response Count	Response Percent	Response Count	Response Percent	Response Count
a. Early Identification and Intervention	15.7%	86	11.6%	63	11.6%	61
b. Crisis Services	18.9%	104	13.6%	74	9.5%	50
c. Child psychiatric services	11.5%	63	10.1%	55	4.8%	25
d. Adult psychiatric services	10.6%	58	9.6%	52	4.6%	24
e. Other community treatment services	2.7%	15	8.8%	48	11.3%	59
f. Case management	2.6%	14	7.2%	39	5.7%	30
g. Other community support services	3.5%	19	4.8%	26	11.3%	59
h. Transitional and supportive housing	8.4%	46	10.1%	55	11.5%	60
i. In-state residential treatment for children and youth	3.8%	21	5.0%	27	5.2%	27
j. In-state residential treatment for adults	1.6%	9	2.2%	12	2.9%	15
k. Community Inpatient services	7.1%	39	8.5%	46	9.7%	51
l. State Hospital services	2.4%	13	1.7%	9	3.2%	17
m. Other (specify below)	11.3%	62	6.8%	37	8.8%	46
	Specify if you checked other	95		63		77
	<i>answered question</i>	549		543		524
	<i>skipped question</i>			173		192

Please rate how well different age, ethnic and other groups are able to get the mental health services and supports that they need. If you are aware of an underserved group that is not listed, please add it to the list.									
Answer Options	All needed services and supports are available.	Many ...	Some needed services and supports are available.	Few ...	No needed services and supports are available.	Don't know	Rating Average	Response Count	
a. Children with Serious Emotional Disturbance (SED)	9	81	192	122	12	86	3.112981	502	
b. Children with mental health problems excluded from SED diagnoses	8	24	135	195	32	106	3.555838	500	
c. Adults with Severe Disabling Mental Illness (SDMI)	13	99	215	107	8	60	2.995475	502	
d. Adults with mental health problems who don't meet criteria for SDMI	9	34	121	221	45	67	3.602326	497	
e. Juveniles involved with police, probation or corrections	6	56	171	146	19	102	3.291457	500	
f. Adults involved with police, probation or corrections	6	58	168	154	18	95	3.29703	499	
g. Youth and adults with co-occurring substance abuse disorders	12	35	182	192	17	63	3.381279	501	
h. Youth and adults with co-occurring medical problems	11	33	173	194	25	64	3.433486	500	
i. Veterans	8	66	154	150	22	100	3.28	500	
j. American Indians living on reservations	8	31	78	158	35	186	3.583871	496	
k. American Indians living in urban areas	9	27	131	159	29	144	3.484507	499	
l. Hispanics	5	20	74	112	20	257	3.528139	488	
m. Other groups (specify)	2	3	14	46	17	192	3.890244	274	
Specify Other Group if applicable								60	
								<i>answered question</i>	511
								<i>skipped question</i>	205

If you are American Indian, have you been able to get to get services from an American Indian or someone who is knowledgeable about and sensitive to American Indian customs and culture?		
Answer Options	Response Percent	Response Count
Yes	2.0%	10
No	3.5%	17
Not Applicable	94.5%	464
<i>answered question</i>		491
<i>skipped question</i>		225

How important is it to you to get services from an American Indian or someone who is knowledgeable about and sensitive to American Indian customs and culture? (skip question if you are not an American Indian)							
Answer Options	Very Important	Quite Important	Somewhat Important	Not very important	Not at all important	Rating Average	Response Count
Importance of getting such services	45	22	15	9	14	2.285714	105
<i>answered question</i>							105
<i>skipped question</i>							611

Please rate the following barriers.								
Answer Options	Barrier Affecting Most People	Barrier Affecting Many People	Barrier Affecting Some People	Barrier Affecting a Few People	Not a Barrier	Don't know	Rating Average	Response Count
a. Medicaid eligibility requirements	88	234	120	13	7	28	2.170996	490
b. Cost of private insurance	272	184	27	4	3	6	1.534694	496
c. Availability of public mental health services	150	209	103	17	9	7	2.028688	495
d. Insufficient number of providers and services	178	201	90	18	5	7	1.924797	499
e. Lack of information about services	119	204	137	29	3	7	2.172764	499
f. Unwillingness to admit to and get help for mental health problems	82	187	176	39	3	11	2.371663	498
g. Long distance to available services	105	191	136	33	15	18	2.295833	498
h. Lack of transportation to available services	112	194	144	32	6	10	2.233607	498
i. Limits on the amount of service (number or frequency of services, or length of time provided)	156	201	99	16	4	21	1.972689	497
j. Dissatisfaction with service	31	87	179	94	19	84	2.958537	494
k. Program staff don't let consumers and families set their own treatment goals	27	56	123	99	58	132	3.289256	495
l. Program staff are not sensitive to consumers' cultural backgrounds	23	52	134	114	53	118	3.324468	494
m. Not enough peer run programs like support groups, drop-in centers or crisis phone lines	81	142	122	52	30	67	2.550351	494
n. Inconvenient times for getting service	52	97	150	91	32	67	2.890995	489
o. Other (specify below)	32	15	4	0	1	56	1.519231	108
Specify if you checked other								58
<i>answered question</i>								503
<i>skipped question</i>								213

