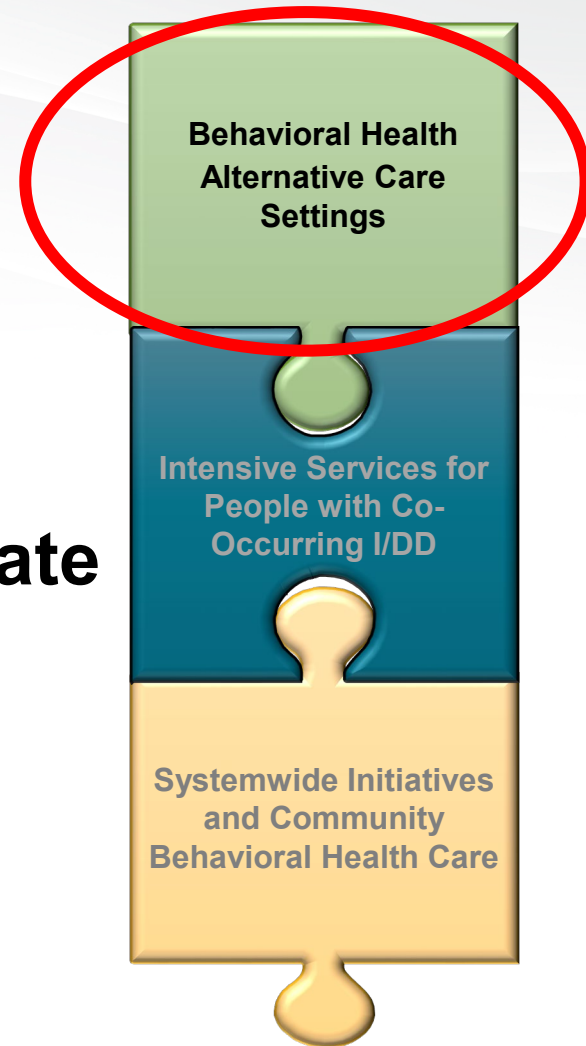


Planning Behavioral Health Alternate Care Settings

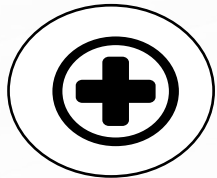
Envisioning a Modern Care Continuum

January 17, 2023



Envisioning a Revitalized Behavioral Health System Across Montana

Holistically improving care takes addressing all the puzzle pieces that need to be addressed across the behavioral healthcare continuum.



1. Design and implement regional behavioral health alternate care settings



2. Modernize intensive services for people living with dual-diagnosed developmental disabilities



3. Invest in systemwide and community-based initiatives such as certified community behavioral health centers



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DPHHS' Understanding and Objectives to Plan a Modern and Accessible Behavioral Health Care Setting:

If we know that...

State-run facilities are aged, expensive to maintain, isolated and have outdated design that is not patient-centric.

MSH was cited for health and safety issues, and isolation from population centers hinders workforce retention.

Access to acute behavioral health care is limited across the state with more long-term stays than desired in state-run facilities

Limited access presents challenges to achieving the Quadruple Aim (*discussed on Slide 5*)

Then we must create pathways to modernize by...

Identifying the appropriate location and service mix to improve access to acute behavioral health care programs in appropriate settings based on clinical needs and best practice.

Assessing health care real estate across the state to identify opportunities to develop alternative settings to MSH for appropriate patient populations.

Identifying capital needs and operating models capable of improving quality and sustaining or reducing cost through state-run or public/private partnerships.

Performing an assessment that is transparent to legislators and stakeholders and solicits public input throughout the process.

So that...

Montana citizens have access to a behavioral health care continuum that includes localized acute-care that offers high quality care in modern, operationally and financially sustainable patient-centric settings.

DPHHS' has a series of guiding principles as we embark on a comprehensive planning process.

