

*Presentation to the 2021 Health and Human Services
Joint Appropriation Subcommittee*

Addictive and Mental Disorders Division
Medicaid and Health Services Branch
Department of Public Health and Human Services

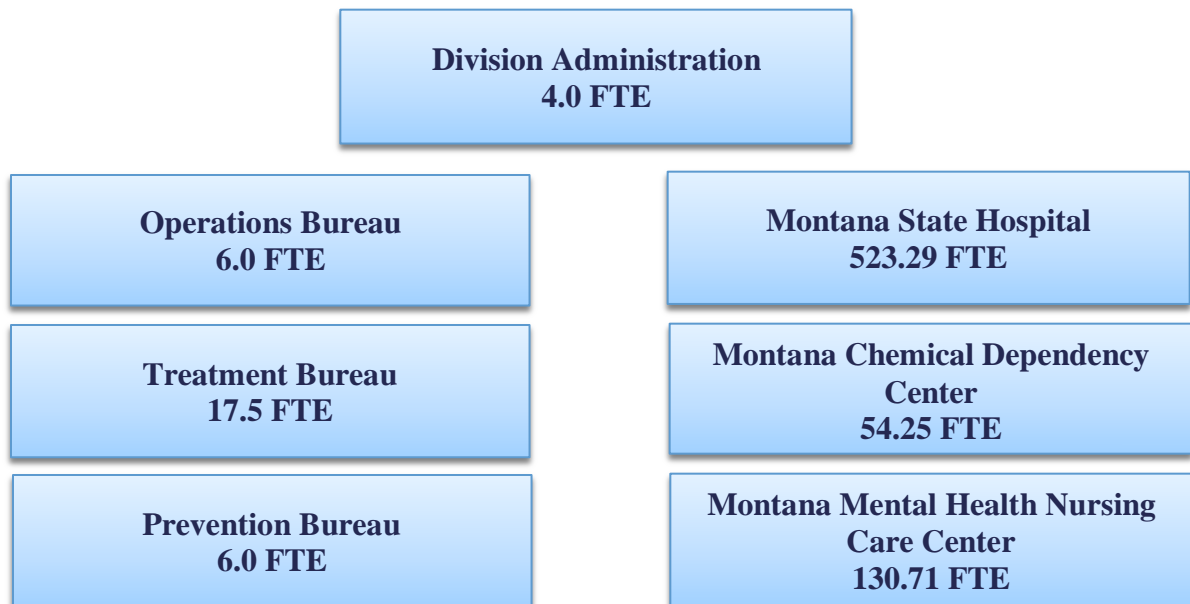
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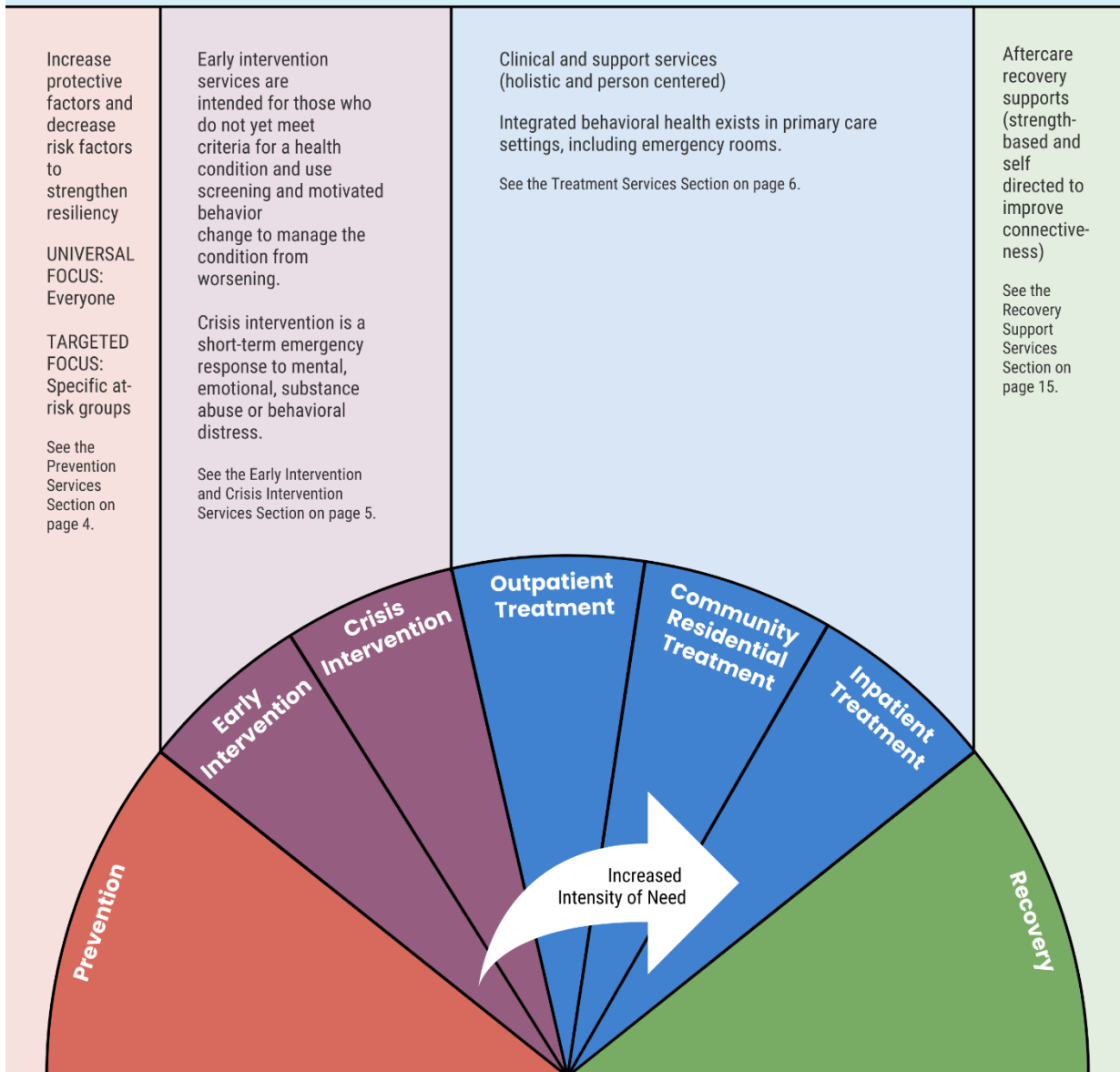
Overview

The Addictive and Mental Disorders Division (AMDD) manages program and payment for publicly funded behavioral health services, which include adult mental health and adult and youth substance use disorder (SUD) prevention and treatment programs. These programs include the three healthcare facilities that serve individuals in need of more serious care: Montana State Hospital in Warm Springs and Galen, Mental Health Nursing Care Center in Lewistown, and Montana Chemical Dependency Center in Butte. AMDD also contracts with behavioral health providers and agencies statewide to provide community-based and inpatient services, primarily through Medicaid. Services range from prevention and early intervention services to inpatient, residential, home- and community-based, and recovery support services.