Are new services needed in order to improve coordination?		
Answer Options	Response Percent	Response Count
Yes	74.0%	291
No	26.0%	102
<i>answered question</i>		393
<i>skipped question</i>		323

If you are a person or family member of a person using mental health services or supports, how are your (or your family member's) mental health services paid for? (Check all that apply)		
Answer Options	Response Percent	Response Count
a. Medicaid	17.8%	64
b. Mental Health Services Program (MHSP)	5.8%	21
c. CHIP (Children's Health Insurance Program)	1.4%	5
d. CHIP plus Extended CHIP	0.3%	1
e. Children's Mental Health Services Program (CMHSP)	0.6%	2
f. Private Insurance	36.7%	132
g. Charity Care	3.6%	13
h. Sliding fee scale	5.3%	19
i. Self-pay of full fee	11.9%	43
j. Not applicable	39.2%	141
k. Don't Know	1.4%	5
l. Other (please specify)	12.5%	45
<i>answered question</i>		360
<i>skipped question</i>		356

Do you have information about the mental health needs of youth involved with the juvenile justice system?		
Answer Options	Response Percent	Response Count
Yes (continue with survey)	33.7%	153
No (Go to Question 11)	66.3%	301
<i>answered question</i>		454
<i>skipped question</i>		262

For justice-involved youth who have mental health problems please rate the AVAILABILITY of the following services:								
Answer Options	Most youth receive needed services	Many ...	Some youth receive needed services	Few ...	Service not available	Don't know	Rating Average	Response Count
a. Identification of mental health problems during initial contacts with law enforcement	3	4	51	68	24	11	3.706667	161
b. Emergency mental health services for youth at risk of or involved with law enforcement	4	4	49	74	23	7	3.701299	161
c. Identification of mental health problems prior to court adjudication	6	12	51	75	9	8	3.45098	161
d. Court Clinics or other services needed to divert youth with mental health problems from court adjudication	5	9	38	60	34	14	3.746575	160
e. Identification and treatment of mental health problems in juvenile justice facilities	5	8	43	66	20	17	3.619718	159
f. Secure in-state mental health residential treatment facilities	4	8	28	68	34	15	3.84507	157
g. Identification of mental health problems and mental health treatment and support for youth on probation or parole	7	10	58	66	12	6	3.431373	159
<i>answered question</i>								161
<i>skipped question</i>								555

For justice-involved youth with mental health problems please rate how EFFECTIVE those services are:								
Answer Options	Consistently effective	Usually effective	Sometimes effective	Rarely effective	Not effective	Don't know	Rating Average	Response Count
a. Identification of mental health problems during initial contacts with law enforcement	7	22	57	30	25	17	3.312057	158
b. Emergency mental health services for youth at risk of or involved with law enforcement	7	26	50	41	19	15	3.272727	158
c. Identification of mental health problems prior to court adjudication	9	31	63	27	14	15	3.041667	159
d. Court Clinics or other services needed to divert youth with mental health problems from court adjudication	9	20	44	27	19	35	3.226891	154
e. Identification and treatment of mental health problems in juvenile justice facilities	7	22	53	37	14	24	3.218045	157
f. Secure in-state mental health residential treatment facilities	7	24	48	30	15	29	3.177419	153
g. Identification of mental health problems and mental health treatment and support for youth on probation or parole	11	29	62	32	8	16	2.978873	158
<i>Answered question</i>								160
<i>skipped question</i>								556

Do you have information about the mental health needs of adults involved with the criminal justice system?		
Answer Options	Response Percent	Response Count
Yes (Continue with survey)	39.3%	166
No (Go to Thank You)	60.7%	256
<i>answered question</i>		422
<i>skipped question</i>		294

For adults involved with the criminal justice system who have mental health problems please rate the AVAILABILITY of the following services:								
Answer Options	Most individuals receive needed services	Many ...	Some individuals receive needed services	Few ---	Service not available	Don't know	Rating Average	Response Count
a. Identification of mental health problems during initial contacts with law enforcement	5	20	54	73	18	8	3.464706	178
b. Emergency mental health services for adults at risk of or becoming involved with law enforcement	4	11	58	75	22	6	3.588235	176
c. Identification of mental health problems in adults prior to court adjudication	6	21	61	66	12	10	3.343374	176
d. Court Clinics or other services needed to divert adults with mental health problems from adjudication	4	5	45	64	41	12	3.836478	171
e. Identification and treatment of mental health problems in jail	4	19	37	89	15	11	3.560976	175
f. Identification and treatment of mental health problems in prison	9	26	46	46	10	36	3.160584	173
g. Identification of mental health problems and mental health treatment and support for adults on probation or parole	7	19	65	60	13	12	3.323171	176
<i>answered question</i>								179
<i>skipped question</i>								537