1. We will identify opportunities to **improve access to care** based on clinical needs, in the least restrictive setting possible, at new and dispersed geographic locations given population density, workforce, and cost related challenges.
2. Determine **patient-centric care settings** for those who actively seek and receive care at Montana State Hospital, being mindful of care needs for involuntary and civil committed populations who have specialized care needs. Note, there is no plan to close Montana State Hospital.
3. Develop a plan for a **modernized acute and sub-acute behavioral care system that addresses the Quadruple Aim** – improved population health, enhanced patient experience, reduced avoidable cost of care, and improved provider satisfaction.
4. Establish a **sustainable and high-performing care model** that holistically considers clinician location, patient access, workforce availability and financing. Good stewardship of scarce and ever-changing resources is critical to building a viable statewide care network.
 - **Note** - Understanding what is sustainable will require partnership within the behavioral health continuum, and cross-sector partners like law enforcement, housing networks, public guardianship and protective services, etc. to go “beyond the walls” of a setting.
5. Focus on **transparency and stakeholder inclusion**; with interested stakeholders, patients and families, legislators and potential partners to ensure that the plan will address gaps in access to a modern and accessible care network.
6. Be **prompt and expedient** in planning, identifying “low-hanging fruit” where possible knowing there are present-day challenges for patients and staff in state-run settings.
7. Utilize **fact-based and data-driven** information inform recommendations.

Explaining the “Quadruple Aim”

An evolution of the “Triple Aim” the quadruple aim framework was developed by the Institute for Healthcare Improvement, an independent organization that provides national strategies for health care organizations to improve care quality.



1: IMPROVING PATIENT PHYSICAL AND BEHAVIORAL HEALTH

Preventing and managing prevalent, costly, and chronic, physical, and behavioral diseases



2: REDUCING AVOIDABLE COST OF CARE

Reducing resource utilization and readmissions while decreasing costly long-term stays



3: ENHANCING THE PATIENT EXPERIENCE

Motivating and engaging patients to play an active role in their care to improve outcomes and safety



4: IMPROVING PROVIDER SATISFACTION

Providing access to tools and resources to address provider burden and burnout

Envisioning the Planning Process

DPHHS anticipates a comprehensive assessment process that takes roughly 9-months to generate findings and an action plan.

Initial Planning Phase (Month 1): What is our process, and what information do we need?

DPHHS is here: We have reviewed and confirmed an assessment process, are gathering data and working with facility teams.

Feasibility Assessment (Months 1-5*): What services are needed and in which locations?

Identify program/service demand, gaps to drive settings and program development / service line strategy designed to serve future and prospective patients closer to home and adjust continuum flow across the state.

Build vs. Buy Analysis (Months 4-7): What are the features of a new setting, and do we buy that to remodel, or build it?

Determine facility development opportunities and costs associated with existing or newly built health care settings or facilities maximizing functionality and managing cost (public, private, public/private partners).

Stakeholder Engagement (Months 4-9): Planning with external partners and getting subject matter input.

Develop and implement a plan to engage legislators and stakeholders in planning, funding and gaining necessary approval(s) of proposed new settings.

**All proposed timing is anticipated according to best estimates, and subject to change, if necessary, which will be promptly relayed to Legislative partners and stakeholders.*

Key Challenges and Unknowns to Understand and Resolve as DPHHS Designs a New Care Setting

Projecting the volume and clinical needs of populations for treatment in alternative care settings, particularly long-term residents at Montana State Hospital and other state-run facilities who could be better served elsewhere, considering current-state challenges at Montana State Hospital.