Division Functional Chart



MONTANA MENTAL HEALTH AND SUBSTANCE USE DISORDER CONTINUUM OF CARE

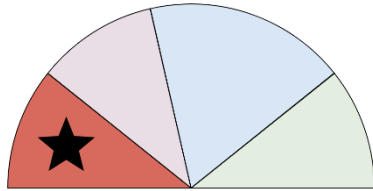


Behavioral health is essential to one’s overall health. Prevention works, treatment is effective, and people recover from mental health and/or substance use disorders.

— Federal Substance Abuse and Mental Health Services Agency (SAMHSA)

Summary of Major Functions

Mental Health and SUD Prevention, Crisis, Treatment, and Recovery



Prevention Services

Mental illness and substance abuse affect tens of thousands of Montanans and have a huge impact on the public's health and productivity. Both are associated with a wide range of health and social problems. Effective prevention strategies are critical to develop skills to strengthen healthy behaviors and may prevent substance use or delay SUD. There is strong scientific evidence supporting effective prevention programs. If used correctly, over time, prevention will reduce the number of Montanans needing crisis care. Prevention programs in Montana supported by AMDD include the following programs:

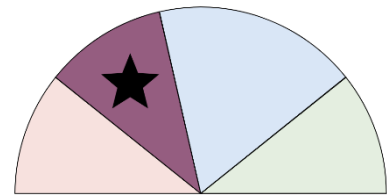
- **Community-Based Substance Misuse and Abuse Prevention:** Community-based prevention includes universal strategies to prevent children and youth to use substances as well as targeted interventions to help at-risk populations from misuse and abuse of substances. Community-based prevention promotes public health and coalition-based approaches to prevention strategies. AMDD currently pays for prevention specialists in the majority of Montana's counties.
- **Parenting Montana:** The vision for Parenting Montana is to cultivate an environment where MT children may grow by building a good foundation early in life. This web-based resource for parents has a backbone of prevention science and is tailored to Montana parents. It is a prevention program that braids together the supports grounded in evidence-based practices to help kids and families thrive, with the specific goals to: cultivate a positive, healthy culture among Montana parents with an emphasis on curbing underage drinking; provide resources to engage parents or those in a parenting role; and provide tools for everyday parenting challenges from the elementary to post high school years. By starting early, both parents and children learn how to grow skills such as self-awareness, self-management, responsible decision-making, relationship skills, and social awareness. Parents can use these same approaches with their children as they mature. Developing social and emotional skills protects children from negative outcomes associated with adverse childhood experiences (ACEs) and bolsters resilience.
- **Communities That Care (CTC):** an evidence-based approach to guide communities through a proven five-phase change process. Using prevention science as its base, CTC promotes healthy youth development, improves youth outcomes, and reduces problem behaviors. Planning for this program began in January 2018 and the project's vision is to engage in a five-phase community change process that helps reduce levels

of youth behavioral health problems before they escalate; a path to get away from the cycle of reaction.

- **Alcohol Compliance / Reward and Reminder:** Federal funds are allocated to ensure retailers follow the laws preventing youth access to alcohol. Through the Alcohol Compliance / Reward and Reminder Program, compliance visits are conducted throughout communities to provide educational opportunities for retailers to train staff on the laws, ensure clerks and bartenders are checking for valid identification and to be rewarded when compliance is achieved.
- **Tobacco 21/ Synar and FDA Tobacco Compliance Activities:** The Code of Federal Regulations requires States to perform tobacco compliance inspections to ensure tobacco retailers are following state and federal regulations in not selling tobacco products to minors. Montana current rate is 3.3% in retailer violations.

Early Intervention and Crisis Intervention Services

Early intervention services are services that target individuals who are at risk of developing an illness through specific practices. Current early intervention services include:

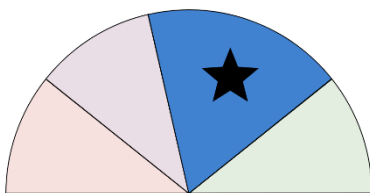


- **Prime for Life:** an evidence-based education program designed for first time DUI or any MIP citation. The program focuses on alcohol and marijuana effect on the brain and body, covers MT law and incorporates behavior change principles to prevent future DUI and MIPs.
- **First Episode Psychosis:** is an evidence-based program for identifying an initial psychosis episode in youth and young adults, ensuring early treatment services and support services to the individual and family. First Episode Psychosis programs have been shown to be highly effective in reducing or ameliorating adult psychosis, so much so that AMDD is mandated to cover them.

Crisis Intervention Services are a core component of the behavioral health continuum. A comprehensive and integrated crisis system is the first line of defense in preventing unnecessary threats to public and patient safety, restrictions of civil liberties, tragic and unacceptable loss of lives, and the waste of costly and finite resources. An effective behavioral health crisis system saves lives and dollars by systemically leveraging all available community resources to mitigate gaps in care and increase communication and collaboration amongst stakeholders. It can also help to provide alternatives to placement at Montana State Hospital for short-term crisis intervention, emergency detention, and court ordered detention. These services include:

- Naloxone Training and Access to Medication: Naloxone can reverse opioid overdose. Under the State Opioid Response grant, training on how to use and administer Naloxone is available free of charge. EMS, law enforcement, school nurses, harm reduction clinics, families, and individuals can access Naloxone through this program.
- County and Tribal matching grants for crisis intervention and jail diversion. These grants allow the coordination of several critical stakeholders including hospital systems, primary care providers, behavioral health providers, first responders, law enforcement, justice systems, and social service programs to meet local community needs.
- The 72-hour program for presumptive eligibility
- Secure crisis beds in crisis diversion facilities

The Department has established strong relationships with key partners and is engaging with stakeholders and grantees across the State through monthly crisis system-related webinars and targeted Technical Assistance. A strategic plan has been developed that establishes the steps the Department must take in order to align Montana's behavioral health crisis system with nationally recognized models that utilize evidence-based practices. The Department will do so through strategically structured grant funding, development of sustainable and effective Medicaid and state-general fund programming including County Tribal Matching Grants, and the integration of data to inform decision making on State and local levels.



Treatment Services

13.9% of all adults in Montana reported frequent mental distress (14 or more days of poor mental or emotional health) in 2019.¹ Frequent mental distress was higher among women compared to men, higher among younger adults than older adults, higher among those with less education and those with lower household income. Access to timely and effective mental health and SUD treatment to identify, treat, and manage behavioral health disorders is essential. The number of individuals able to access SUD treatment funded by Medicaid has grown rapidly since the passage of Medicaid Expansion through the HELP Act. Medicaid, Medicaid Expansion, and other innovative programs being implemented in Montana are significantly expanding access to treatment. The programs include:

- Psychiatry and medication management
- Illness management and recovery

¹ Behavioral Risk Factor Surveillance System, 2019, Montana.