For adults with the criminal justice system who have mental health problems please rate how EFFECTIVE those services are:								
Answer Options	Consistently effective	Often effective	Sometimes effective	Rarely effective	Not effective	N/A or don't know	Rating Average	Response Count
a. Identification of mental health problems during initial contacts with law enforcement	9	23	68	28	17	20	3.144828	165
b. Emergency mental health services for adults at risk of or becoming involved with law enforcement	9	19	69	34	19	16	3.233333	166
c. Identification of mental health problems in adults prior to court adjudication	7	35	61	30	13	18	3.047945	164
d. Court Clinics or other services needed to divert adults with mental health problems from adjudication	9	27	44	27	19	36	3.15873	162
e. Identification and treatment of mental health problems in jail	9	24	59	37	16	19	3.186207	164
f. Identification and treatment of mental health problems in prison	10	28	53	22	11	41	2.967742	165
g. Identification of mental health problems and mental health treatment and support for adults on probation or parole	8	32	65	26	11	21	3	163
<i>answered question</i>								172
<i>skipped question</i>								544

Appendix I - Glossary

Term/Abbreviation	Definition
COSP	Consumer Operated Service Programs such as drop-in centers or club houses
ACS	Affiliated Computer Systems, Montana's Medicaid claims payment contractor
AMDD	Addictive and Mental Disorders Division
APRN program	Advanced Practice Registered Nurse
ASO	Administrative Services Organization, an organization contracted to carry out utilization management or other specified administrative functions on a non-risk basis
ASQ	Ages and Stages Questionnaire, a parent self-report tool to help identify social, emotional and developmental problems among young children
BASC	Department of Corrections Assessment and Sanction Units at Billings
BHO	Behavioral Healthcare Organization, a managed care organization specializing in management of mental health and/or substance abuse services
BJA	Bureau of Justice Assistance, a component of the Office of Justice Programs, U.S. Department of Justice
BJS	Bureau of Justice Statistics, a component of the Office of Justice Programs, U.S. Department of Justice. It is the United States' primary source for criminal justice statistics.
CAMHD (Hawaii)	Hawaii's Child and Adolescent Mental Health Division, an example of a quasi-public authority that administers mental health services
CBH	Philadelphia Community Behavioral Health, another example of a quasi-public authority that administers mental health services
CBPRS	Community-Based Psychiatric Rehabilitation and Support, a community service covered by Montana Medicaid that provides one to one support of a psychiatric aid to individuals needing that level of support.
CCO	Care Coordination Organization, a public entity that would be responsible for management manage mental health services to children and adults under a 1915(b) or 1115 Waiver according to recommendations in this report.
CEO	Chief Executive Officer
CFDA	Catalog of Federal Domestic Assistance, database of federal programs available to U.S. territories, federally recognized Indian tribes, non-for-profit organizations, state governments and their political subdivisions
CFHHS	Children, Families, Health and Human Services Interim Committee
CFSD	Child and Family Services Division, Montana's agency responsible for child welfare
CHIP	Children's Health Insurance Program, a state/federal health insurance program for children
CIT	Crisis Intervention Team, police team with special training to address individuals with mental health problems in the context of law enforcement
CMHB	Children's Mental Health Bureau
CMHC	Community Mental Health Center
CMHSP	Children's Mental Health Services Plan, Montana's plan for children with SED up to 160% of poverty who are not enrolled in Medicaid or CHIP
CMS	Centers for Medicare and Medicaid Services, the federal agency responsible for administering Medicaid
CPES	National Institute of Mental Health's Collaborative Psychiatric Epidemiology

