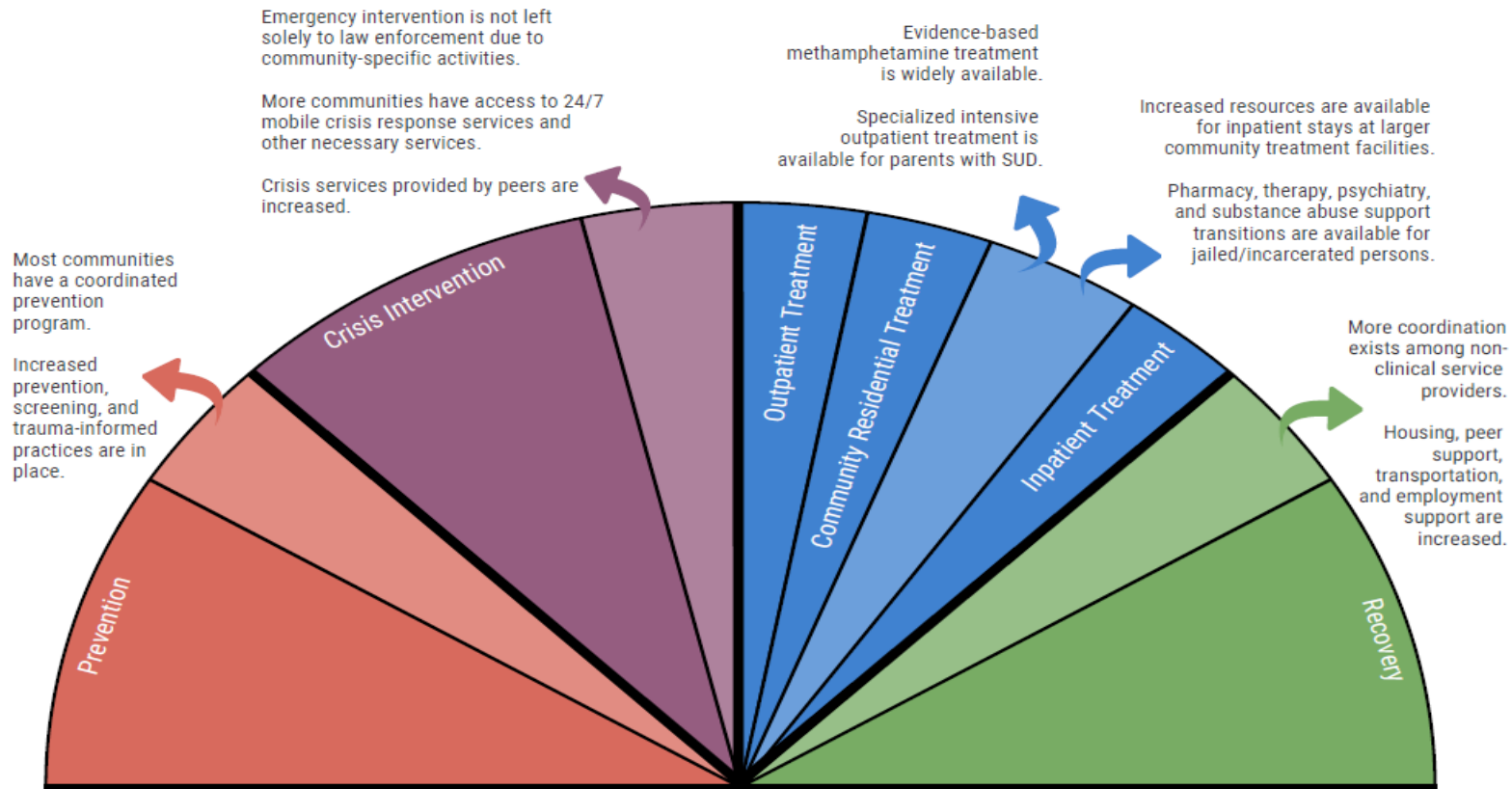


# HEART INITIATIVE

## Strategies and Progress Report 2023

The 2021 Montana Legislature passed Governor Gianforte’s Healing and Ending Addiction through Recovery and Treatment (HEART) Initiative, which seeks to strengthen the continuum of behavioral health services available to Montanans.