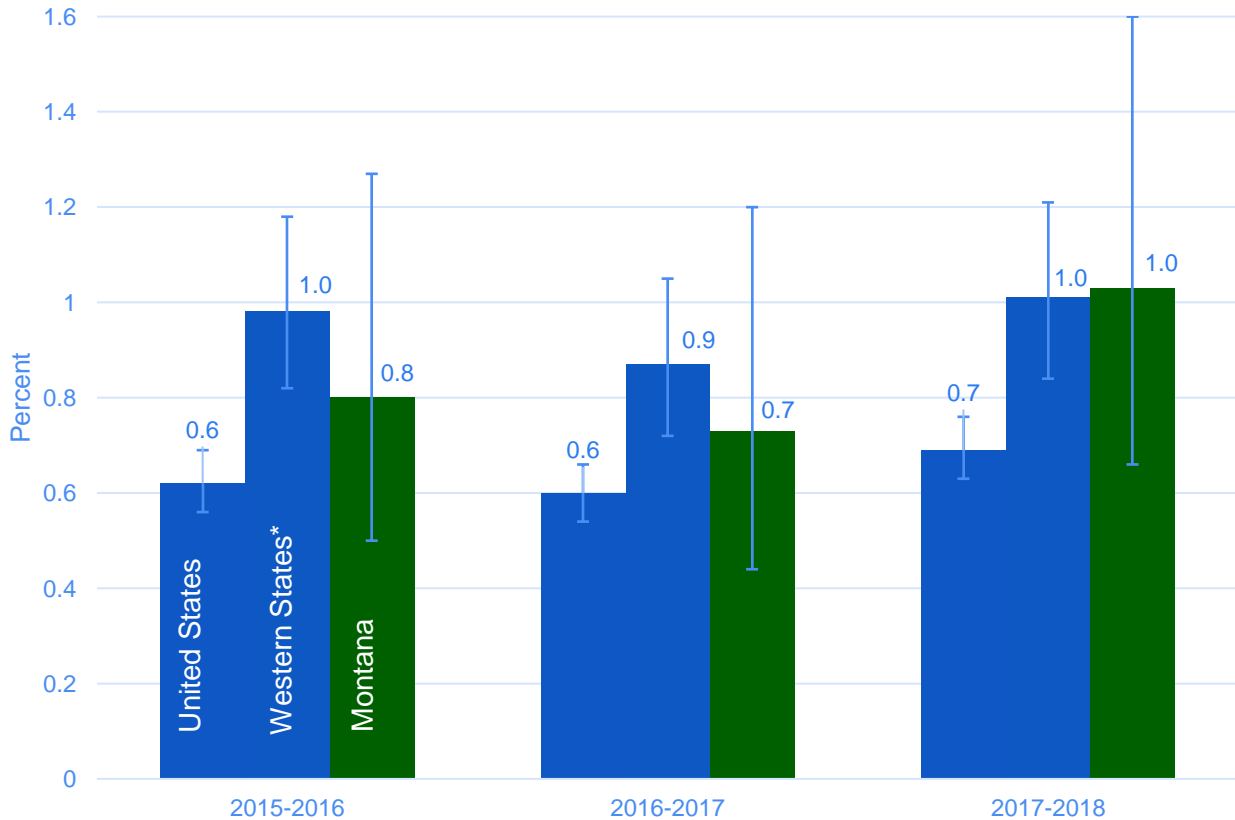
- SUD and mental health treatment homes
- Individual and group therapy
- Psychiatric rehabilitation and support
- High intensity services for those with severe illnesses including Program of Assertive Community Treatment, and Intensive Outpatient Treatment for Substance Use Disorder
- Inpatient hospitalization.

These services are the largest component of services provided by AMDD, both by number of programs and by number of individuals receiving services. The majority of services paid for by AMDD are covered by Medicaid and Medicaid Expansion.

Stimulant Use Disorder Treatment Pilot

While alcohol is the leading form of substance abuse in MT, methamphetamine is among the top three substances abused in Montana (marijuana is #2, methamphetamine #3, and opiates #4). In treatment, methamphetamine use disorder is not defined in a class by itself, but rather with other stimulants as Stimulant Use Disorder. Methamphetamine use is significantly higher in the western United States (US) than the rest of the country. AMDD and the Public Health and Safety Division established a State Epidemiology Outcome Workgroup during the past biennium. One of their tasks is to monitor the prevalence and issues associated with methamphetamine in Montana. As well, AMDD is initiating a new pilot program to enhance stimulant use disorder treatment among SUD treatment programs. This pilot will combine evidence-based interventions including contingency management, community reinforcement, exercise and cognitive behavioral therapy. The model is called TRUST.

Self-Reported Past-Year Methamphetamine Use Among Adults aged 18+, United States, Western States*, and Montana, 2015-2018



*Western States: Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, Wyoming
National Survey on Drug Use and Health, 2015-2018

Substance Use Disorder Intensive Outpatient

Montana added SUD Intensive Outpatient (SUD IOP) as a service under Montana Medicaid for adults and adolescents with a moderate or severe SUD. SUD IOP treatment was historically delivered and billed as fee-for-service. Unfortunately, not all service components needed in the provision of intensive outpatient service were available for reimbursement through the Montana Medicaid benefit plan.

After working with the Behavioral Health Alliance of Montana to address this disparity, the Department implemented a comprehensive service package for SUD IOP. This service package has two tiered per-diem rates for adults, one tier for adolescents, and an enhancement add-on for mental health integration. This reimbursement model promotes individualized treatment planning consistent with the American Society of Addiction Medicine’s (ASAM) Criteria for this level of

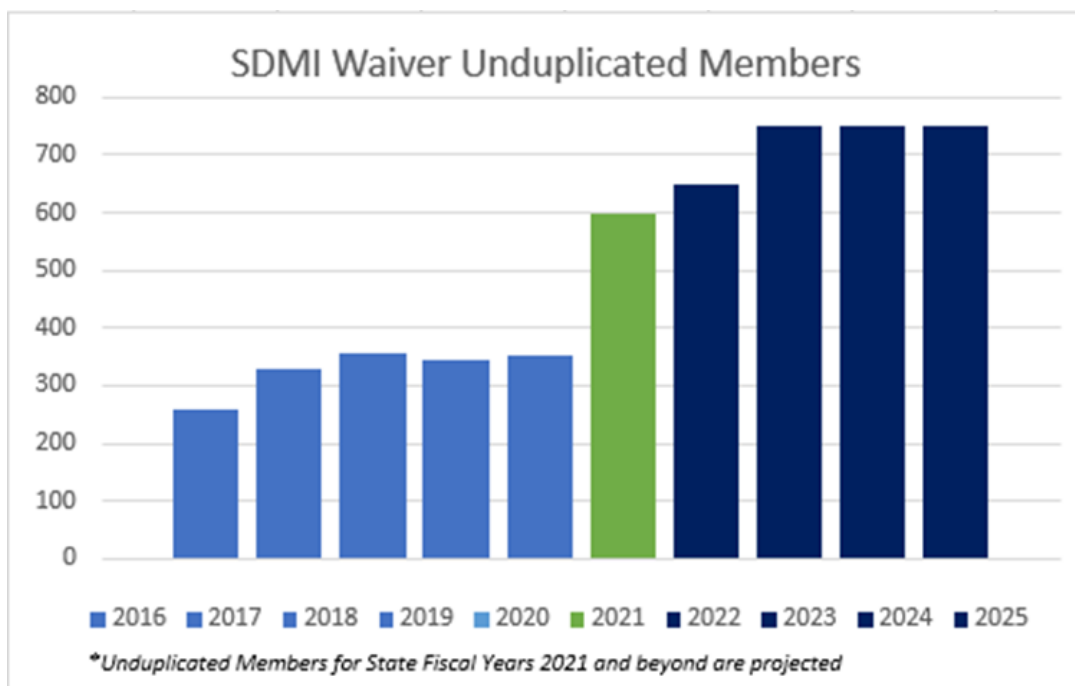
care while increasing statewide access to SUD intensive outpatient services. SUD IOP is a model that Montana’s drug courts have embraced as an alternative to incarceration.

