Behavioral Health System for Future Generations Commission

Recommendation for Consideration

The Behavioral Health System for Future Generations (BHSFG) Commission proposes the following recommendation for consideration: **Grants to support Mobile Crisis Response and Crisis Receiving and Stabilization services.**

Problem Statement

Expert testimonies, request for information responses, and DPHHS data show that adults and youth in Montana experiencing behavioral health crises do not have sufficient access to appropriate crisis resources. The Crisis Now Model, considered a national best practice, highlights the importance of having a crisis system that includes access to the following three services: someone to call (988), someone to respond (Mobile Crisis Response), and somewhere to go (Crisis Receiving and Stabilization).

All Montanans currently have access to someone to call following the national rollout of 988 in July 2021. However, not all can access the remaining two services outlined in the Crisis Now Model. Those individuals therefore rely on less effective interventions and burden Montana's already overwhelmed law enforcement and emergency medical service resources. Both Mobile Crisis Response (MCR) and Crisis Receiving and Stabilization (CRS) services are Medicaid billable services, but new and existing MCR/CRS programs face fiscal challenges arising from unpredictable client need, requiring investment to support capacity building and service delivery stabilization.

Mobile Crisis Response:
Historically, operational costs for Mobile Crisis Response programs have been state funded through the Crisis Diversion Grant Program. This funding has been exhausted with new MCR programs opening across the state in recent years. The Department's budgeted funds for MCR programs will end December 31, 2023. As part of Governor Gianforte's HEART Initiative, the eight programs that currently exist are expected to transition to Medicaid billing on January 1, 2024. Utilization trends estimate that programs will not deliver the number of encounters needed to sustain the service through Medicaid reimbursement alone. Due to the need to be dispatched to respond to crises at any time, MCRs remain available even during times when reimbursable client-facing activities do not occur. These teams take advantage of non-client-facing time by performing critical community-facing education, outreach, and engagement to ensure high levels of partnership and awareness of crisis and other mental health services. Covered by the Crisis Diversion Grant program to this point, these meaningful services are not reimbursed by any sustainable, identified funding source and will require innovative, flexible funding support to prevent program closure and ensure sustainable operational models. Public and expert testimony expressed the inevitability of program closures without timely funding support.

Crisis Receiving and Stabilization:
Crisis Receiving and Stabilization services are an essential part of the behavioral health crisis system continuum of care. These settings alleviate strain on less clinically appropriate settings such as local emergency departments, jails, and state-run health care facilities. CRS services facilitate appropriate care for those experiencing a crisis that were unable to stabilize through crisis line responder de-escalation efforts. There are currently four facilities serving only three communities across the state with these important crisis services. There are substantial costs associated with launching new facilities. These programs require initial investments to facilitate physical renovations, hire and train staff, and support other relevant startup costs. In the past, communities have utilized the Crisis Diversion Grant program to match local investments in infrastructure and program establishment costs.

The Crisis Diversion Grant program does not have adequate funding to support these projects in the coming grant cycle. Investment in this program would address this concern through an existing program that already leverages local investments. This program is awarded directly to local governments who are then responsible for distributing funding to local providers, typically based on recommendations from local crisis coalition groups. This model ensures accountability between providers interested in service delivery and their local government; it also allows funding to be meaningfully distributed to build off existing work done by communities who have identified through their crisis coalition efforts that there is a need locally for this service.

Data and Information Sources

Both Mobile Crisis Response and Crisis Receiving and Stabilization Services are necessary services within a robust crisis care continuum. Individuals receiving care through specialized crisis services report higher satisfaction with their services than those provided through the traditional emergency response system (911 and ED). Sustaining access to Mobile Crisis Response in the communities that currently have MCR programs is a priority because they cover over half of Montana's population. Expanding access to and the capacity of Crisis Receiving and Stabilization services is critical: over half of facilities offering this service closed since the COVID-19 pandemic.

Mobile Crisis Response:

- Montana's results from the 2023 Mental Health Statistics Improvement Program (MHSIP) Adult Client Satisfaction Survey show high satisfaction ratings for crisis services. Mobile Crisis Response services had the highest satisfaction rating across mental health crisis services with an 82% positive rating.