The HEART Initiative invests significant state and federal funding to expand promotion of mental health, prevention of substance use disorders, crisis services, and treatment and recovery services for individuals with mental health and substance use disorders. It includes behavioral health programs and services provided using HEART funding, Medicaid state plan, the HEART 1115 demonstration waiver, and the substance abuse block grant.

## HEART Initiative Highlights

Prevention	Crisis	Treatment	Recovery
<ul style="list-style-type: none"> <li>✓ Resources increased to local communities for community-based prevention</li> <li>✓ Increased use of trauma-informed prevention programs in early education</li> <li>✓ Students are now being screened for suicide risk and receiving timely intervention</li> </ul>	<ul style="list-style-type: none"> <li>✓ 988 Crisis Helpline successfully launched and receiving 30% more calls</li> <li>✓ 7 active mobile crisis teams across Montana, and 5 more in progress</li> <li>✓ Mobile crisis response will become a billable Medicaid service in 2023</li> <li>✓ Updated criteria for Crisis Receiving and Stabilization services has improved care for patients and expanded the potential provider network</li> <li>✓ Increased support for local crisis coalitions</li> </ul>	<ul style="list-style-type: none"> <li>✓ Montana Medicaid now covers all ASAM recommended levels of care</li> <li>✓ Contingency management treatment will soon be added as a Medicaid benefit, once CMS approves the request</li> <li>✓ Montana Medicaid members can now obtain inpatient and residential SUD treatment at any available facility, regardless of size</li> <li>✓ 7 local detention centers are providing new behavioral health treatment</li> </ul>	<ul style="list-style-type: none"> <li>✓ State funded behavioral health programs now have behavioral health peer support specialists on site</li> <li>✓ Nearly 6,500 Montanans have received support from a behavioral health peer supporter through their Medicaid coverage</li> <li>✓ Housing support services will soon be available to more Medicaid members, once CMS approves the request</li> </ul>
<p>Tribal governments received grant funding to fill gaps in their community for substance use disorder (SUD) prevention, mental health promotion, and crisis, treatment, and recovery services for mental health and substance use disorders. Each of the eight Tribes received \$125,000 over SFY22-23.</p>			

## HEART Initiative

Strengthening the continuum of behavioral health services available to Montanans.



### Direction

- 2021 HB 701
- Programs for:
  - substance use disorder prevention
  - mental health promotion
  - crisis, treatment, and recovery for substance use and mental health disorders
- Designed to:
  - improve access to, utilization of, and engagement and retention
  - expand the availability of community-based services
  - leverage additional federal funds



### Goals\*

- Increase evidenced based community and school-based prevention and screening activities
- Increase mobile crisis response teams
- Increase coverage for residential and inpatient treatment
- Increase recovery supports
- Increase tribal funding for local prevention and care gaps
- Increase behavioral health resources for jails and the Department of Corrections

\*non-exhaustive list



### Tools

- Medicaid State Plan Amendments
- Medicaid 1115 HEART Waiver
- Substance Abuse Prevention and Treatment (SAPT) Block Grant
- American Rescue Plan Act (ARPA) Mobile Crisis 85% Federal Medical Assistance Percentage (FMAP) Opportunity
- HEART State Special Fund
- Funding realignment

## Tool Definitions

The HEART Initiative is a broad complex long-term project that will require many tools to reach the overarching goal of an improved behavioral health care continuum. Below are definitions of the tools planned/used within the HEART Initiative.

