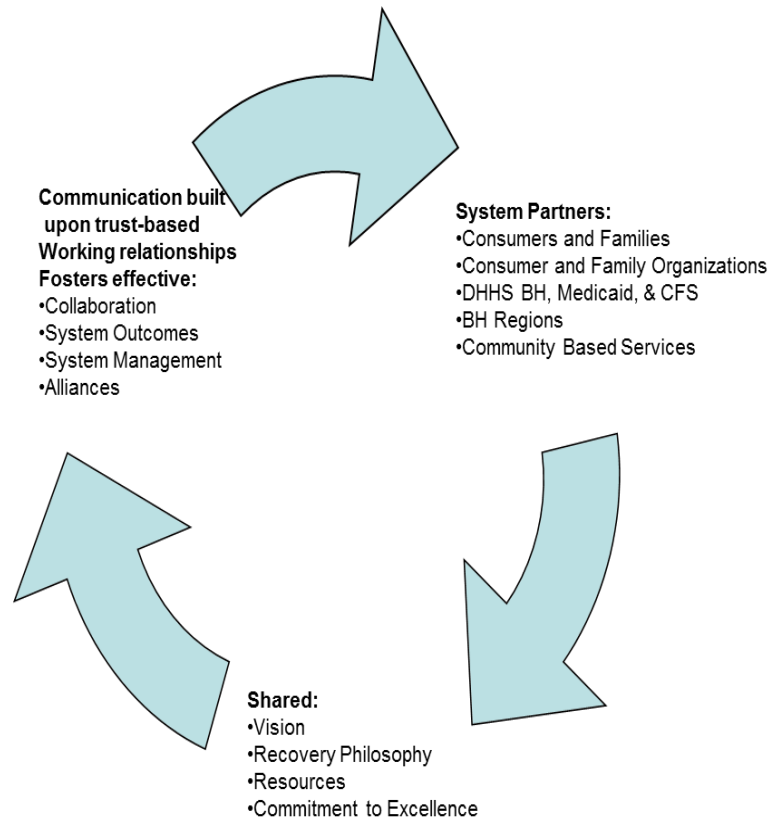


## Behavioral Health System Strategic Planning - Framework

Develop a plan for a high-performing Montana behavioral health system to include the following:

- ❖ Vision for the future
- ❖ Incorporate objectives with clear outcomes and accountability
- ❖ Analyze the role of the public behavioral health stakeholders



### Objectives

- 1) Identify structural elements required to operationalize the system vision statement
- 2) Review the effectiveness and plus/minuses of state and regional funding/division structure
- 3) Conduct gap analysis comparing the current Montana behavioral health system with the system vision
- 4) Analyze the role and financing of the Montana State Hospital and or the impact of a regional approach within the system
- 5) Recommend specific changes needed to achieve the envisioned system

- 6) Develop a road map for the envisioned system – steps in the process to design, develop, implement, and operationalize and associated timeline for such steps
- 7) Conduct a fiscal analysis of each recommendation
- 8) Incorporate characteristics of best practice purchasing (system performance measures, value-based contracting, etc.) in the system design
- 9) Demonstrate how the plan would be cost sensitive to the State budget realities in the short term and address long-term sustainability
- 10) Develop strategy action document
- 11) Prioritize legislative initiatives for the behavioral health system

### **Strategic Planning Framework**

- I. History of Montana Behavioral Health System
  - a. Legislative milestones
  - b. Mental Health Oversight Advisory Council (MHOAC)
  - c. Local Advisory Councils on Mental Health
  - d. Children's System of Care Planning Committee – Administrators and Community members
  - e. Improving Montana's Mental Health System – Final Report; Technical Assistance Collaborative, Inc.
  - f. DMA Health Strategies Final Report
- II. Behavioral Health System Structure
  - a. Population
    - i. Population characteristics
    - ii. Medicaid population
    - iii. Montanan's served by Mental health Service Plan (MHSP) funding
    - iv. Prevalence rates
    - v. Penetration rates
    - vi. Gaps
  - b. Behavioral health delivery system structure (adult & children)
    - i. Institutional care
      1. Montana State Hospital
      2. Department of Corrections
      3. Montana Chemical Dependency Center
      4. Montana Development Center
    - ii. Community-based care

- iii. Licensed community health centers (27)
      - 1. MHSP funded
      - 2.
    - iv. Tribal system(s)
    - v. Addiction services
- III. Behavioral Health System Funding
  - a. Service funding matrix by payer source (needs to be developed)
  - b. Access to services
  - c. Workforce development
  - d. New payor models
    - i. Fee for service
    - ii. Shared risk contracts
    - iii. Episodic care
    - iv. Consumer driven
    - v. Incentivized community care
    - vi. Medical home
    - vii. Integrated delivery
  - e. Total behavioral health system funding
    - i. Medicaid Behavioral Health
      - 1. State Match
    - ii. Medicare
    - iii. Federal Block Grant
    - iv. State General Funds
      - 1. Crisis services
    - v. Local City/County Funding
    - vi. Private provider grant funding
    - vii. Department of Public Health & Human Services
      - 1. Children's Mental Health Bureau
      - 2. Addictive & Mental Disorders Division
    - viii. Mental Health Service Plan
    - ix. Montana Mental Health Trust
    - x. Magellan Administrative Contract
    - xi. Other
- IV. Behavioral Health System Performance Measurement Data
  - a. Total # Using Medicaid-Funded Services Only

- b. Total # Using DPHHS-Funded Services Only
  - c. Total # Using Both Medicaid & DBH Services
  - d. Total # Using Provider Charity Care
  - e. Total # of Montana living with a diagnosable mental illness
  - f. Total # who get diagnosed
  - g. Total # of follow through with a treatment regimen
  - h. Tools to monitor beyond utilization data
  - i. Tools to learn more about those utilizing care through a “level of care” assessment tool
  - j. Performance tool coupled with payment for providers
  - k. Evidence-based & practice-based service models
  - l. Consumer driven care in comparison to provider driven care
  - m. Quality measures not connected to cost
  - n. Community or County report card
  - o. Suicide rate
- V. Overview of Key National Trends With Implications For Behavioral Health System Planning
- a. Parity legislation now in place
  - b. Health care reform initiated January 1, 2014
  - c. Montana did not expand Medicaid
  - d. IMD waivers and current ruling
  - e. Medicaid program integrity and audits
  - f. Comparative effectiveness – clinical decision-making models developing
  - g. Intrusive technologies
  - h. Electronic Medical Record (EMR) mandates
  - i. System change (and opportunities) with telehealth
  - j. Virtual consumer implications