Montana Medicaid Severe and Disabling Mental Illness (SDMI) 1915(c) Home and Community Based Services (HCBS) Waiver

The SDMI HCBS waiver is a Medicaid-funded mental health program providing specialized services for Medicaid members who would otherwise require institutional level of care. These services are provided to keep members out of a higher level of care such as the Montana State Hospital, nursing homes, emergency rooms, and avoidable hospitalizations.

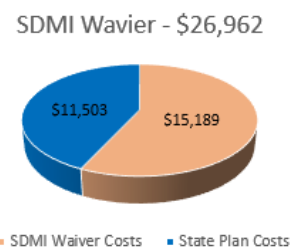
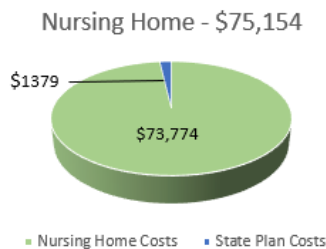
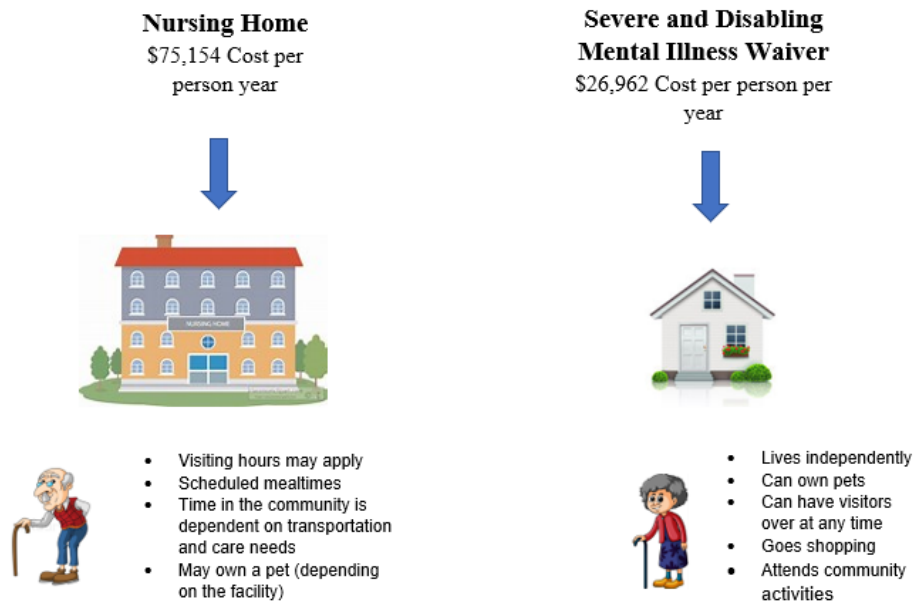
SDMI HCBS waiver services are provided statewide and services focus on specific specialized needs of members with mental illness, thus giving them the opportunity to remain independent and out of higher levels of care. In December 2019, the Department submitted a request to the Centers for Medicare and Medicaid Services (CMS) to renew the SDMI HCBS waiver. CMS approved the request for a 5-year renewal of the SDMI HCBS waiver effective July 1, 2020 to June 30, 2025.

The Department’s goal with this waiver renewal is to expand appropriate long-term services and supports to members in the SDMI HCBS waiver while increasing the efficacy of the service delivery. To achieve this goal, the Department increased the number of members who can be served on the waiver from 357 to 600 in the first year, 650 in the second year, and 750 in waiver years three through five.



In addition, since July 1, 2020, the Department has enrolled five specialty mental health providers to provide waiver services.

HCBS waivers have a cost neutrality requirement, meaning that the Department had to provide assurances that the average per capita expenditures for covered HCBS services will not exceed 100 percent of the average per capita expenditures that would have been made for the level of care provided in an institution. The picture on below reflects the goals and representative costs for the HCBS waiver in a given year.



Program of Assertive Community Treatment (PACT)

Assertive Community Treatment is an established, evidence-based program that uses an interdisciplinary team of trained professionals to provide treatment in a community setting to adults with chronic mental illness. PACT has been in place in Montana for over 20 years, but there were not adequate teams to serve the numbers of individuals with need.

Over the past biennium, the Department worked collaboratively with the Behavioral Health Alliance of Montana to review the Program for Assertive Community Treatment (PACT) program to achieve the following goals:

- Provide for the care management needs of adults with severe and disabling mental illness
- Address gaps identified in the adult mental health service continuum
- Focus on social determinants of health, including housing
- Aim to expand services in frontier and rural areas
- Create a fiscally sound program that address the service needs of members with severe and disabling mental illness

The result of this collaborative process was the creation of a tiered PACT program which includes assertive outreach, mental health treatment, health, vocational, integrated dual disorder treatment, family education, wellness skills, care management, tenancy support, and peer support from a mobile, multidisciplinary team in community settings. In addition, Montana Assertive Community Treatment (MACT) was created to provide outreach to rural and frontier areas which acknowledges the staffing challenges, as well as the distance faced in rural and frontier communities.

The program now has a fidelity assessment component that is provided through the Western Interstate Commission on Higher Education (WICHE), which also provides the fidelity reviews for other states.

Inpatient Services for Individuals with High Needs

AMDD directly provides inpatient services in three healthcare facilities.

The Montana Mental Health Nursing Care Center

The Montana Mental Health Nursing Care Center (MMHNCC) was opened in 1952 and is a certified Long-Term Care Facility in Lewistown. To be served by the facility, residents must meet the requirement for a nursing home, have a severe and disabling mental illness (SDMI), and be denied entrance to at least three other nursing home facilities in the state. They may also be transferred, due to need, by another state facility. Usually, residents are committed to the facility

by a judge. More than sixty-five percent (65%) of the residents at MMHNCC are over the age of 65. All have extremely high care needs as well as challenging behaviors.

The MMHNCC typically serves 80 to 95 residents who would not be accepted into any other facility in the state. The facility can serve up to 117 through double occupancy, which is often not possible due to residents' behavioral disturbances.