### **Medicaid State Plan Amendment**

The Medicaid state plan is an agreement between a state and the Federal government describing how that state administers its Medicaid and CHIP programs. It gives an assurance that a state will abide by Federal rules and may claim Federal matching funds for its program activities. A state can add or remove services from its' Medicaid State Plan by submitting a *Medicaid State Plan Amendment*.

### **Medicaid 1115 HEART Waiver**

An 1115 Medicaid Waiver allows a state to request that the Secretary of Health and Human Services waive compliance with provisions of federal Medicaid law for policy proposals that are likely to assist in promoting the objectives of the Medicaid program and are budget neutral to the federal government. 1115 Medicaid Waivers are typically approved for 5 years with renewal opportunities. DPHHS submitted the Medicaid 1115 Heart Waiver requesting Medicaid payment authority for IMD treatment services, tenancy supports, contingency management, and services for justice involved populations.

### **Substance Abuse Prevention and Treatment Block Grant**

A noncompetitive formula-based federal grant awarded annually as long as the state demonstrates statutory and regulatory compliance. Funds are used for prevention, treatment, recovery support, and other activities that prevent and treat substance abuse and promote public health. Historically, until 2016, most of the grant funding in Montana went to paying for treatment for uninsured Montanans. Medicaid expansion allowed a greater share of the grant to be used for prevention activities, and HEART Initiatives have continued that shift even more.

### **American Rescue Plan Act Mobile Crisis 85% Federal Medical Assistance Percentage Opportunity**

The American Rescue Plan Act of 2021 (ARPA) provides a state Medicaid option, through state plan amendment or waiver, for community mobile crisis intervention services for five years. ARPA incentivizes state participation with an 85% enhanced Federal Medical Assistance Percentage (FMAP) for the first three years of qualifying services, starting in April 2022.

## Tool Definitions - continued

### HEART Fund

The account in the state special revenue fund established by HB 701 in the 2021 Legislative Session with funds from marijuana tax dollars. The money transferred into the account are to be used to provide statewide programs for substance use disorder prevention, mental health promotion, and crisis, treatment, and recovery services for substance use and mental health disorders.

Beginning in SFY 2021 \$6 million dollars per year is appropriated from the HEART Fund:

\$ 500,000	Grants to Tribal governments for local prevention, treatment, and recovery gaps.
\$ 1,100,000	Grants to locally county and tribal detention centers for
\$ 4,400,000	State share matching funds for new Medicaid covered behavioral health services

### Funding Realignment

The process of re-aligning or changing payment sources. The objective of funding realignment is to maximize overall funding availability to achieve initiative goals.

Examples:

- Services previously paid with SAPT Block Grant are now Medicaid eligible, freeing up SAPT Block Grant for increased prevention.
- Services previously paid with general fund are now Medicaid eligible, increasing the total funds available for services.



### Goal Achieved: Increase coverage for residential and inpatient treatment

Montana Medicaid members now have health care coverage for medically necessary substance use disorder treatment, regardless of facility size. This is closing a significant treatment gap in the service continuum. Since received of the necessary federal approvals Montana Medicaid has covered residential and inpatient treatment services for 349 Montanans, covering \$2.1 million dollars in treatment services.



#### Medicaid State Plan Amendment



#### Medicaid 1115 HEART Waiver



#### HEART Fund

1. DPHHS utilized a **Medicaid state plan amendment** to request Medicaid funding for three new substance treatment services for certain full/standard Montana Medicaid beneficiaries allowed by federal law.
  - ASAM 3.1 Clinically Managed Low Intensity Residential Substance Use Disorder Services
  - ASAM 3.2 WM: Clinically Managed Residential Withdrawal Management
  - ASAM 3.3 Clinically Managed Population-Specific High Intensity Residential Services
3. Finally, DPHHS is using the appropriation within the **HEART Fund** to provide the required state matching funds for the new substance use disorder services.

