

# State Health Improvement Plan: Behavioral Health

June 03, 2020 10:00 AM via GoToMeeting

## Purpose of Meeting:

This meeting discussed the addressing substance use disorders in Montana, the suicide prevention action plan, changing Montana Medicaid standards, and the changes (due to COVID 19) made to this year's AMDD County & Tribal Matching Grants.

## Workgroup Lead:

Bobbi Perkins, Dana Geary

## Workgroup Facilitator:

Deb Halliday

## Workgroup Members Present:

- Collins, Mary
- Daniel, Andi
- Finley, Kari
- Geary, Dana
- Halliday, Deb
- Higgins, Melissa
- Jones, Mackenzie
- Kerry Pride, Kerry
- Lemieux, Mary
- McCully, Jennifer
- Mook, Holly
- Morris, Brent
- Nauts, Tammera
- Pack, Roy
- Paulson, Lani
- Perkins, Bobbi
- Rosston, Karl
- Schuster, Kristen
- Sondag, Annie
- Steinebach, Tyler
- Tracy, Meg
- Ward, Maureen
- Windecker, Mary

## Welcome and introductions

Deborah Halliday welcomed everyone to the call and asked them to introduce themselves and answer the question: As our state begins to reopen what is one habit or practice that you hope to continue either in your work or personal life? Answers included:

- Cooking at home
- Keeping up routine exercise
- Gardening
- Being attentive to cleanliness
- Having extra time with the animals
- Mountain biking
- Not going back to second job
- Decluttering
- Touching base with family/friends more frequently
- Artwork
- Zoom Happy Hours
- Building things
- Recognizing where accessibility can be found in virtual meetings
- Look for new ways to give services, specifically in-person to have online elements
- Better communication in rural areas
- Walking dog more

## General updates

- Maureen Ward, maureen.ward@mt.gov
  - The state has just applied for a comprehensive suicide prevention grant which would be a cooperative agreement with the CDC. They are awarding ten 5 year cooperative agreements for roughly 800,000/year each. Maureen will keep the group updated as to the status of that there will be a decision by September 1<sup>st</sup>.
- Bobbi Perkins, bperkins@mt.gov
  - SAMSA Emergency COVID 19 grant. The state has been awarded this grant. The grant is a 16-month grant for 2 million dollars, and it is to support behavioral health services which are “payer of last resort”. So services which are not covered under Medicaid or other sources of funding. We will be targeting nine companies where COVID was hitting at the time of the application. Nine of the larger communities in Montana. Four tribal communities which have state approved treatment programs.
- Holly Mook, hmook2@mt.gov
  - OPI has a task force called Montana Learn and they have separate workgroups within the task force which focus on different areas. This task force will have some guidance forthcoming on schools reopening, specifically focused on social, emotional and behavioral support. This will be coming by the end of June. Remind everyone in the field that CARES Act funding can be used by local school districts to partner with local community organizations or otherwise support mental health.

## Addressing Substance Use Disorders in Montana: Update

Original strategic plan was finished in 2019, new strategic plan is currently in its last phase of review.

- Key Accomplishments under First Plan
  - Regular meetings with the task force
  - 250+ statewide partners
  - SUD epidemiology group
  - More than 30 million federal funding secured
  - 35 mini grants to local communities
  - 100,000 detarra bags distributed
  - 164 medication drop boxes/locations statewide
  - 1600 units of Naloxone dispensed
  - 25% increase in drug treatment court participants
  - DOC secured federal funding to develop MAT implementation plan
  - Registered providers for PDMP grow by 22%
  - Monthly PDMP searches grew 33%
  - Legislation passed making PDMP use mandatory
  - Buprenorphine waived providers grew from 38 to 143
  - Increase in integrated behavioral health and evidence based treatment programs
  - Number of Naloxone master trainers grew from 0 to 530
  - Number of Safe Syringe programs grew from 2 to 8
  - Increase of work to reach pregnant women who need treatment
- What is the new version of the plan?
  - Specific focus area on harm reduction
  - Direct cooperative aid from CDC
  - Cross sector
  - Inclusive
    - Draft can be shared, reach out to Maureen Ward
  - Summary of efforts, not binding

## Montana Suicide Prevention Action Plan: Update

Where did this come from? There has been a lot of suicide prevention work done in the last decade, but it was felt that this work could be more streamlined and coordinated. Solicited the help of the National Council for Behavioral Health and they assisted with this process.

