GREG GIANFORTE
GOVERNOR

DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES

CHARLIE BRERETON
DIRECTOR

September 1, 2023

Senator Dennis Lenz, Chair
Children, Families, Health, and Human Services Interim Committee
State Capitol Building
Helena, MT 59620

Dear Chairman Lenz,

I am pleased to submit the Healing and Ending Addiction through Recovery and Treatment (HEART) Initiative Strategies and Progress Report 2023 to the Children, Families, Health, and Human Services Interim Committee as required by MCA 16-12-122.

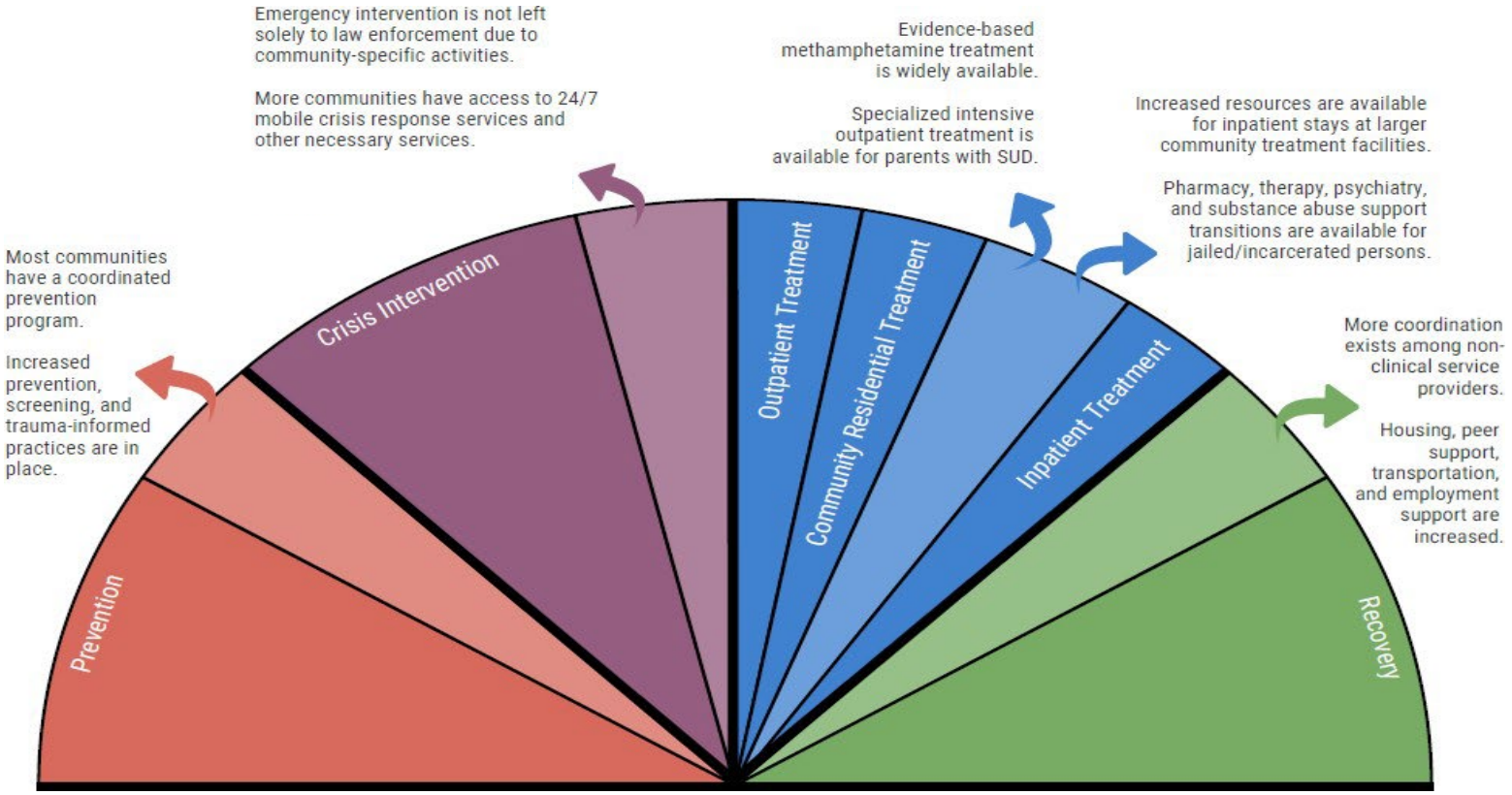
This report offers a comprehensive update on the HEART-funded programs, grants, and services administered by DPHHS. The Department stands ready to provide additional information regarding the HEART Initiative and associated expenditures as needed.