Appendix I - Glossary

Term/Abbreviation	Definition
	Surveys, the source of the prevalence estimates for adults used in this report.
DBT	Dialectical Behavior Therapy, an evidence based practice demonstrated effective in teaching skills related to regulation of emotions, and tolerance of distress for people with certain diagnoses
DM	Disease Management, is the concept of reducing healthcare costs and/or improving quality of life for individuals with chronic disease conditions by preventing or minimizing the effects of a disease, usually a chronic condition, through integrative care
DMA	Used only to refer to DMA Health Strategies, the author of this study. (Note that Montana’s Division of Military Affairs is written out each time it is referred to)
DOC	Department of Corrections
DPHHS	Department of Public Health and Human Services
DRA	Deficit Reduction Act of 2005, a federal law that made a number of significant changes in the Medicaid program
DSD	Disability Services Division
DSH	Disproportionate Share Hospital – hospitals that serve a disproportionate share of individuals with low income and special health needs. In the Medicaid program, states must pay such facilities at rates that account for their disproportionate share of service for this group
FICM	Forensic Intensive Case Management
FMAP	The Federal Medicaid Assistance Percentage is the share of Medicaid service costs paid by the federal government. The state is responsible for the balance.
FQHC	Federally Qualified Health Center
GAINS	National GAINS Center in the Justice System
GBMI	Guilty But Mentally Ill, an admission status to the Montana State Hospital that is no longer in use.
HCBS	Home and Community Based Services, a Medicaid waiver program that allows a state to provide a flexible mix of services not normally available through Medicaid to individuals in or at risk of nursing home level of care
HIFA (1115 waiver)	Healthcare Insurance Flexibility and Accountability, a Medicaid waiver option under which Montana has proposed to expand Medicaid eligibility for several underserved groups
HIPAA	Health Insurance Portability and Accountability Act of 1996. Federal law and regulations that govern privacy protections for individual health records.
HRD	Health Resources Division, the DPHHS Division that administers Medicaid and CHIP.
IHS	Indian Health Service, a federal agency that administers health facilities serving Indian reservations.
IRS	Internal Revenue Service
IT	Information Technology
KMA	Kids Management Authority, organizations responsible for carrying out system of care service planning under the state’s System of Care grant
LAC	Local Advisory Council, Montana’s designated vehicle for community stakeholders to be involved in planning for the mental health system

Appendix I - Glossary

Term/Abbreviation	Definition
LJIC	Law and Justice Interim Committee
MASC	Department of Corrections Assessment and Sanction Unit at Missoula
MBHO	Managed Behavioral Healthcare Organization; see BHO
MCO	Managed Care Organization, an organization that performs designated functions such as utilization management, provider contracting and care management for a designated population and for specified purposes. Usually refers to an organization that has some risk for this management.
MH	Mental Health
MHBG	Mental Health Block Grant, Federal funds provided to states on a formula basis to support community mental health services
MHC	Mental Health Center
MHOAC	Mental Health Oversight Advisory Council, Montana's state level vehicle for citizen oversight and advice on its public mental health services
MHSP	Mental Health Services Plan, Montana's mental health program for adults with SDMI who are under 150% of poverty and are not enrolled in Medicaid
MIOTCRA	Mentally Ill Offender Treatment and Crime Reduction Act. Legislation that authorizes a federal grant program to establish more mental health courts, expand prisoners' access to mental health treatment while incarcerated and upon re-entry into the community, and expand cross-training for law enforcement officials and mental health personnel.
MMHNCC	Montana Mental Health Nursing Care Center
MSH	Montana State Hospital
MSP	Montana State Prison
MSW	Master's of Social Work
NACo	National Association of Counties
NAMI	National Alliance on Mental Illness
NASMHPD	National Association of State Mental Health Program Directors
NFC	President's New Freedom Commission
NRI or NASMHPD/NRI	National Association of State Mental Health Program Directors <i>Research Institute</i>
NSDUH	National Survey on Drug Use and Health
OPI	Office of Public Instruction
PACT	Program of Assertive Community Treatment, an intensive service provided by a multi-disciplinary team for individuals with intensive needs in community settings
PAHP	Prepaid Ambulatory Health Plan, an entity that provides or arranges for a specified set of services that does not include the provision of any inpatient hospital or institutional services for its enrollees.
PATH	Projects for Assistance in Transition from Homelessness, a federal grant program targeted on homeless individuals who are mentally ill
PIHP	Prepaid Inpatient Health Plan, an entity that provides, arranges for or otherwise has responsibility for the provision of any inpatient or institutional services for its enrollees
PRA	Policy Research Associates, Inc., responsible for conducting the analysis of mental health in the adult criminal justice system
PRTF	Psychiatric Residential Treatment Facilities
PTSD	Post Traumatic Stress Disorder