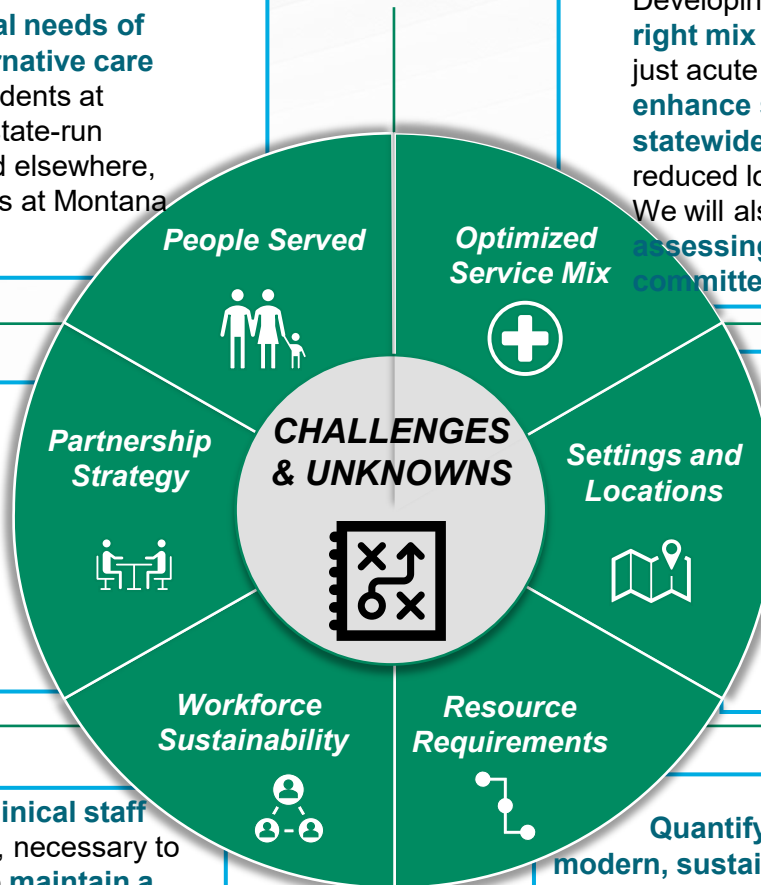
Developing a comprehensive care model with the **right mix of evidence-based services** (going beyond just acute care), **partnering** with existing programs to **enhance system integration** and **maximize statewide access** to **better care, better outcomes**, reduced long-term stays in more restrictive settings. We will also aim to maximize effectiveness in **assessing and managing involuntary and civilly committed patients**.

Exploring whether a partnership strategy is warranted to identify where partnership is a more effective method to make capital / facility investments and operate a modernized setting. This could include other public partners and/or public-private partnership.

Identifying the **best locations for new care settings** (likely an east / west approach) and choosing a **“repurpose or build new” plan** to make sound capital investments to build to today’s standards in **an efficient and cost-effective way**. This will be done **mindful of local network status (e.g. presence of CCBHCs, CMHCs, etc.)**

Projecting the clinical and non-clinical staff needed, identifying where they live, necessary to choose the right setting locations to **maintain a high-quality workforce** and improve recruitment and retention. We also aim to **reduce high-cost contract employees**, to promote long-term staffing to enhance staff teams.

