

HJR 16: State-Operated Institutions

Recent Developments in Publicly Funded Mental Health Services

Prepared by Sue O'Connell, Research Analyst
for the Children, Families, Health, and Human Services Interim Committee
November 2013

Background

Both the Montana Legislature and the Department of Public Health and Human Services (DPHHS) have taken steps in recent years to build up community services that may prevent a person from being admitted to the Montana State Hospital (MSH) or from returning there after discharge. Some of the efforts also focused on offenders leaving secure correctional facilities.

This briefing paper summarizes some of the key programs instituted or considered by the Legislature or DPHHS in the past decade and the current status of those efforts.

Ongoing Community Programs

Crisis Diversion Grants: During the 2007-2008 interim, the Law and Justice Interim Committee studied ways to divert mentally ill adults from the criminal justice system. The effort resulted in three bills that were approved by the 2009 Legislature:

- ▶ House Bill 130, establishing a grant program for counties or regions that create jail diversion or crisis intervention programs or short-term treatment options;
- ▶ HB 131, allowing DPHHS to contract with mental health facilities for secure crisis beds and services to use as an alternative to treatment at MSH; and
- ▶ HB 132, allowing a person to opt for inpatient treatment in a community facility for up to 14 days in lieu of a hearing for involuntary commitment at MSH.

The 2009 Legislature appropriated \$1.2 million for HB 130 and HB 131, resulting in creation of secure crisis beds in Bozeman, Butte, and Hamilton, as well as support for other community services around Montana. The Legislature has continued to fund both the county grant program and the secure crisis beds. The 2013 Legislature appropriated about \$847,500 a year for county grants and about \$394,600 a year for secure crisis beds.

Goal 189: In February 2008, DPHHS adopted a goal of reducing the MSH population to 189 patients and awarded funds to community providers to move more patients into the community. Services included payment for housing, medication costs, and living expenses. The Legislature has continued to fund so-called "Goal 189" services, targeting the money to services for people who have been previously admitted to MSH and are in danger of being readmitted or who are re-entering community services. The 2013 Legislature appropriated about \$656,400 for Goal 189 in Fiscal Year 2014 and \$669,500 in FY 2015.

72-Hour Presumptive Eligibility Program: The 2007 Legislature appropriated \$4 million in general fund for the 2009 biennium to create a program to pay mental health providers for crisis stabilization services for individuals who are uninsured or underinsured. Services may

be provided for up to 72 hours. The 2013 Legislature appropriated about \$1.5 million in each year of the current biennium for this program.

Mental Health Community Services Development: The 2007 Legislature appropriated about \$275,000 for the 2009 biennium to hire five half-time employees at the community level to help recently discharged MSH patients re-integrate into the community setting and obtain the services recommended in their discharge plans. Funding for these services currently supports two half-time and one full-time community liaison outreach specialists, who work directly with patients and discharge planning staff at MSH to assist clients transition back into the community.

Services for Mentally Ill Offenders: The 2007 Legislature appropriated about \$744,000 in the 2009 biennium to create additional treatment and case management services for mentally ill offenders upon release from correctional institutions, MSH, or a community corrections program. The funds also were to be used for creating dedicated prerelease center beds to encourage community contractors to accept offenders with mental illness. Subsequent legislatures have continued the appropriation at the same level.

PACT: The 2003 Legislature funded the Program for Assertive Community Treatment, which uses a team of providers to support individuals with a Severe Disabling Mental Illness, primarily outside of an office setting. PACT teams are in place in Billings, Great Falls, Helena, and Kalispell. Each team may serve up to 70 individuals.

HIFA Waiver: DPHHS applied in July 2009 for a Health Insurance Flexibility and Accountability (HIFA) waiver to provide Medicaid-funded mental health services to up to 800 people who are diagnosed with schizophrenia or bipolar disorder and who have incomes of up to 150 percent of the federal poverty level. The federal government approved the waiver in December 2010. Waiver recipients who were previously receiving limited state-funded mental health services now receive more extensive mental health care and physical health care through Medicaid. DPHHS is seeking federal approval to add up to 1,200 additional people to the waiver program, including those diagnosed with major depressive disorder.

Discontinued Programs

Drugs for Mentally Ill Offenders: The 2007 Legislature appropriated \$950,000 in FY 2008 to provide a pharmacy benefit to individuals being discharged from prison. The funds also helped cover the costs of psychiatric medications provided to offenders at the time of discharge. The appropriation was not continued, but the prisons still provide a 30-day supply of medication to offenders upon release.

Proposed But Not Approved

STEP: In 2006, then-Gov. Brian Schweitzer proposed a new 120-bed Secure Treatment and Examination Program (STEP) at the MSH campus in Warm Springs. The program would have renovated the Dr. Xanthopolis (Dr. X) Building for use by forensic patients who were ordered to MSH for examination or treatment or who had been sentenced either to the Department of Corrections or to the custody of the DPHHS director because they had been convicted of a crime but found to have a mental disease or defect that prevented them from appreciating the criminality of their conduct. The 2007 Legislature did not approve the proposal or the related long-range building request.