- The MMHNCC cares for those with schizophrenia, bipolar disorder, delusional disorder, and a few with traumatic brain injury, as well as many types of dementia with behavior disturbance.
- Staff who work at the MMHNCC are required to have annual Mandt training, which gives non-pharmacological ways to co-manage others from distressing events with the goal to prevent escalation. This training also gives ways to safely “hold” or “support” residents in the event the prior interventions were ineffective and aggression results.
- Staff are trained in dementia care to serve those in the memory care unit.
- Staff have provided complex care to thousands of aging Montanans with mental illness over the years.
- The facility consistently receives high praise from family members for providing dignified care to their loved ones during times of extreme challenges.

“The first two nurses on the first ward were so amazing and so kind to [resident] and to me... Everyone who walked into his room spoke to [him], even though he could not answer them.

He was kept clean and comfortable. He was treated with dignity and most importantly to me, he was treated with love. They all relayed stories of [him]. They all checked on me to see if I needed anything.

These women were not just my brother’s caretakers, but they were his friends!”

- Family Member, 2020

The Montana State Hospital

The Montana State Hospital (MSH) originally opened in 1877 with 13 patients. During the history of the hospital, the peak census reached 1,986 patients in the mid-20th century. Today, the hospital maintains 270 licensed beds, of which 216 are situated on the main campus, and 54 are located at the Galen / F-Wing satellite campus. The main campus contains 174 beds within the hospital while the remaining 42 beds are distributed in several group homes spread about the Warm Springs grounds. Approximately 847 individuals received care at MSH in state fiscal year 2019 and 845 received services in state fiscal year 2020.

MSH serves Montana via civil commitments, involuntary commitments, emergency detentions, or court ordered placements. The hospital also provides assistance to the Montana legal system by providing forensic evaluations to the courts of Montana. In the last three years, over 85% of the greater than 700 admissions per year were civil commitments to two of the six hospital wings, where the average length of stay was slightly less than 30 days.

- MSH is the only federally certified adult psychiatric hospital in the state.
- MSH designs treatment planning around the individual needs of each patient, combining medical, mental health, and SUD treatment with personal life skills training. Over the last biennium, over 60% of the patients at MSH had a co-occurring mental illness and SUD. MSH has a staff of licensed addiction counselors in addition to doctors, psychologists, nurses, mental health counselors, and direct care staff.
- Modifications to recreation, rehabilitation, and occupational therapy were made within the high-care unit during this biennium.

“My mother recently passed away and, in her obituary, I mentioned locations in which she received excellent care. As a result, I wanted to inform your hospital how much I appreciated the service and kindness shown to my mother during her stay.

Many mental health centers rarely receive the credit they deserve, and I just wanted to know how much I appreciated your facility treating my Mom with dignity and respect.”

- Family Member, 2020

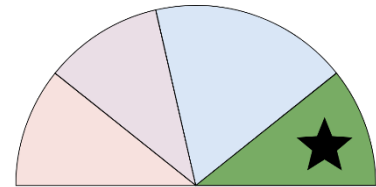
The Montana Chemical Dependency Center

The Montana Chemical Dependency Center (MCDC) in Butte is the only state-run substance use disorder treatment center administered by the state of Montana for individuals 18 and older. The treatment center has 48 beds broken down into 32 active treatment beds, eight stabilization beds, and eight withdrawal management beds.

- MCDC uses a holistic approach to engage patients in a medical model of care that is patient-centered and outcome-informed. The treatment team includes a medical director, registered nursing staff, mental health therapists, substance abuse counselors, case managers, support staff, and administrative staff.
- The clinical programming uses a co-occurring approach that is evidenced based with a multi-theory foundation. The entire team, including treatment technicians, medical staff, and clinical staff, work from the notion of strength-based treatment approaches and skills-based learning. Additionally, documentation requirements and treatment plan processes have significantly evolved and go above and beyond state licensure requirements to include reflection of ASAM placement criteria. Case management services begin within 72 hours of admission and continue through the patient's entire stay at MCDC. The clinical program has an established, consistent schedule that includes AA/NA/Al-anon, peer support, vocational rehabilitation services, spiritual services, behavioral health services, medical educational services, and recreation services offered to the patients.
- The average daily population at the facility was slightly over 35 patients prior to the COVID-19 pandemic, and since then has held steady at 30. Efforts to decrease the discharge rate for individuals that left against medical advice have been successful; the numbers have decreased by nearly 10% across the total population and decreased nearly 15% specific to the Native American population; hence, more individuals are engaging in treatment longer.
- Stakeholder partnerships have been a priority with MCDC management staff working closely with Butte community perinatal providers on the Meadowlark Initiative which provides third trimester pregnant women with inpatient treatment services. Partnerships with Silver Bow County Health Department, Butte Cares Coalition, the Community Health Center, St. James Healthcare and the Community Hospital of Anaconda have established linkage that provides direct lines of service when critical intervention is needed.

Recovery Support Services

Recovery support services are those social supports that keep someone in recovery. They include things like housing, social support, and employment support. Some of the current programs include:



- **Certified Behavioral Health Peer Support (CBHPPS) Services:** Identified as a need during the 2019 Legislative Session, CBHPPS is provided to adults with a severe and disabling mental illness and/or a substance use disorder. The services include:
 - coaching to restore skills;
 - self-advocacy support;
 - crisis/relapse support;
 - facilitating the use of community resources; and
 - restoring and facilitating natural supports and socialization.Services are available statewide.
- **Drop-in Centers:** Drop-in Centers are a best practice intervention strategy to ensure a safe place for individuals that fits their personal needs or preferences and are voluntary. This early intervention engages individuals in socialization, crisis mitigation, and overall quality of life improvement. There are currently seven peer-operated Drop-In Center providers in Montana.
- **Supported Employment Services:** help provide access to employment resources for individuals with a behavioral health disorder by connecting them to a team of trained individuals who can provide support services that result in employment or continued education.
- **Projects for Assistance in Transition from Homelessness (PATH):** PATH helps to provide secure, safe and stable housing to individuals with serious mental illness and who are homeless or at risk of homelessness. Through such services as housing services, job training, education services, SUD services, referral to support services, and case management, PATH links a vulnerable population to supportive services that helps improve individual and population health.

Highlights and Accomplishments During the 2021 Biennium

AMDD has worked diligently over the last biennium to build the continuum of care for preventing and treating SUD and supporting Medicaid clients in need of these services. The changes we have made to the program that we are most proud about are identified in this section of the report.

Medicaid Expansion's Impact on Mental Health and SUD Prevention, Treatment, and Recovery

Historically, adult SUD treatment was funded through a complex patchwork of federal Substance Abuse Prevention and Treatment Block Grant (SABG) funding, supplemented by state general fund and alcohol tax dollars, with limited Medicaid for those who qualified. Medicaid expansion has resulted in more funding available within the SABG to enhance and improve the continuum of prevention and recovery support services.

Medicaid Expansion opened the door to innovation to build the continuum of care for treating mental illness and SUDs. It has made the increased focus on the continuum of care possible. In addition to all the service improvements mentioned previously in this report, the following has been accomplished as a result of Medicaid Expansion:

Since the implementation of Medicaid Expansion:

62,556 adult Medicaid members (across all provider types) received mental health services.