## An example of how multiple tools are used to achieve HEART Initiative Prevention Goal:



### Goal Achieved: Increase evidence-based community prevention activities

The provision of evidence-based community prevention activities has grown dramatically since the beginning of the HEART Initiative, from 109 to 174 evidence-based programs across the state. This was made possible by the increased availability of funds, which led to an increased number of counties with prevention specialists, who were then able to implement additional prevention activities. Strong prevention efforts are critical to reducing the numbers of Montanans affected by mental health and substance use disorder conditions.



**Medicaid State Plan Amendment**



**Heart Fund**





**Funding Realignment**



**SAPT Block Grant**

1. DPHHS added residential substance use disorder services via a **Medicaid state plan amendment**
2. DPHHS is using the appropriation within the **HEART Fund** to provide the required state matching funds.
3. DPHHS implements a **funding realignment** as SABT Block Grant funds previously paying for ASAM 3.1 treatment are reduced, freeing up SAPT Block Grant Funds for prevention priorities.
4. Prevention contracts are increased using now available **SAPT Block Grant Funds**.

## HEART Initiative Goals and Tools

 <b>Goals</b>	 <b>Tools Utilized</b>
Increase evidenced-based community and school-based prevention and screening activities	Substance Abuse Prevention and Treatment Block Grant Funding Realignment HEART Fund Medicaid 1115 HEART Waiver Medicaid State Plan Amendment
Increase mobile crisis response teams	Medicaid State Plan Amendment (submission pending) HEART Fund ARPA 85% FMAP Opportunity
Increase close to home crisis stabilization services	Medicaid State Plan Amendment Medicaid 1115 HEART Waiver HEART Fund
Expand evidenced based methamphetamine treatment	Medicaid 1115 HEART Waiver (approval pending) HEART Fund
Increase coverage for residential and inpatient treatment	Medicaid State Plan Amendment Medicaid 1115 HEART Waiver HEART Fund
Increase recovery supports	Medicaid 1115 HEART Waiver (approval pending) HEART Fund
Increase Tribal funding to fill local gaps in the behavioral health care continuum	HEART Fund
Increase behavioral health resources for jails and the Department of Corrections	HEART Fund



## HEART Initiative Reporting

### Medicaid 1115 HEART Waiver

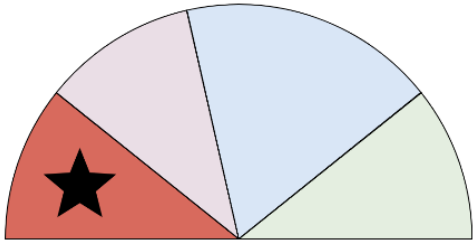
- Quarterly and annual qualitative and quantitative information
- 30 negotiated metrics such as:
  - # Of beneficiaries screened for SUD treatment needs using a standardized screening tool during the measurement period
  - % Of Medicaid beneficiaries with SUD who had an ambulatory or preventive care visit during the measurement period
  - # Of overdose deaths during measurement period among beneficiaries
  - Total Medicaid SUD spending during measurement period
- [1115 Demonstration Monitoring & Evaluation | Medicaid](#)

### Substance Abuse Prevention and Treatment Block Grant

- Annual reporting
- 8 metrics such as:
  - Increase in Evidence Based Practices
  - % Youth using each substance
- [Substance Abuse and Mental Health Block Grants | SAMHSA](#)

### HEART State Special Fund

- **HEART Fund Tribal Grants**
  - [Community Driven Innovation in Indian Country: HEART Grants at Work](#)
- **Behavioral Health Services in Local Detention Facilities**
  - Monthly report:
    - Service provided
    - # Served
    - Socio-demographic data
    - Disposition data
  - Quarterly report:
    - Goal specific OGSM metrics