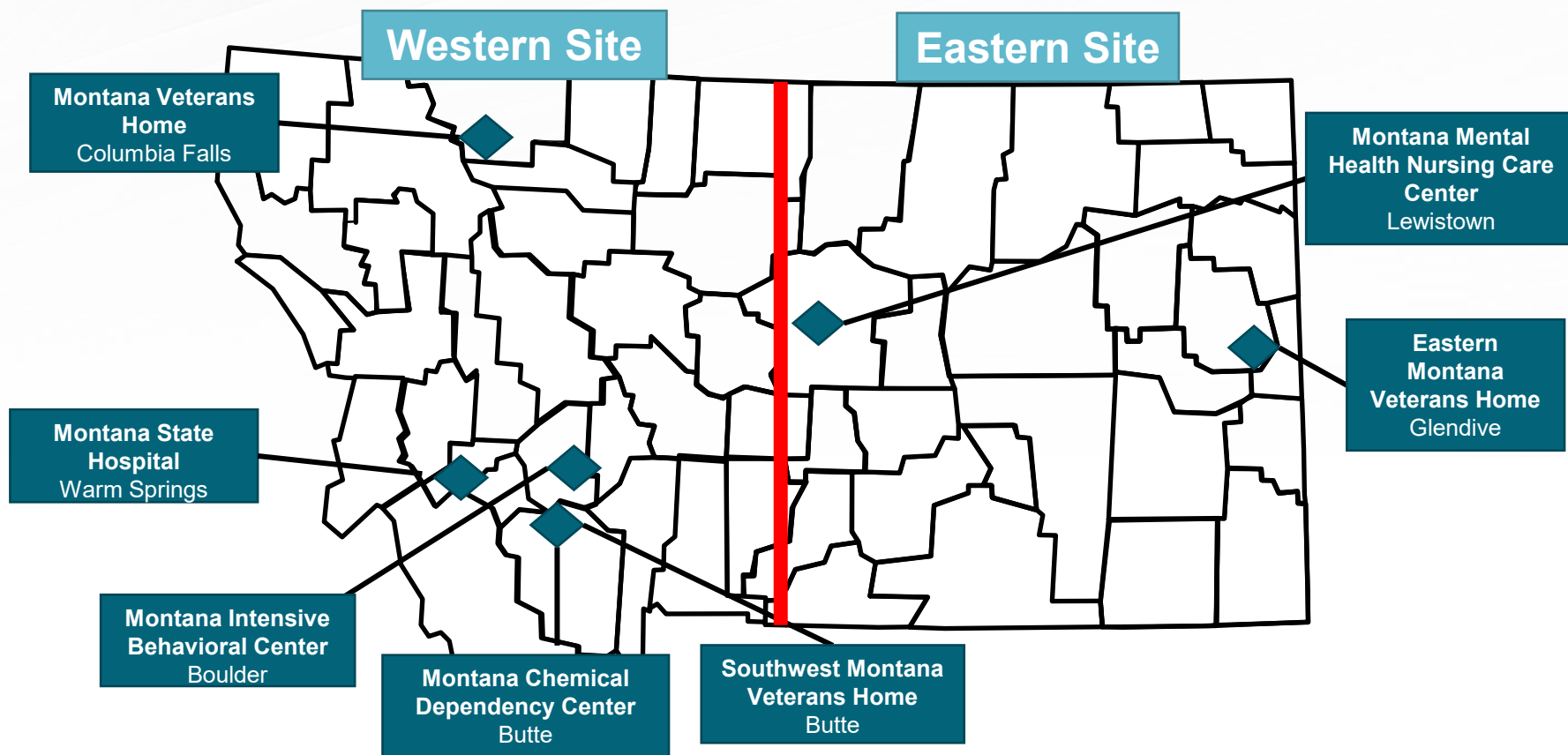
Quantifying resources necessary to create a **modern, sustainable care network** in the right settings, including related facility, capital and operating expense requirements, potential partners and supplemental funding sources to reduce the financial burden on state financial resources.



Appendix

Considering Prospective Locations

While a specific site location will not be known until strategic planning advances, DPHHS is currently considering an east / west regional split that injects infrastructure in regions where demand is anticipated and current infrastructure does not exist. Note – the majority of facilities are in Western Montana.



Considerations for locating a setting include: Proximity based on current and future patient demand, access to providers, strength of community-based infrastructure (e.g. an active *Certified Community Behavioral Health Clinic*), access considerations for rural populations and capital viability.

Anticipated Assessment Outputs

Feasibility Assessment

- Identify needed enhancements to the statewide acute behavioral health care continuum
- Propose a modern, sustainable care model that improves access to care in the right settings and locations
- Identify operating costs based on sustainability

Build vs Buy Analysis

- Identify appropriate settings and capital requirements based on proposed care model redesign
- Assess benefits and challenges to state-run and/or public/private partnerships
- Recommendations summary

Stakeholder Engagement

- Develop timeline for stakeholder input
- Develop communication plan to obtain necessary input on options and opportunities
- Identify external funding source opportunities to reduce the state's expense burden

Projected Assessment Timing: Block View

Assessment Timeline by Project Phase		Assessment Timing (by Month)								
		1	2	3	4	5	6	7	8	9
1	Feasibility - Care Model, Settings, Locations Redesign	█	█	█	█	█				
2	"Build vs. Buy" Analysis				█	█	█	█		
3	Stakeholder Engagement				█	█	█	█	█	█