Appendix I - Glossary

Term/Abbreviation	Definition
RFI	Request for Information
RFP	Request for Proposals
SAA	Service Area Authority, Montana's vehicle for citizen participation on a regional level in advising on the development of public mental health services
SAMHSA	Substance Abuse and Mental Health Services Administration, the agency that administers federal mental health and substance abuse programs
SCHIP	State Children's Health Insurance Program – See CHIP
SCID	Structured Interview for DSM Disorders
SDMI	Severe Disabling Mental Illness, Montana's standard for adults to receive most public mental health services
Section 6086	Section 6086 of the Deficit Reduction Act
SED	Serious Emotional Disturbance, Montana's standard for children to receive specialized mental health services
SMI	Serious Mental Illness, a standard for adult mental health problems used by many states as a criterion for receiving certain services
SPA	State Plan Amendment refers to the State Plan specifying what services it will cover under Medicaid
SPD	Serious Psychological Distress, a broad standard for mental illness, indicating anyone who is likely to have a diagnosable mental illness
SPMI	Serious and Persistent Mental Illness, a standard for adult mental health problems used by some states as a criterion for receiving certain services. This definition requires the highest degree of impairment.
SSI	Supplemental Security Income, a form of income support provided for individuals determined to meet disability and other eligibility criteria
STEP	Secure Treatment and Examination Program, a program proposed to address the needs of certain individuals with mental health problems in the criminal justice system
TAC	Technical Assistance Collaborative
TANF	Temporary Assistance for Needy Families, a federal program that provides income assistance for needy families
TAPA	Technical Assistance and Policy Analysis Center for Jail Diversion, a federally funded assistance center
TCM	Targeted Case Management, a service that provides coordination of mental health services with other needed services on behalf of a member of the targeted population
TPL	Third Party Liability refers to the function of collecting from other insurance companies or other responsible third parties when they have a liability for a service
VA	Veterans Administration
WRAP	Wellness Recovery Action Plan, a method used by individuals with mental health problems to plan for and make use of relevant tools to support their recovery and life goals.

Note: this Appendix was incorrectly referenced in the text of the report as Appendix E.

Appendix J – Table 1
Montana Federal Funding Opportunities for Mental Health
Federal Grants to Montana – Currently Use for Mental Health or Current Use – Depending on Service Need

	CFDA # (By order of CFDA search)	Federal Granting Agency	CFDA Title	FY 2007 Expenditures Per Montana Single Audit	Eligible Recipient- Individual, Non-Profit, State, UST, Tribe	Current Use for Mental Health/1	Current Use - Depending on Service Needs/2	Comments
1	14.235	Housing & Urban Development	Supportive Housing Program	\$67,547	Local, Non-Profit		x	
2	14.238	Housing & Urban Development	Shelter Plus Care	\$4,534	Local, State		x	
3	14.241	Housing & Urban Development	Housing Opportunities for Persons with AIDS	\$653,912	Local, State		x	
4	14.871	Housing & Urban Development	Section 8 Housing Choice Vouchers	\$15,228,041	Local, State		x	
5	16.540	Dept. of Justice	Juvenile Justice & Delinquency Prevention: Allocation to States	\$756,438	State		x	
6	16.548	Dept. of Justice	Title V Delinquency Prevention	\$56,253	Local, State		x	
7	64.014	Dept. of Veteran's Affairs	Veterans State Domiciliary Care	\$89,000	State		x	
8	84.323	Dept. of Education	Special Education - State Program Improvement Grants for Children with Disabilities	\$598,024	State		x	
9	84.360	Dept. of Education	School Dropout Prevention Program	\$48,620	Local, State		x	
10	93.003	Dept. of Health & Human Services	Public Health & Social Services Emergency Fund	\$2,585,409	Local, State		x	
11	93.104	Dept. of Health & Human Services	Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances (SED)	\$535,827	Local, State	x		
12	93.150	Dept. of Health & Human Services	Projects for Assistance in Transition from Homelessness (PATH)	\$290,063	State	x		
13	93.157	Dept. of Health & Human Services	Centers for Excellence	\$177,862	Local, Non-Profit, State		x	
14	93.211	Dept. of Health & Human Services	Telehealth Network Grants	-\$9	Non-Profit			
15	93.230	Dept. of Health & Human Services	Consolidated Knowledge Development & Applications Program	\$707,067	Non-Profit, State, Tribes	x		
16	93.238	Dept. of Health &	Cooperative Agreements for State	\$6,925	Non-Profit, State,		x	

Note: this Appendix was incorrectly referenced in the text of the report as Appendix E.

Appendix J – Table 1
Montana Federal Funding Opportunities for Mental Health
Federal Grants to Montana – Currently Use for Mental Health or Current Use – Depending on Service Need