- 21,954 were served through Traditional Medicaid.
- 40,602 were served through Medicaid Expansion.

37,390 Medicaid members (all ages across all provider types) received a Substance Use Disorder (SUD) services.

- 7,888 were served through Traditional Medicaid.
- 29,502 were served through Medicaid Expansion.

To put it in perspective, in state fiscal year 2015, Medicaid behavioral health services were reimbursed in the amount of \$68,798,665.

In state fiscal year 2019, Medicaid behavioral health services were reimbursed as follows:

- \$53,331,168 total reimbursement through traditional Medicaid
- \$47,241,995 total reimbursement through Medicaid expansion

This represents a 30% increase in Medicaid expenditures in a four-year time period.

Implementing Evidence-Based Innovations to Address Opioid and Stimulant Use Disorders

Since 2000, there have been more than 700 deaths from opioid overdose in Montana and 1% of the MT adult population have reported using methamphetamine. The Department, along with key partners, is committed to reducing Opioid and Stimulant Use Disorder and developing a strong infrastructure to address substance use disorders in Montana.

Medicaid Expansion has substantially increased access to health care services for individuals with a SUD, including opioids who otherwise would not qualify for standard Medicaid. Medicaid for Addiction Treatment (MAT) physician and mid-level services, along with the FDA-approved medications and behavioral health services are reimbursable and required services under Medicaid.

AMDD applied for and received three SAMHSA grants to support opioid use disorder and beginning in FY21, stimulant use disorder. In FY21, \$4,000,000 is allocated and targeted for at-risk populations in Montana: Native Americans; pregnant women and women of childbearing age; veterans, and justice system-involved individuals.

The current federal State Opiate Response grant specifically aims to:

- Increase access to opiate use disorder and stimulant use disorder treatment,
- Reduce unmet treatment needs, and
- Reduce opioid overdose related deaths in Montana.

As of November 2020, we have successfully accomplished the following, in collaboration with other key partners in Montana:

- Developed a Medicaid payment structure that was originally piloted through federal grants that meets the needs of Montanans with an opiate use disorder.
- 2,350 individuals were trained in Naloxone administration and 635 Master Trainers are available;
- Since January 2017, there has been an 867% increase in the number of healthcare providers who have become Waivered by the DEA to prescribe buprenorphine; one of the FDA approved MAT medications (from 22 providers to 165 providers);

Suicide Prevention Program Modernization Initiatives

In 2007, MCA 53-21-1101 established a suicide prevention coordinator attached to the Director's Office of the Department. Over the past 13 years, the State Suicide Prevention Coordinator, the Department, and stakeholders across the State have worked to bring the issue of suicide to the forefront.

Over the past biennium, the Department is undertaking a major revision of the State Strategic Plan for Suicide Prevention to build on existing programs, informed by national research and current best practices to provide stakeholders across Montana with critical resources, information, and

tools to enhance resiliency. The agency's program must be informed by the best available evidence and thus, the Department, working with the National Council for Behavioral Health, has revamped and produced a new comprehensive State Suicide Prevention Strategic Plan. A group of key stakeholders from around the state participated in a review of the new plan. In addition to the goals identified in the plan, interventions have been implemented to focus on high risk populations in the state.

The revised strategic plan can be found [here](#) or by going to dphhs.mt.gov and clicking on "Montana Suicide Prevention Strategic Plan 2021" under Agency Reports on the main page.

A list of resources implemented by or in partnership with the suicide prevention program in the past biennium is below:

Crisis Support Services

- Lifeline Call Centers: During this biennium, additional funding was provided to the State's two regional Suicide Prevention Lifeline Centers to improve the infrastructure to better manage increases in call volume and to provide in-depth data surveillance. Over 90% of suicide prevention calls are answered in Montana.

Veterans

- HB696: \$250,000 in grants were awarded to support the Governor's Challenge to prevent Veteran Suicide. Six grants were awarded statewide to improve screening and assessment of Veterans in primary care settings, development a peer support program for Veterans, update statewide resources for all Veterans, and canine therapy to assist Veterans with PTSD.

Youth

- Signs of Suicide (SOS): Suicide prevention program for schools that teaches students the warning signs of suicide. The program was provided to schools around the state as a collaboration between the Department and OPI.
- QPR (Question, Persuade, Refer): Suicide prevention training provided to teachers and communities around the state.
- PAX Good Behavior Game: This evidence-based program has been shown to have long-term positive effects on reducing criminal behavior, substance abuse, and suicide as well as other mental health issues. The program teaches elementary age students' self-regulation, self-control, and self-management as well as additional social-emotional skills including teamwork and collaboration. PAX GBG is currently in over a hundred schools statewide and growing with the goal of implementing district-wide K-5 in as many districts as possible with ongoing supports to ensure fidelity and long-term sustainability. AMDD made use of federal opiate funding to expand this program during this past biennium. The success of this program is being evaluated by researchers at the University of Montana.

- Youth Aware of Mental Health (YAM): YAM is an evidence-based program that takes place in classrooms. It is a school-based program for young people ages 13 to 17 in which they learn about and discuss mental health. AMDD funded this program through money appropriated by the Legislature as part of our base through HB 118. YAM is being implemented through a partnership with Montana State University.

Native American

- Native Youth Suicide Reduction Plan: the Department provided direct funds to Tribes and Urban Indian Health Centers to be used to support local planning and implementation of Zero Suicide, and to seek training for self-care best practices for frontline health and behavioral health staff and community members.
- American Indian Zero Suicide Grant: This federal SAMHSA grant was awarded to AMDD to target efforts to reduce Native adult suicides by implementing the evidence-based prevention model, Zero Suicide. The Zero Suicide model is a comprehensive approach to suicide care which aims to reduce the risk of suicide for individuals seen in health care systems.

Primary Care/Behavioral Health

- Suicide Safe Care: The training is based on SAMHSA's Zero Suicide Initiative. The training provides tools to providers on how to assess suicide risk, safety planning, lethal means counseling, and caring contact. Training is provided to health care facilities and universities around the state. In the past two years, more than 1,200 providers have been trained state-wide.
- In collaboration with the Department of Labor, Board of Behavioral Health, 2 hours of Suicide Safe Care is now required as part of the CEU's for all behavioral health licenses in the state.

Community Based

- \$500,000 in grants were provided to communities around the state to develop mobile crisis services, provide mental health and suicide prevention training to law enforcement and fire/EMS, train schools and communities in resiliency and trauma-informed care, and provide tele-counseling services to remote tribal communities.