**Prevention**

**Community Prevention Goals:**

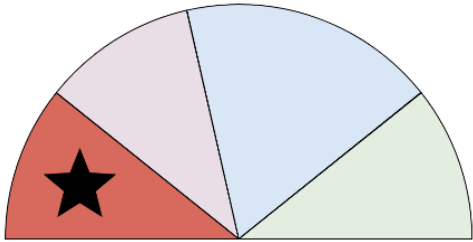
- Increase resources for local communities for community-based prevention activities
- Increase the number of local prevention specialists working to prevent negative health outcomes such as substance misuse and mental health problems through science-backed interventions
- Increase the number of evidence-based programs implemented through prevention specialists
- Establish a certification process for prevention specialists

Effective prevention strategies are critical to provide both individuals and communities the skills to develop and promote healthy behaviors that can prevent or delay behavioral health conditions. A large body of scientific research supports the implementation of effective prevention programs. If programs are consistently administered to fidelity over time, they can reduce the number of Montanans impacted by behavioral health issues.

Behavioral Health and Developmental Disabilities Division (BHDD) supports the implementation of community-based substance use prevention initiatives across Montana such as Communities That Care (CTC). CTC is an evidence-based process that guides community coalitions to promote healthy youth development, improve youth outcomes, and reduce problem behaviors. Community-based prevention initiatives include both universal strategies to prevent children and youth from engaging in substance use and targeted interventions to mitigate substance use among at-risk populations.

Certification of prevention specialists is now available through the recently formed Montana Prevention Certification Board. The Board offers certification for prevention specialists who demonstrate competency through experience, supervision, education, passing an examination and agreeing to adhere to a code of ethical conduct. This will build state capacity for well-trained prevention workers whom local communities can count on for standardized, professional, and ethical prevention service delivery.

Measurement	Before HEART (2020)	Now	Change / Status	Next
Counties and Tribes receiving primary prevention funds	39 counties and Tribes	60 counties and Tribes	+54%	Increase the number of communities receiving primary prevention funds by 10%
Prevention specialists employed by Counties and Tribes	37 prevention specialists	54 prevention specialists	+46%	Support hiring and retention of prevention specialists
Evidence-based programs	109 evidence-based programs	174 evidence-based programs	+60%	Support continued provision of evidence-based practices
Certification process for prevention specialists	None	Certification through the Montana Prevention Certification Board	Complete	Increase the number of certified prevention specialists



**Prevention**

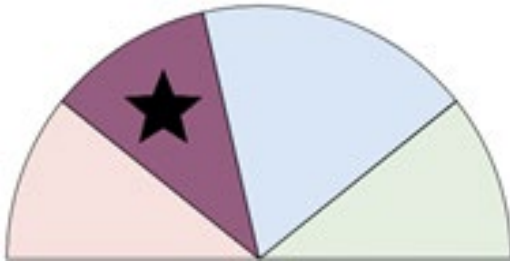
**School Aged Youth Prevention Goals:**

- Increase the number of teachers trained in PAX GBG
- Increase the number of schools implementing PAX GBG
- Increase the number of students experiencing PAX GBG
- Increase the number of students screened for behavioral health needs by RBHI

Prevention strategies are also implemented via school-based programs and dedicated resources for those in a parenting role. The PAX Good Behavior Game (GBG) is a school-based intervention used to teach self-regulation, self-management, and self-control in children, which has shown evidence of short-term and long-term benefits including improved classroom behavior, academics, and mental health and the prevention of substance use and suicide. PAX GBG is currently implemented in 29 school districts and is expanding to new schools every year.

Montana middle- and high-school students are being screened for behavioral health needs in increasing numbers. The screening is completed by the Rural Behavioral Health Institute (RBHI), under a contract with DPHHS. RBHI uses an evidence-based digital suicide and behavioral risk screening tool that connects students with elevated risk of suicide to same-day mental health care in middle and high schools across the state. Universal risk screening linked to follow-up mental health care, or Screening Linked to Care (SLTC), increases the proportion of at-risk youth identified and connected with appropriate mental health care. In the 2021/22 school year, 10% of students screened were identified with high suicide risk; 99% of them were further evaluated the same day by a licensed therapist and referred to appropriate services.