Represented below is a list of the counties that are currently served by MCR programs and the combined percentage of the state population who have access to these programs:

Counties with Operating MCR Programs	State Population Coverage
Butte-Silver Bow	51%
Cascade	
Flathead	
Gallatin	
Lewis and Clark	
Lincoln	
Missoula	
Yellowstone	

Crisis Receiving and Stabilization Services:

- Results from the 2023 MHSIP Adult Client Satisfaction Survey show high satisfaction ratings for crisis services. CRS services had the second highest satisfaction rating in mental health crisis services with a 74% positive rating.
    - CRS Services rated 22% higher than crisis services received in an ER.
- Crisis receiving and stabilization units are considered effective in diverting people from state-run health care facilities, emergency departments, and jails. In Montana, 1,167 individuals received care in CR and CS units between 10/1/22 and 9/30/23.
- Rural and frontier states face geographic challenges, and some regions do not have CR and CS units. Montana currently has four active sites covering the counties identified below:

Counties with CRS Programs	Crisis Receiving	Crisis Stabilization	Closed
Butte-Silver Bow			X
Flathead			X
Gallatin			X
Lake			X
Lewis and Clark			X
Missoula	X	X	
Ravalli		X	
Yellowstone	X		

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Recommendation for Consideration

Recommendation
Provide one-time grants to existing Mobile Crisis Response and new Crisis Receiving and Stabilization providers. The goal of the funding is to stabilize and sustain Mobile Crisis Response programs **and** increase Crisis Receiving and Stabilization service capacity across Montana. **Mobile Crisis Response:** Allowable uses of the grant funds for Mobile Crisis Response programs would include service and operational costs not covered through Medicaid. **Crisis Receiving and Stabilization:** Allowable uses of the grant funds for Crisis Receiving and Stabilization programs would include the partial cost of new facility purchase/build, hiring and training staff, and revenue supplementation due to low volume/lack of economies of scale through the initial startup period.

Place in Continuum	BHSFG Priority Alignment	Projected Cost
Adult BH Crisis DD Crisis Forensic Crisis Children MH Crisis	Comprehensive statewide crisis system	Maximum of $7.5M

Impact	
Outcomes and Outputs	Implementation Activities and Milestones
Target outputs include: 1. Stabilize MCR providers so that 100% of MCR providers, at the release of this grant, will be operational through 12/31/2025. 2. Increase inpatient service capacity by opening new Crisis Receiving and Stabilization programs by 6/30/2026. Target outcomes include:	1. Funding issued through applicable procurement vehicle. 2. Grants issued: 3. MCR funding issued to existing programs. 4. CRS funding issued to county or tribal governments through existing Crisis Diversion Grant Program. 5. Initial and recurring data collection from provider organizations to demonstrate service stability, capacity growth, utilization, and availability.

1. Reduce ED utilization for behavioral health crises in regions with active MCR providers. 2. Reduce justice involvement in behavioral health crisis response.	

*Supporting Material: **Example** Program Budget**

	Number of grantees	Average Grant per Program	Funding Distribution	Total
Grants to support existing MCR programs	8	$437,500	One-Time	$3,500,000
Grants to support the establishment of new CRS programs	7	Varies	One-Time	$4,000,000
Total				**$7,500,000**

*For **example** purposes only.

*Supporting Material: **Example** Grant Criteria**

Mobile Crisis Response:

To be eligible for this grant, programs must ensure the following:

- Enrollment in Montana Medicaid as a crisis provider;
- Demonstrated ability to meet the provider and service requirements outlined in policy number 452, Mobile Crisis Response Services, of the Medicaid Services Provider Manual for Substance Use Disorder and Mental Health; and
- Demonstrated ability to provide or arrange for the availability of the following care to all members that receive response services:
    - Referral to outpatient care; and
    - Follow up Mobile Crisis Care Coordination Services to connect with ongoing services.

To request grant funds, the provider program must complete an application outlining the specific scope of services to be covered by grant funding, estimated costs, and timelines, and provide the Department with supporting materials as requested.

Crisis Receiving and Stabilization Services:

To be eligible for this grant, programs must ensure the following:

- Enrollment in Montana Medicaid as a provider or enrollment upon facility opening;
- Commitment to meeting the provider and service requirements outlined in policy number 450, Crisis Receiving and Stabilization Program, of the Medicaid Services Provider Manual for Substance Use Disorder and Mental Health, upon opening.

To request grant funds, the provider program must complete an application outlining the specific scope of services to be covered by grant funding, estimated costs, and timelines, and provide the Department with supporting materials as requested.

*For **example** purposes only.

Oversight and Grant Management
BHDD staff will oversee the grant management and monitoring of grant deliverables. DPHHS will verify that each grantee meets Medicaid program and service requirements and optimizes Medicaid billing for qualifying services. DPHHS will monitor grant usage to ensure the provider organization only expends the funds for allowable uses. Provider organizations will be required to provide data on program work plan details, service delivery metrics, and additional ad hoc reporting (including reporting related to outcomes and outputs) as identified.