Sincerely,

Charles T. Brereton
Director

HEART INITIATIVE
Strategies and Progress Report 2023

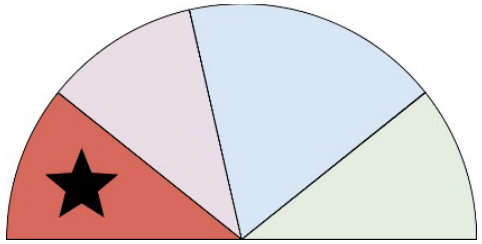
The 2021 Montana Legislature passed Governor Gianforte's **H**ealing and **E**nding **A**ddiction through **R**ecovery and **T**reatment (HEART) Initiative, which seeks to strengthen the continuum of behavioral health services available to Montanans.



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
✓ Resources increased to local communities for community-based prevention ✓ Increased use of trauma-informed prevention programs in early education ✓ Students are now being screened for suicide risk and receiving timely intervention ✓ DPHHS has funded the establishment of 17 additional Prevention Specialists in communities across Montana.	✓ 988 Crisis Helpline successfully launched and receiving 30% more calls ✓ 8 active mobile crisis teams across Montana, and 3 more in progress ✓ Mobile crisis response will become a billable Medicaid service in 2023 ✓ Updated criteria for Crisis Receiving and Stabilization services has improved care for patients and expanded the potential provider network ✓ Increased support for local crisis coalitions	✓ Montana Medicaid now covers all ASAM recommended levels of care ✓ Contingency management treatment will soon be added as a Medicaid benefit, once CMS approves the request ✓ Montana Medicaid members can now obtain inpatient and residential SUD treatment at any available facility, regardless of size ✓ 7 local detention centers are providing new behavioral health treatment	✓ State funded behavioral health programs now have behavioral health peer support specialists on site ✓ Nearly 9,300 Montanans have received support from a behavioral health peer supporter through their Medicaid coverage ✓ Housing support services will soon be available to more Medicaid members, once CMS approves the request
Over $1.5 million has been provided to Tribal Governments in Montana to fill locally identified gaps in prevention, crisis, treatment, and recovery services.			



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.

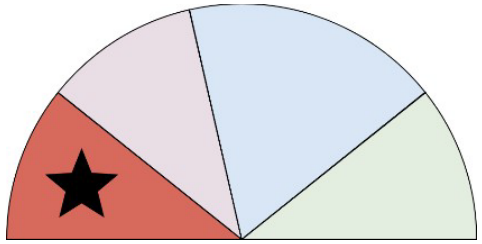
Prevention

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)	2022	Now (2023)	Change since HEART	Next
Counties and Tribes receiving primary prevention funds	39 counties and Tribes	60	60 counties and Tribes	+21 (54%)	Increase the number of communities receiving primary prevention funds by 10%
Prevention specialists employed by Counties and Tribes	37 prevention specialists	54	60 prevention specialists	+23 (62%)	Support hiring and retention of prevention specialists
Evidence-based programs	109 evidence-based programs	174	174 evidence-based programs	+65 (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



School Aged Youth Prevention Goals:

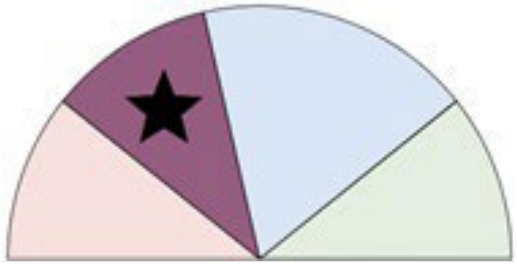
- Increase the number of teachers trained in PAX GBG
- Increase the number of schools implementing PAX GBG
- Increase the number of students experiencing PAX GBG
- Increase the number of students screened for behavioral health needs by RBHI