Measurement	Before HEART (2020)	Now	Change / Status	Next
Teachers trained to implement PAX GBG	1,768 teachers	2,299 teachers	+513 +24%	Continue to increase the number of teachers trained to implement PAX GBG
Schools implementing PAX GBG	29 schools in 13 school districts	57 schools in 29 school districts	+28 schools +97%	Continue to increase the number of schools implementing PAX GBG
Students experiencing PAX GBG	31,824	44,748	+12,926 +41%	Continue to increase the number of students experiencing PAX GBG
Middle and high school students screened for behavioral health needs by RBHI	0	4000	+4000	Increase the number of students screened by 25,000



## Crisis Intervention

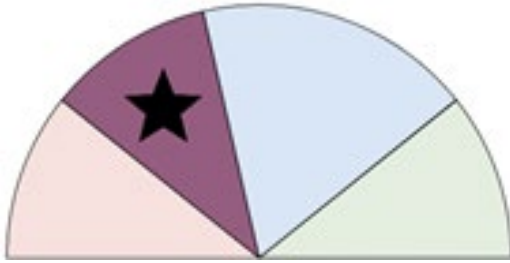
### Crisis Helpline Goals:

- Replace the Suicide Lifeline with the 988 Behavioral Health Crisis Line
- Increase the number of crisis calls answered
- Increase the number of Montana regional call centers
- Increase the number of calls answered in Montana

Following the 2020 release of the SAMHSA’s National Guidelines for Behavioral Health Crisis Care, BHDD has increasingly focused on Montana’s behavioral health crisis system through the dedication of staff resources and the creation of a Crisis System Strategic Plan. The strategic plan establishes goals, objectives, and strategies to improve Montana’s crisis system and align Montana’s crisis system with the Crisis Now best practice model. The Crisis Now model seeks to create a behavioral health crisis response system that ensures the provision of appropriate services to anyone, anywhere, anytime. The model identifies four key elements of a successful crisis system:

- A crisis lifeline staffed by regional or statewide crisis call centers,
- 24/7 mobile crisis response services,
- Crisis receiving and stabilization programs, and
- Essential care delivery principles and practices.

Measurement	Before HEART (2020)	Now	Change / Status	Next
Replace Suicide Lifeline with 988 Crisis Line	10-digit Suicide Lifeline	988 Crisis Line has replaced the Suicide Lifeline	Complete	Continue to market the new 988 helpline number
Crisis calls answered	1569 crisis calls (Aug-Oct)	2092 crisis calls (Aug-Oct)	+30%	Build in-state capacity to respond to text and chat communication
Montana Regional Call centers	2 call centers	3 call centers	+50%	n/a
Percentage of calls answered in Montana	80%	99%	+19%	Continue to answer more than 95% of calls within Montana



## Crisis Intervention

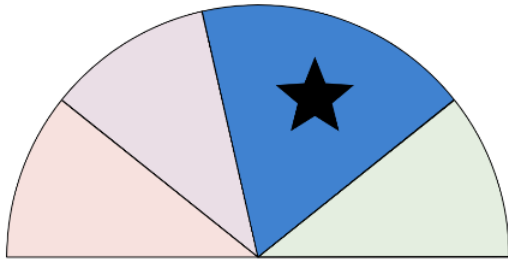
### Mobile Crisis Response Team Goals:

- Increase the number of mobile crisis response teams
- Add mobile crisis service coverage to the Medicaid benefit plan
- Track mobile crisis responses
- Track on site resolutions

Mobile crisis response teams respond to anyone, anywhere, anytime. The objective of on-site crisis response is to divert individuals from law enforcement, jails, and emergency rooms. Mobile crisis historically has been supported by DPHHS using block grant and state general funds. A statewide network of mobile crisis response coordinators guided the state development of a modernized service delivery, data collection, and billing infrastructure.