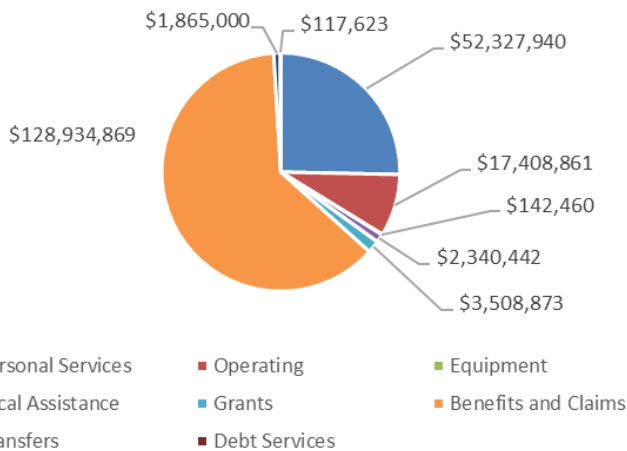
Data Surveillance

- Montana is now part of the Centers for Disease Control and Prevention's National Violent Death Reporting System, reviewing every suicide that occurs in the state to better understand the demographics and factors in order to better focus prevention efforts.

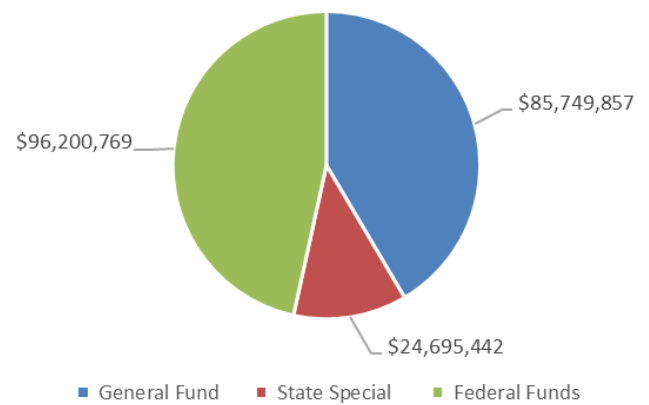
Funding and FTE Information

Addictive & Mental Disorders	FY 2021 Budget	FY 2022 Request	FY 2023 Request
FTE	741.75	742.75	742.75
Personal Services	\$ 52,327,940	\$ 52,885,935	\$ 54,335,312
Operating Expenses	\$ 17,408,861	\$ 18,163,114	\$ 18,167,644
Equipment	\$ 142,460	\$ 142,460	\$ 142,460
Local Assistance	\$ 2,340,442	\$ 2,340,442	\$ 2,340,442
Grants	\$ 3,508,873	\$ 5,598,873	\$ 5,598,873
Benefits & Claims	\$ 128,934,869	\$ 186,454,591	\$ 194,426,332
Transfers	\$ 1,865,000	\$ 1,865,000	\$ 1,865,000
Debt Services	\$ 117,623	\$ 115,146	\$ 80,387
TOTAL COSTS	\$ 206,646,068	\$ 267,565,561	\$ 276,956,450
	FY 2021 Budget	FY 2022 Request	FY 2023 Request
General Fund	\$ 85,749,857	\$ 89,198,151	\$ 91,650,076
State Special	\$ 24,695,442	\$ 35,553,223	\$ 36,680,118
Federal Funds	\$ 96,200,769	\$ 142,814,187	\$ 148,626,256
TOTAL Funds	\$ 206,646,068	\$ 267,565,561	\$ 276,956,450

AMDD Funding by First Level FY 2021



AMDD Funding Source FY 2021



Change Packages

Present Law Adjustments:

SWPL – 1 – Personal Services

The budget includes an increase of \$1,061,688 total funds in FY 2022 and \$1,215,289 total funds in FY 2023 to annualize various personal services costs including FY 2021 statewide pay plan, benefit rate adjustments, longevity adjustments related to incumbents in each position at the time of the snapshot, and vacancy savings.

	General Fund	State Special	Federal Funds	Total Request
FY 2022	\$718,556	\$361,776	(\$18,644)	\$1,061,688
FY 2023	\$856,349	\$373,210	(\$14,270)	\$1,215,289
Biennium Total	\$1,574,905	\$734,986	(\$32,914)	\$2,276,977

SWPL – 2 – Fixed Costs

The request includes a reduction of \$46,745 in FY 2022 and \$81,504 in FY 2023 to provide the funding required in the budget to pay fixed costs assessed by other agencies within state government for the services they provide. Examples of fixed costs include liability and property insurance, legislative audit, warrant writer, payroll processing, and others. The rates charged for these services are approved in a separate portion of the budget.

	General Fund	State Special	Federal Funds	Total Request
FY 2022	(\$48,940)	\$2,195	\$0	(\$46,745)
FY 2023	(\$83,699)	\$2,195	\$0	(\$81,504)
Biennium Total	(\$132,639)	\$4,390	\$0	(\$128,249)

SWPL – 3 – Inflation Deflation

The executive requests adjustments to reflect budgetary changes generated from the application of inflation and deflation factors to specific expenditure accounts. Affected accounts include food, postage, gasoline, and others.

	General Fund	State Special	Federal Funds	Total Request
FY 2022	(\$11,008)	(\$1,024)	(\$121)	(\$12,153)
FY 2023	(\$6,905)	(\$642)	(\$76)	(\$7,623)
Biennium Total	(\$17,913)	(\$1,666)	(\$197)	(\$19,776)

PL – 33001 - Overtime-Holiday-Differential-MSH

This present law adjustment is to maintain existing services for the Montana State Hospital program in the Addictive and Mental Disorders Division. This change package requests \$864,124 in general fund for the biennium. The increase is necessary to fully fund overtime to maintain required staffing levels at this 24/7 acute services facility in addition to what is funded in SWPL 1. This service is funded with 100% general fund.

	General Fund	State Special	Federal Funds	Total Request
FY 2022	\$432,062	\$0	\$0	\$432,062
FY 2023	\$432,062	\$0	\$0	\$432,062
Biennium Total	\$864,124	\$0	\$0	\$864,124

PL – 33002 - Overtime-Holiday-Differential-MCDC

This present law adjustment is to maintain existing services for the Montana Chemical Dependency program in the Addictive and Mental Disorders Division. This change package requests \$148,820 in state special revenue for the biennium. The increase is necessary to fully fund overtime to maintain required staffing levels at this 24/7 acute services facility in addition to what is funded in SWPL 1.

	General Fund	State Special	Federal Funds	Total Request
FY 2022	\$0	\$74,410	\$0	\$74,410
FY 2023	\$0	\$74,410	\$0	\$74,410
Biennium Total	\$0	\$148,820	\$0	\$148,820

PL – 33003 - Overtime-Holiday-Differential-MMHNCC

This present law adjustment is to maintain existing services for the Montana Mental Health Nursing Care Center Program in the Addictive and Mental Disorders Division. The change package requests \$393,046 in general fund for the biennium. The increase is necessary to fully fund overtime and maintain required staffing levels at this 24/7 acute services facility in addition to what is funded in SWPL 1. This service is funded with 100% general fund.

	General Fund	State Special	Federal Funds	Total Request
FY 2022	\$196,523	\$0	\$0	\$196,523
FY 2023	\$196,523	\$0	\$0	\$196,523
Biennium Total	\$393,046	\$0	\$0	\$393,046

PL – 33891 - Med Exp Core AMDD

This present law adjustment for Medicaid Expansion caseload growth in the Addictive and Mental Disorders Division covers the increase in the number of eligible individuals, utilization, acuity levels, and cost per service for medical care. This change package requests \$42,452,086 in total funds. The biennial funding is \$4,245,208 in general fund, and \$38,206,878 in federal funds.