	CFDA # (By order of CFDA search)	Federal Granting Agency	CFDA Title	FY 2007 Expenditures Per Montana Single Audit	Eligible Recipient- Individual, Non-Profit, State, UST, Tribe	Current Use for Mental Health/1	Current Use - Depending on Service Needs/2	Comments
		Human Services	Treatment Outcomes & Performance Pilot Studies Enhancement		Tribes			
17	93.242	Dept. of Health & Human Services	Mental Health Research Grants	\$876,711	Local, Non-Profit, State, UST, Tribes	x		
18	93.243	Dept. of Health & Human Services	Substance Abuse & Mental Health Services, Projects of Regional & National Significance	\$1,132,331	Local, Non-Profit		x	
19	93.276	Dept. of Health & Human Services	Drug-Free Communities Support Program Grants (received as pass-through)	\$39,350	Local, Non-Profit, State		x	
20	93.282	Dept. of Health & Human Services	Mental Health National Research Service Awards for Research Training	\$49,947	Individual, Non-Profit	x		
21	93.286	Dept. of Health & Human Services	Discovery & Applied Research for Technological Innovations to Improve Health	\$303,047	Non-Profit		x	
22	93.361	Dept. of Health & Human Services	Nursing Research: From Uof W	\$114,488	Individual, Local, Non-Profit, State, UST		x	
23	93.643	Dept. of Health & Human Services	Children's Justice Grants to States	\$110,274	State, UST		x	Not on search list, potential braiding possibility
24	93.645	Dept. of Health & Human Services	Child Welfare Service - State Grant	\$867,829	State, UST		x	Not on search list, potential braiding possibility
25	93.658	Dept. of Health & Human Services	Foster Care Title IV - E	\$11,994,952	State, UST		x	Not on search list, potential braiding possibility
26	93.659	Dept. of Health & Human Services	Adoption Assistance	\$6,538,959	State, UST		x	
27	93.667	Dept. of Health & Human Services	Social Services Block Grant	\$7,492,461	State, UST		x	
28	93.669	Dept. of Health &	Child Abuse & Neglect State Grants	\$126,335	State, UST		x	

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Federal Grants to Montana – Currently Use for Mental Health or Current Use – Depending on Service Need

	CFDA # (By order of CFDA search)	Federal Granting Agency	CFDA Title	FY 2007 Expenditures Per Montana Single Audit	Eligible Recipient- Individual, Non-Profit, State, UST, Tribe	Current Use for Mental Health/1	Current Use - Depending on Service Needs/2	Comments
		Human Services						
29	93.671	Dept. of Health & Human Services	Family Violence Prevention & Services/Grants for Battered Women's Shelters	\$737,163	State, UST, Tribes		x	
30	93.674	Dept. of Health & Human Services	Chafee Foster Care Independence Program	\$461,977	State		x	Not on search list, potential braiding possibility
31	93.767	Dept. of Health & Human Services	State Children's Insurance Program	\$16,631,299	State, UST		x	
32	93.777	Dept. of Health & Human Services	State Survey & Certification of Health Care Providers & Suppliers	\$2,270,126	State		x	
33	93.778	Dept. of Health & Human Services	Medical Assistance Programs	\$537,737,282	Local, State		x	Not on search list, potential braiding possibility
34	93.789	Dept. of Health & Human Services	Alternatives to Psychiatric Residential Treatment Facilities for Children	began in FY 2007 or 2008?	State	x		
35	93.822	Dept. of Health & Human Services	Health Careers Opportunities Program	\$823,046	Local Non-Profit, State		x	
36	93.912	Dept. of Health & Human Services	Rural Health Care Services Outreach & Rural Health Network Development Program	\$159,864	Non-Profit		x	
37	93.917	Dept. of Health & Human Services	HIV Care Formula Grants	\$825,653	State, UST		x	
38	93.925	Dept. of Health & Human Services	Scholarships for Health Professions Students from Disadvantaged Backgrounds	\$527,490	Local, Non-Profit, State, UST		x	
39	93.958	Dept. of Health & Human Services	Block Grants for Community Mental Health Services	\$1,266,998	State, UST	x		
40	93.959	Dept. of Health & Human Services	Block Grants for Prevention & Treatment of Substance Abuse	\$7,020,515	State, UST, Tribes		x	

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Appendix J – Table 1
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Federal Grants to Montana – Currently Use for Mental Health or Current Use – Depending on Service Need

	CFDA # (By order of CFDA search)	Federal Granting Agency	CFDA Title	FY 2007 Expenditures Per Montana Single Audit	Eligible Recipient- Individual, Non-Profit, State, UST, Tribe	Current Use for Mental Health/1	Current Use - Depending on Service Needs/2	Comments
41	93.991	Dept. of Health & Human Services	Preventive Health & Health Services Block Grant	\$670,982	State		x	Not on search list, potential braiding possibility
42	93.994	Dept. of Health & Human Services	Maternal & Child Health Services Block Grant to the States	\$2,378,401	State		x	Not on search list, potential braiding possibility
43	96.007	Social Security Administration	Social Security Research & Demonstration	\$98,521	Non-Profit, State		x	Not on search list, potential braiding possibility
44	96.008	Social Security Administration	Social Security - Benefits Planning, Assistance, & Outreach Program	\$72,770	Local, Non-Profit, State		x	Not on search list, potential braiding possibility
Total Expense FY 2007 (Federal Funds)				\$623,134,284				

UST = U.S. Territory

/1 A check in the "Current Use for Mental Health" column means that the primary purpose of the federal grant is specifically focused on mental health functions and services. The funds can be spent for services as well as administration of mental health programs.