DPHHS created the Crisis Coalition Coordinator Network, where crisis coordinators collaborate, share resources, exchange lessons learned, and meet monthly to discuss changes in crisis care systems. In addition, DPHHS has contracted with Western Interstate Commission for Higher Education (WICHE) to conduct a statewide assessment of crisis services and produce a report on the status of crisis services in Montana that includes recommendations for system improvement. Montana has adopted the Crisis Now model as a framework to guide the development and improvement of crisis systems of care and looks forward to implementing recommendations from the WICHE report.

Measurement	Before HEART (2020)	Now	Change / Status	Next
Mobile crisis response teams	6	7	17%	Continue to increase the number of mobile crisis response teams.
Mobile crisis services as a Medicaid plan benefit	No Medicaid coverage	3 tiers of Medicaid coverage pending	To be added mid-2023	Apply for Medicaid Enhanced funding waiver
Mobile crisis responses	Unknown	3,706	Data now being collected	Increase the number of mobile crisis responses
On scene resolution tracking	Unknown	73.6% resolved on scene	Data now being collected	Increase the percentage of calls resolved on scene



Treatment

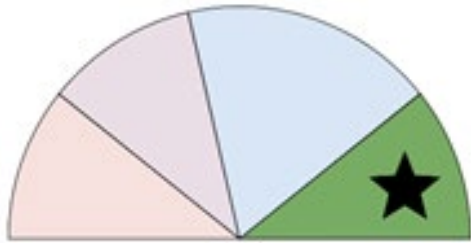
**Treatment Goals:**

- Increase behavioral health treatment services covered by Montana Medicaid
- Expand the treatment settings covered by Montana Medicaid
- Add Contingency Management to the Medicaid Benefit Plan
- Provide services to inmates in the 30 days prior to Department of Corrections release
- Increase the behavioral health treatment provided in jails

Montana Medicaid members had access to some, but not all, levels of care recommended by the American Society of Addiction Medicine (ASAM), which sets national standards for best practices in SUD treatment. This left gaps in individuals’ ability to receive the right care at the right time. As of October 1, 2022, Montana Medicaid added coverage of three additional levels of SUD treatment, ASAM 3.1: Clinically Managed Low Intensity Residential Services, ASAM 3.2 WM: Clinically Managed Residential Withdrawal Management and ASAM 3.3: Clinically Managed Population-Specific High Intensity Residential Services. Montana Medicaid members now have all ASAM recommended levels of care included in their benefit package.

In October 2022, DPHHS issued \$2.7 million in grants to local jails. These funds will make it possible for these jails to provide behavioral health therapy, Certified Behavioral Health Peer Support services, care coordination, medication prescription, management, and monitoring, and medication for Opioid Use Disorder (MOUD).

Measurement	Before HEART (2020)	Now	Change / Status	Next
Coverage of ASAM levels of care in Medicaid	7/10	10/10	Complete	
Coverage for SUD treatment in 17+ bed facilities for Medicaid members 19-64	Not Covered by Medicaid	Medicaid coverage effective 07/01/2022	Complete	
Provide treatment and/or recovery services to Medicaid eligible individuals 30 days prior to release from DOC	Not Covered by Medicaid	Awaiting approval from CMS	Request submitted	Continue negotiating approval with CMS
Grant \$2.7 million to local jails for behavioral health treatment		Grants issued 10/01/2022	Complete	
Coverage for Contingency Management in the Medicaid benefit plan	Pilot program funded with SOR	Awaiting approval from CMS	Request submitted	Continue negotiating approval with CMS
Coverage of Home Visiting for families with behavioral health needs	Not Covered by Medicaid	Program under development	Planning initiated	Solicit public comment and seek SPA approval



Recovery

**Recovery Goals:**

- Increase utilization of Certified Peer Support Specialists in publicly funded programs
- Increase utilization of Certified Peer Support Specialists as a Medicaid service
- Increase the provision of housing support

Recovery services provide the ongoing support for individuals to successfully maintain their recovery from substance use and mental illness. Peer support services, provided by Certified Behavioral Health Peer Support Specialists (CBHPSS), are a critical resource for individuals in recovery as they are provided by individuals who have lived experience with a mental health or substance use disorder who have successfully maintained their own recovery.