- Implement a suicide prevention program at DPHHS by building out coordinated capacity and infrastructure to carry out essential functions.
  - Create more capacity, including personnel.
- Communicate effectively regarding suicide prevention.
  - Safe storage of firearms
  - Lethal means counseling
- Identify and allocate resources to needed to guide state, tribal, county, and local efforts including crisis response efforts
  - Train the trainer development
  - Strengthen crisis response system infrastructure

- Build a multi-faceted, lifespan approach to suicide prevention
  - Support and promote the CONNECT system
  - Reach at-risk groups
  - Create community postvention kit
- Support a high-quality, privacy protected suicide morbidity and mortality data collection and analysis
  - Want to identify resources and practices specific to Montana

Montana 211, they want this to be a reliable resource. They also want to focus on having a better connection between 211 and CONNECT.

Medicaid w/ COVID: Update

Resources available: [Medicaid provider website](#). All of provider notices that have gone out in response to COVID have been put on this website.

There is a new coding ability where the federal government now allows providers to bill both individual and group sessions on the same day, which was historically not allowed. This will be retroactively adjusted back to January 1.

Some Medicaid programs have suspended prior authorization and continues stay review requirements as well for COVID 19. Allowed for extended tele-Medicaid coverage and reimbursement for the services provided through entire Medicaid division. These changes and more can be seen on the website.

Two important changes have been proposed by AMDD.

1. One new rule would enact the waiver renewal application with substantial changes on Medicaid waiver program. The first change is that they have extended the number of people that can be served under this program:
  - a. Waiver Year 1: 600 (Up from 357)
  - b. Waiver Year 2: 650
  - c. Waiver Years 3-5: 750
  - d. This waiver is intended to serve individuals who need long term services and supports because of the extent of their disability. They must have a severe and defined mental illness which is defined in the rule notice. Without this they would require an institutional level of care.
2. Some new services have been proposed as well, including an intensive mental health group home as well as mental health group home service and specialized behavioral intervention assistant. This person will be able to help people in their home and in the community with activities of daily living and other things needed to support staying in their homes/communities. The hearing on this is scheduled for June 5<sup>th</sup>. The end of comment period will be June 12<sup>th</sup> at 5 PM.

There is currently a plan for assertive community treatment called PACT. The proposal would be to expand PACT to provide a three-tiered PACT system.

1. The first level would be InPACT (Intensive PACT). PACT has a residential component and is intended to help people who are transitioning out of various institutional settings.

2. The second level would be core PACT, this program serves members of the community and meets them where they are.
3. The third level of the PACT program would be the Community Maintenance Program, which is intended to be a step down from regular PACT. This has been created as a transition level of care.

This PACT service, as proposed, covers the entire continuum of care for those who have a severe and disabling mental illness. And this uses a PACT team who will stay with them through the entire continuum. This means they do not have to change counselors, case managers, etc. This is being set up on a regional basis, and will be very focused on rural and frontier communities.

#### County & Tribal Matching Grants: Update

The AMDD County & Tribal Matching Grants are given out every year, but a different process was used this year to assist with COVID; for example, there was no match required and the application form was simplified. Key partners were able to assist both with raising awareness about the grant and with educating on writing the grant correctly to ensure an award. Within the application different “menu items” were selected as potential uses for the funding. As of today, 7 out of 8 tribes and 42 out of 47 counties have been awarded. The funding can be awarded through the end of the fiscal year and can be spent all the way through June 30, 2021. Number one category applied for was telehealth.

#### Wrapping up

Deb re-emphasized to the group the importance of communication between workgroup meetings in order to keep the SHIP work going.