/2 A check in the "Current Use - Depending on Service Needs" column means that the funds may be spent on mental health services and functions or to support a person who needs mental health services, but that the primary purpose of the funding is not solely focused on mental health. For example, the Children's Health Insurance Program (CHIP) grant pays for health services, including mental health services, for eligible children. In some instances a portion of a federal grant may fund mental health services every year, but the amount would vary from year to year. In other instances, a portion of the federal grant may be used to support a person with mental health needs, such as providing housing support. In these circumstances, grant expenditures related to mental health services and functions may occur at irregular intervals.

Appendix J – Table 2
Montana Federal Funding Opportunities for Mental Health
Federal Funds Available for Mental Health (Not Reported in Montana Single Audit)
(Priorities identified by Legislative staff are highlighted in yellow.)

	CFDA # (By order of CFDA search)	Federal Granting Agency	CFDA Title	Eligible Recipient- State, Tribe, Individual	Primary Purpose Mental Health	Multiple Purpose Incl Mental Health	Formula or Match Requirement (Yes/No)	Notes	Range & Average Financial Assistance
1	16.541	Dept. of Justice	Part E - Developing Testing & Demonstrating Promising New Programs	All		x	No	School-based mental health, Congressional earmark	Not available
2	16.587	Dept. of Justice	Violence Against Women Discretionary Grants for Indian Tribal Governments	Tribes		x	No	Enhance services to Indian women who are victims of violence	\$100,000-\$850,000; \$386,000
3	16.736	Dept. of Justice	Transitional Housing Assist. for Victims of Domestic Violence, Dating Violence, Stalking or Sexual Assault	Local, State, Tribes		x	No	Transitional housing services for women who are victims of violence	\$150,000 - \$475,000; \$246,065
4	17.805	Dept. of Labor	Homeless Veterans Reintegration Project	Local, State		x	No	Reintegrate homeless veterans into employments & develop effective service delivery systems for problems facing veterans.	\$100,000 to \$300,000
5	64.009	Dept. of Veteran's Affairs	Veterans Medical Care Benefits	Individual		x	n/a	Shown for information purposes only	Not available
6	64.019	Dept. of Veteran's Affairs	Veterans Rehabilitation Alcohol & Drug Dependencies	Individual		x	n/a	Shown for information purposes only	Not available
7	64.024	Dept. of Veteran's Affairs	VA Homeless Providers Grant & Per Diem Program	Non-Profit		x	yes - 65% federal/35% applicant	Grants for bricks & mortars for homeless veterans; per diem to entities that provide supportive housing & services	\$12,610 to \$541,000
8	64.026	Dept. of Veteran's Affairs	Veterans State Adult Day Health Care	Individual		x	yes -50% fed. not to exceed \$35.17 per day/50% applicant	Offers veterans who have a medical or disabling condition an option to live in a supervised day program	Not available
9	93.087	Dept. of Health & Human Services	Enhance the Safety of Children Affected by Parental Methamphetamine or Other Substance Abuse	Local, Non-Profit, State, UST		x	yes - 15% - 25% over the life of the grant	Services include long-term substance abuse Tx, mental health services through interagency collaborative partners	\$500,000 to \$1,000,000

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	CFDA # (By order of CFDA search)	Federal Granting Agency	CFDA Title	Eligible Recipient- State, Tribe, Individual	Primary Purpose Mental Health	Multiple Purpose Incl Mental Health	Formula or Match Requirement (Yes/No)	Notes	Range & Average Financial Assistance
10	93.156	Dept. of Health & Human Services	Geriatric Training for Physicians, Dentists & Behavioral/Mental Health Professionals	Local, Non-Profit, State (educational institutions)		x	No	Grants are given for faculty training projects in geriatric medicine, dentistry, behavioral or mental health.	\$300,000 to \$500,000
11	93.162	Dept. of Health & Human Services	National Health Service Corps Loan Repayment Program	Individual		x	No	Loan repayment program to increase the supply of mental health & other professionals in Health Professional Shortage Areas.	\$5,000 - \$50,000; \$45,000
12	93.165	Dept. of Health & Human Services	Grants to States for Loan Repayment	State		x	yes - 50% federal/50% state	State must assume cost to administer the program. Loan repayment program to increase the supply of mental health & other professionals under a state program	\$5,000 to \$620,822; \$105,522
13	93.191	Dept. of Health & Human Services	Allied Health Special Projects	Local, Non-Profit, State, UST		x	None	Grants are awarded to meet the costs of projects to plan, operate & maintain graduate psychology ed. programs in behavioral & mental health for underserved populations.	\$63,823 - \$188,669; \$90,000
14	93.192	Dept. of Health & Human Services	Quentin N. Burdick Program for Rural Interdisciplinary Training	Local, Non-Profit, State		x	No	Improve access to health care in rural areas.	\$133,709 - \$344,077; \$250,107
15	93.193	Dept. of Health & Human Services	Urban Indian Health Services	Urban Indian Organizations		x	No	To provide health-related services to Urban Indians included alcohol, MH & health promotion services. DHHS Secretary must enter into a contract or grant via Title V/Indian Health Care Improvement Act	\$114,578 - \$573,126; \$209,846