	General Fund	State Special	Federal Funds	Total Request
FY 2022	\$1,979,121	\$0	\$17,812,090	\$19,791,211
FY 2023	\$2,266,087	\$0	\$20,394,788	\$22,660,875
Biennium Total	\$4,245,208	\$0	\$38,206,878	\$42,452,086

PL – 33991 - Med Core AMDD

This present law adjustment for caseload growth in the Addictive and Mental Disorders Division covers the increase in the number of eligible individuals, utilization, acuity levels, and cost per service for medical care. This change package requests an increase of \$21,934,720 in total funds. The biennial funding is \$7,511,494 in general fund, \$176,709 in state special revenue, and \$14,246,517 in federal funds.

	General Fund	State Special	Federal Funds	Total Request
FY 2022	\$3,396,879	\$64,892	\$6,431,830	\$9,893,601
FY 2023	\$4,114,615	\$111,817	\$7,814,687	\$12,041,119
Biennium Total	\$7,511,494	\$176,709	\$14,246,517	\$21,934,720

PL – 33992 - Med Waiver AMDD

This present law adjustment for caseload growth in the Addictive and Mental Disorders Division covers the increase in the number of eligible individuals, utilization, acuity levels, and cost per service for medical care. This change package requests an increase of \$14,115,407 in total funds. The biennial funding is \$4,948,369 in state special revenue and \$9,167,038 in federal funds.

	General Fund	State Special	Federal Funds	Total Request
FY 2022	\$0	\$1,952,590	\$3,627,834	\$5,580,424
FY 2023	\$0	\$2,995,779	\$5,539,204	\$8,534,983
Biennium Total	\$0	\$4,948,369	\$9,167,038	\$14,115,407

PL – 33993 - Med Federal AMDD

This present law adjustment requests an increase in federal funds of \$248,091 in FY 2022 and \$248,091 in FY 2023 to fund growth for Medicaid services within the Addictive and Mental Disorders Division. Funding is 100% federal funds.

	General Fund	State Special	Federal Funds	Total Request
FY 2022	\$0	\$0	\$248,091	\$248,091
FY 2023	\$0	\$0	\$248,091	\$248,091
Biennium Total	\$0	\$0	\$496,182	\$496,182

PL – 33996 - Med Core FMAP AMDD

This present law adjustment is necessary to maintain existing services for the Medicaid Core program in the Addictive and Mental Disorders Division. This change package requests a reduction in general fund of \$318,885 in FY 2022 and \$274,575 in FY 2023 with an offsetting increase state special revenue funds of \$336,770 in FY 2022 and \$340,432 in FY 2023 as well as an offsetting reduction in federal funds of \$17,885 in FY 2022 and \$65,857 in FY 2023. The total cost for the program does not change.

	General Fund	State Special	Federal Funds	Total Request
FY 2022	(\$318,885)	\$336,770	(\$17,885)	\$0
FY 2023	(\$274,575)	\$340,432	(\$65,857)	\$0
Biennium Total	(\$593,460)	\$677,202	(\$83,742)	\$0

PL – 33997 - MED Waiver FMAP AMDD

This present law adjustment is necessary to maintain existing services for the Medicaid Waiver program in the Addictive and Mental Disorders Division. The change package requests a state special revenue fund increase of \$66,172 in FY 2022 and \$87,475 in FY 2023 with offsetting federal fund adjustments for each year. The total cost for the program does not change.

	General Fund	State Special	Federal Funds	Total Request
FY 2022	\$0	\$66,172	(\$66,172)	\$0
FY 2023	\$0	\$87,475	(\$87,475)	\$0
Biennium Total	\$0	\$153,647	(\$153,647)	\$0

New Proposals

NP – 33004 - Transfer Suicide Prevention Program from DO to AMDD

This proposal transfers the current Suicide Prevention budget in the Director's Office to the Addictive and Mental Disorders Division. The request moves the FY 2021 budgeted expenses of \$80,117 in general fund and \$1,000,000 in state special revenue to AMDD in FY 2022 and FY 2023. This change package is dependent on passage of proposed legislation.

	General Fund	State Special	Federal Funds	Total Request
FY 2022	\$400,355	\$500,000	\$0	\$900,355
FY 2023	\$399,762	\$500,000	\$0	\$899,762
Biennium Total	\$800,117	\$1,000,000	\$0	\$1,800,117

NP – 33005 – Suicide Prevention

This new proposal is a request for \$500,000 state special revenue funds each year of the biennium to expand training and outreach to communities through evidenced based prevention models. These programs would be overseen by the Montana Department of Public Health and Human Services through contracts with public entities, such as Montana Public Health Institute, county public health departments, and professional associations for targeted training and technical assistance. This would be an expansion of current suicide prevention programs to focus on public health concepts, such as wellness and primary prevention.

	General Fund	State Special	Federal Funds	Total Request
FY 2022	\$0	\$500,000	\$0	\$500,000
FY 2023	\$0	\$500,000	\$0	\$500,000
Biennium Total	\$0	\$1,000,000	\$0	\$1,000,000

NP – 33190 - Refinance Local Behavioral Health and Community Health Crisis and Stabilization

This new proposal reduces \$2,000,000 in general fund in each year of the 2023 biennium and requests an offsetting increase in Substance Abuse Prevention and Treatment state special revenue funds for county and tribal matching grants for local community health crisis and stabilization. This change package is contingent on legislation.

	General Fund	State Special	Federal Funds	Total Request
FY 2022	(\$2,000,000)	\$2,000,000	\$0	\$0
FY 2023	(\$2,000,000)	\$2,000,000	\$0	\$0
Biennium Total	(\$4,000,000)	\$4,000,000	\$0	\$0

NP – 33191 - Combat Montana's Substance Abuse Epidemic

This New Proposal requests \$5,000,000 in Substance Abuse Prevention and Treatment Special Revenue Funds and \$18,596,395 in Federal Medicaid Match Funds in each year of the 2023 biennium to combat Montana's substance abuse epidemic through community-based prevention and treatment.

	General Fund	State Special	Federal Funds	Total Request
FY 2022	\$0	\$5,000,000	\$18,596,395	\$23,596,395
FY 2023	\$0	\$5,000,000	\$18,596,395	\$23,596,395
Biennium Total	\$0	\$10,000,000	\$37,192,790	\$47,192,790

NP – 5555 - Reduce GF Budget for State Share Holiday

Governor Gianforte has proposed legislation to impose a two-month state share holiday for employer contributions into the state health insurance fund. This change package removes the general fund portion of the savings generate by the contribution holiday. Savings from other funding sources will remain in the agency to be able to address ongoing functions of the agency. This change package is contingent on passage and approval of the proposed legislation.

	General Fund	State Special	Federal Funds	Total Request
FY 2022	(\$1,296,369)	\$0	\$0	(\$1,296,369)
FY 2023	\$0	\$0	\$0	\$0
Biennium Total	(\$1,296,369)	\$0	\$0	(\$1,296,369)