Housing and tenancy support services help individuals meet a key recovery need: safe and stable housing. Through the HEART waiver, DPHHS has asked CMS for the authority to cover this service for members with behavioral health and housing needs.

Measurement	Before HEART (2020)	Now	Change/Status	Next
Certified Peer Support Specialists serving in publicly funded Drop-In Centers	0 Drop-In Centers have certified peer supporters	8 Drop-In Centers have certified peer supporters	+8 centers	Increase the number of certified peer supporters in drop-in centers
Certified Peer Support Specialists serving in publicly funded Project for Assistance in Transitioning from Homelessness (PATH) programs	0 PATH programs have certified peer supporters	6 PATH programs have certified peer supporters	+6 programs	
Members receiving Certified Peer Support services under Medicaid	2,421 Medicaid members received certified peer support services	6,446 Montanans have received certified peer supporter services since the benefit inception in 2019	166% increase in individuals served	
Housing navigators serving in PATH programs	None	6 housing navigators added	+6 positions	
Housing/Tenancy Support Services covered as a Medicaid benefit	Not covered	Awaiting approval from CMS	Request submitted	

## To learn more about the HEART Initiative:

- DPHHS HEART Initiative Website: <https://dphhs.mt.gov/heartinitiative>
  - Updates about progress made in implementing the Initiative
  - Links to press releases
  - Links to media coverage
  - Announcements of upcoming HEART-related opportunities for public involvement
  - Sign up for the mailing list
- DPHHS HEART Waiver Website: <https://dphhs.mt.gov/heartwaiver>
  - Waiver application and approval documents

## Public Engagement around HEART Initiative:

### Provider Outreach

- Meeting with state approved SUD providers and licensed SUD facilities, 6/17/22
- 8 in-person meetings with Mobile Crisis providers across the state (April-May 2022)
- Direct provider outreach to assist with billing for new services

### Meetings with Stakeholders

- Presented to CFHHS Interim Committee 5/13/22, 11/16/21, 8/10/21, 6/16/21
- Presentations at the Tribal Consultation, May 17-18, 2022
- Administrative Rules hearings, 8/25/22, 8/26/22, 8/30/22

### Press Releases

- [Gianforte, DPHHS Secure Federal Approval to Increase Substance Use Disorder Treatment Through HEART Fund](#)
- [Gianforte, DPHHS Award Tribal Nations \\$500,000 Through HEART Fund](#)
- [Montana Expanding Stimulant Use Disorder Treatment](#)
- [Governor Gianforte Announces \\$2.7 Million HEART Fund Investment to Serve 1,000 Montanans](#)

### News Highlights

- [DPHHS hears public comment on Medicaid waiver for substance use, mental illness](#) (July 21, 2021)
- [Waiver application shows what Gianforte's proposed HEART initiative aims](#) (July 8, 2021)
- [Gov. Gianforte, DPHHS award tribal nations \\$500,000 through HEART Fund](#) (April 28, 2022)
- [Montana Medicaid patients to see greater access to substance use disorder treatment](#) (July 9, 2022)
- [Montana gets approval to expand access to substance use treatment](#) (July 6, 2022)
- [Gov. Gianforte, DPHHS secure federal approval to increase substance use disorder treatment through HEART Fund](#) (July 14, 2022)
- [\\$2.7 million in health department grants will fund addiction treatment in Montana detention centers](#) (October 26, 2022)
- [Montana counties to receive grant for behavioral health services in detention centers](#) (October 26, 2022)