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16	93.228	Dept. of Health & Human Services	Indian Health Service Health Management Development Program	Tribes		x	No	Used for four types of management- related projects: feasibility studies, planning, Tribal Health Management Structure Development & Evaluation to improve the management capability of American Indians to assume all or part of an existing HIS operated health care program	Tribal Mgmt. Awards \$50,000 - \$100,000; \$79,690, Health Services Projects \$85,000 - \$185,000; \$182,140
17	93.229	Dept. of Health & Human Services	Demonstration Cooperative Agreements for Development & Implementation of Criminal Justice Treatment Networks	Non-Profit, State		x	No	Create integrated primary, mental health, substance abuse & criminal justice treatment networks. 2% administration allowed. Population centers of > 200,000 people.	One award of \$1,000,000 was made in FY 2001
18	93.244	Dept. of Health & Human Services	Mental Health Clinical & AIDS Service-Related Training Grants	Local, Non- Profit, State	x		No	Grant funds may be used for Institutions Clinical Training Grants or for SMHA to develop human resources.	\$225,000 - \$300,000; \$250,000
19	93.275	Dept. of Health & Human Services	Substance Abuse & Mental Health Services - Access to Recovery	Local, State, UST, Tribes (through Governor or Tribal gov. leader)		x	no	Voucher program for substance abuse & clinical treatment & recovery support svcs. to encourage client choice among providers & increase substance abuse capacity, including faith-based options.	Obligations in FY 2007 totaled \$103,956,661
20	93.281	Dept. of Health & Human Services	Mental Health Research Career/Scientist Development Awards	Individual, Local, Non- Profit, State	x		No	Support for research career development relating to causes, risk, diagnosis, development etc., for mental/behavioral health & HIV/AIDS	\$10,740 - \$439,784; \$151,032
21	93.288	Dept. of Health & Human Services	National Health Service Corps Scholarship Program	Individual		x	No	To increase the supply of primary care, dentists, mental health professionals, etc, working in HPSAs. Service obligation required.	\$40,000 - \$320,000; \$150,000

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22	93.296	Dept. of Health & Human Services	State Partnership Grant Program to Improve Minority Health	State (minority health offices), UST		x	No	Facilitate improvement of minority health & eliminate health disparities through the development of partnerships with state & minority health	\$115,324 - \$175,000; \$149,461
23	93.441	Dept. of Health & Human Services	Indian Self-Determination (638 Contracts)	Local		x	Yes - See next column	Funds are used to enable tribes to assume responsibility for the delivery of health care to Indian people. A Tribe or Tribal Organizations may use funds provided under a Title I contract to meet matching or close participation requirements under other Federal & nonfederal programs	\$31,963 - \$25,950,652; \$1,722,872
24	93.55	Dept. of Health & Human Services	Transitional Living for Homeless Youth	Local, Non- Profit, State, UST, Tribes		x (support services)	Yes - Matching funds 10:1 Federal: State	Establishment & operation of transitional living projects for homeless youth, including pregnant & parenting youth.	\$100,000 - \$200,000; \$195,000
25	93.923	Dept. of Health & Human Services	Disadvantaged Health Professions Faculty Loan Repayment (FLRP) & Minority Faculty Fellowship Program (MFFP)	Individual		x	Yes - school is required to make principal & interest payments to DHHS	To attract & retain disadvantaged health professions faculty members to accredited health profession schools. This is a loan repayment program with 2 years of service required.	FLRP - \$2,470 - \$55,600; \$16,300, Reimbursement \$4,100 - \$59,156; \$25,548
26	93.982	Dept. of Health & Human Services	Mental Health Disaster Assistance & Emergency Mental Health	Local, Non- Profit, State	x		No	Declaration of major disaster by President of the United States required.	FY 2007 \$64,311,860 total awards

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27	96.009	Social Security Administration	Social Security State Grants for Work Incentives, Assistance to Disabled Beneficiaries	Local, Non- Profit, State		x	Yes - See next column	For protection & advocacy organizations. Match requirement = \$100,000 or .333% of the amount appropriated & the percentage of beneficiaries with disabilities	\$50,000 to \$438,275; \$117,982
28	97.032	Dept. of Homeland Security	Crisis Counseling	State	x		No	Declaration of major disaster by President of the United States required.	FY 2007 est. \$38,862,749