Prevention

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 2022/23 school year, 8% 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)	2022	Now (2023)	Change since HEART	Next
Teachers trained to implement PAX GBG	1,768 teachers	2,299	2,811 teachers	+1,043 (59%)	Continue to increase the number of teachers trained to implement PAX GBG
Schools implementing PAX GBG	29 schools in 13 school districts	29 schools in 13 districts	57 schools in 30 school districts	+28 schools (97%) +17 districts (131%)	Continue to increase the number of schools implementing PAX GBG
Students experiencing PAX GBG	31,824	44,748	50,868	+19,044 (60%)	Continue to increase the number of students experiencing PAX GBG
Middle and high school students screened for behavioral health needs by RBHI	0	4,000	11,213 students participated	+11,213	Increase the number of students screened by 25,000



Crisis Helpline Goals:

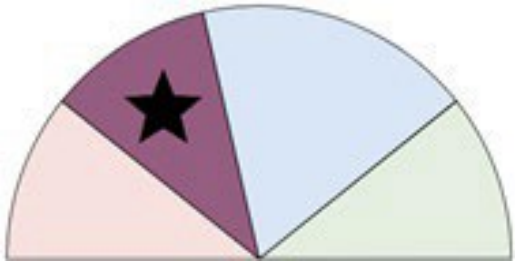
- Implement the 3-digit 988 Crisis Line
- Increase the call line utilization
- Increase the number of Montana regional call centers
- Increase the number of calls answered in Montana

Crisis Intervention

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 (2022/2023)	Change since HEART	Next
Implement 988 Crisis Line	Only 10-digit Suicide Lifeline option	988 Crisis Line has been implemented	Complete	Continue to market the new 988 Crisis Line number
Crisis calls answered	Consistent call numbers	30% increase in call numbers since launch	+30%	Build in-state capacity to respond to text and chat communication
Montana Regional Call centers	2 call centers	3 call centers	+50%	Four tribal communities have received 988 capacity grants and are developing grant utilization plans
Percentage of calls answered in Montana	97%	97%	Maintaining	Continue to be one of the leading states in the nation for in-state answering rates above 95%



Mobile Crisis Response Team Goals:

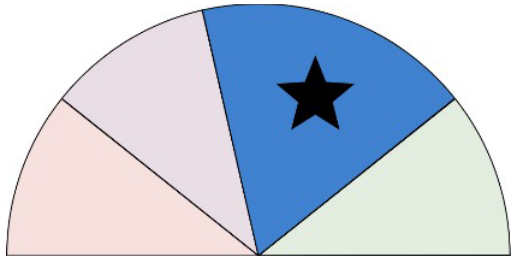
- Increase access to Mobile Crisis Response Services
- Add Mobile Crisis Response service coverage to the Medicaid benefit plan
- Track utilization of Mobile Crisis Response Services
- Track service success through response outcome

Crisis Intervention

Mobile Crisis Response Services respond to anyone, anywhere, anytime. The objective of on-site crisis response is to divert individuals from law enforcement, jails, and emergency departments. Historically, mobile crisis 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 system 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 has incorporated recommendations from the WICHE report into the Crisis System Strategic Plan.

Measurement	Before HEART (2020)	2022	Now (2023)	Change since HEART	Next
Number of Mobile Crisis Response Programs	6 programs	7 programs	8 programs	+2 programs	Expand access to mobile crisis response services by increasing the number of communities that have access to the service
Mobile crisis services as a Medicaid plan benefit	No bundled Medicaid coverage	Medicaid service development plan began	Provider engagement for service development completed	To be added mid- FY2024	Apply for Medicaid Enhanced funding
Number of mobile crisis responses	Unknown	3706	3765	Data now being collected and accessed	Increase the number of mobile crisis responses
On scene resolution tracking	Unknown	73.6% resolved on scene	FY2023 data tracked but not yet consolidated	Data now being collected and accessed	Enable data tracking/reporting once billing moves to MMIS
Efficacy of services provided	Siloed, lacking standards and requirements	unknown	Medicaid policy outlines provider and service requirements	Medicaid policy aligns with Crisis Now model national standards	DPHHS will develop universal trainings that all mobile crisis response service providers are required to complete



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.

Treatment

Montana Medicaid members had access to some, but not all, levels of care recommended by the American Society of Addiction Medicine (ASAM). 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.

Measurement	Before HEART (2020)	2022	Now (2023)	Change since HEART	Next
Coverage of ASAM levels of care in Medicaid	7/10	10/10	Number of Montanans served in new levels of care 8/22-6/23: ASAM 3.1: 595 ASAM 3.5: 6,872 ASAM 3.7: 417	7,884 Montanans have received this newly available treatment	Maintain added coverage
Coverage for SUD treatment in 17+ bed facilities for Medicaid members 19-64	Not Covered by Medicaid	Medicaid coverage effective 7/01/2022	560 served in these facilities	560 Montanans have received this newly available treatment	Maintain added coverage
Provide 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	Limited funds available through Crisis Diversion Grants		7 Grants issued 7/1/2022	Complete	New RFP to be released winter 2023
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 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

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)	2022	Now (2023)	Change since HEART	Next
Certified Peer Support Specialists serving in publicly funded Drop-In Centers	0 Drop-In Centers have certified peer-supports	8 Drop-In Centers have certified peer-supports	8 Drop-In Centers (unchanged from 2022)	+8 centers	Increase the number of certified peer-support 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-supports	1 PATH program has certified peer supports*	1 PATH program (unchanged from 2022)	+1 program	Continue to add certified peer-supports to PATH programs.
Members receiving Certified Peer Support services under Medicaid	2,421	6,446	9,275	283% increase in individuals served	Continue to increase peer support services
Housing navigators serving in PATH programs	None	6 housing navigators added	6 housing navigators (unchanged from 2022)	+6 positions	Increase the number of housing navigators to 6, for each site to have a minimum of 1 navigator per program.
Housing/Tenancy Support Services covered as aMedicaid benefit	Not covered		Awaiting approval from CMS	Request submitted	Continue negotiating approval with CMS

*2022 data incorrectly reported – 1 PATH program had a certified peer support in 2022

HEART Initiative Fiscal Report

9/1/23

				Projected HEART Expenditures	
		State Fiscal Year 2023		State Fiscal Year 2024	
Service Category	*Anticipated Effective Date*	Total Expenditures	State Share	Estimated Total Expenditures	State Share
HEART Funds to Counties Local Detention / Jail Diversion Grants *	July 1 2022	$405,200	$405,200	$1,100,000.00	$1,100,000.00
Tribal Grants	July 1 2022	$493,106	$493,106	$500,000.00	$500,000.00
HEART Waiver Evaluation, Crisis Assessment and HMA Study	July 1 2022	$236,642	$118,321	$99,980.00	$49,990.00
Mobile Crisis portion of Crisis Diversion Grants Ended June 30, 2023 **	July 1 2022	$1,962,775	$1,962,775	$0	$0
Mobile Crisis Services - SPA	July 1 2023	$0	$0	$8,351,200.00	$1,910,754.56
Crisis Receiving & Stabilization	July 1 2023	$0	$0	$1,600,000.00	$353,200.00
ASAM 3.5 SUD IMD	July 1 2022	$5,286,701	$805,134	$10,838,759.50	$1,642,288.84
ASAM 3.1	October 1 2022	$1,966,747	$304,692	$3,355,534.52	$534,362.16
ASAM 3.3	April 1 2023	$0	$0	$659,894.77	$116,986.15
ASAM 3.2	January 1 2024	$0	$0	$61,500	$10,903
Contingency Management	March 1 2023	$0	$0	$185,689.40	$32,919.02
Pre-Release	January 1 2024	$0	$0	$40,124	$9,180
Tenancy Supports	January 1 2024	$0	$0	$501,750	$114,800
SUD Vouchers HB311	July 1 2023	$0	$0	$300,000.00	$300,000.00
Indirect Expenses		$14,335	$14,335	$20,000.00	$20,000.00
Estimated HEART Expenditures		**$10,365,506**	**$4,103,563**	$27,614,432	$6,695,384

*** For SFY 23, $1.1 million was obligated for County Local Detention and Jail Diversion grants; The amount above represents the amount that has been invoiced as of 06/30/2023.**

****Reserve HEART funding provided to maintain grant funded mobile crisis diversion grants pending approval of Medicaid State Plan Amendment which are reflected in the next line item.**