



Priorities for Consideration



Behavioral Health System for Future
Generations Commission
August 18, 2023

Comprehensive statewide crisis system

Quality crisis systems include crisis response by trained individuals and, when appropriate, crisis stabilization services. Montana lacks sufficient and effective crisis services in both the developmental disability and behavioral health (including MH/SUD) service systems. These gaps result in a reliance upon expensive and inappropriate interventions, including law enforcement, jails, emergency rooms, and the Montana State Hospital (MSH). The Department of Public Health and Human Services (DPHHS) is working to align behavioral health crisis services with SAMHSA's Crisis Now Model for consistency of delivery. The system requires an overhaul to leverage federal, state, local, non-profit, and faith-based funding streams, ensure all programming is evidence-based and aligned with national best practices, integrate services throughout the continuum of care including the criminal justice system, and foster local innovation.

Special consideration will need to be given to integrating crisis services for individuals with developmental disabilities. The crisis system in Montana has several critical stakeholders, including hospital systems, primary care providers, behavioral health providers, first responders, law enforcement, justice systems, and the state-run health care facilities system.

Clinically appropriate state-run health care settings and a functional commitment system

Montanans often must travel great distances to receive intensive behavioral health or developmental disabilities services. Additional capacity is necessary at the community or regional level to care for our friends and neighbors in significant need- including when discharging from an inpatient setting. DPHHS partnered with Guidehouse to proactively launch an initiative designed to identify and implement promising and best practice approaches to improving access to regional behavioral health and developmental disabilities service settings, with a focus on reducing overdependence on state-run health care facilities and ensuing ensuring civilly and forensically committed and other individuals in the care of the State are being served in the most clinically appropriate settings.

Furthermore, the Commission seeks to improve supports to state and local entities to streamline civil and forensic commitments, with an emphasis on reducing backlogs of individuals awaiting forensic evaluations and/or fitness restoration within local

detention facilities and improving discharge planning/care coordination for all committed populations.

Capacity of adult behavioral health service delivery system

The DepartmentCommission is committed to supporting a comprehensive continuum of care to address the behavioral health needs of adults in Montana. The array of services for adults is robust, but not all services, both in-person and virtual, are available in all locations across the state. There are gaps of coverage that put strain on existing services and providers, as well as increase the risk that individuals do not receive needed and clinically appropriate treatment services as close to home as possible.

Insufficient local preventive, outpatient, and intensive and-outpatient care settings services can exacerbate admissions to MSH and other state-run health care facilities. Crisis response and stabilization weaknesses impact many community health and safety services as outlined above. Support and collaboration with existing providers, community partners, and consumers is needed to expand and promote the continuum of care to ensure that individuals have access to needed services.

Capacity of children's mental health service delivery system

To increase timely access to the appropriate level of care for youth and families, the capacity of the children's mental health delivery system must expand. Capacity shortfalls exist at both the individual direct service professional and health care facility levels. in preventive services, outpatient and intensive community services, and residential services.

The lack of in-state psychiatric residential treatment facility capacity drives Montana children and families to seek care out of state. Insufficiently trained workforce availability continues to prohibit providers from offering more services. DPHHSThe Commission will continue to focus on targeted workforce development, which is an approach to strengthen our system of care for youth and families by improving the skills, knowledge, and competency of frontline service providers.

Family focused home, school-based, and community services and widespread preventive services should continue to be prioritized. Increasing access to preventive services and high-quality, family-focused, community-based services, such as keeping will positively impact on child and family well-being by supporting families to keep children in their homes, neighborhood schools, and communities has a positive effect on child and family well-being. These circumstances permit children to be able to retain critical bonds with natural supports, including friends, family members, and faith

or community-based organizations, which can offer additional positive informal supports to the child and family.

Capacity of DD service delivery system

Increasing the capacity of the Developmental Disability service delivery system is an important priority for the broader behavioral health system. To effectively provide community-based services, the Developmental Disabilities Program (DDP) would benefit from a broader continuum of care. Increasing, including preventive, residential and crisis services. For example, increasing access to appropriate treatment for youth with intellectual and developmental disabilities would result in better long-term outcomes and result in individuals receiving services in less restrictive environments, as well as minimizing escalation into higher levels of care. Ensuring proper supports are available for youth transitioning from high school into adulthood is also an essential aspect of improving the DD service delivery system.

Increasing the number of enrolled DDP providers, especially in rural areas, would assist with access to both preventative and long-term services. Supporting existing providers to improve work force recruitment and retention strategies will also result in more members accessing appropriate services and avoiding overly restrictive settings including criminal justice settings.

Capacity of ~~service delivery system for~~ co-occurring populations service delivery system

Individuals with co-occurring behavioral health and developmental disabilities challenges have unique and complex needs. In the current behavioral health system, this population is growing and experience challenges accessing appropriate services. This is because often neither DD providers nor behavioral health providers feel qualified, or are ill-equipped, to meet all the members' needs, which results in no services, inadequate services or at times inappropriate institutionalization in state-run health care and criminal justice facilities.

Montana has very few settings where individuals with a co-occurring behavioral health and developmental disability can be served. Clinically appropriate prevention services available for youth with co-occurring behavioral health and developmental disabilities are limited leading to less effective treatment and/or inappropriate residential placements.

The providers who do serve individuals with co-occurring disorders often require additional support to identify, train, and retain staff. The skill levels required to provide quality care to these Montanans are higher, the jobs can be more dangerous/hazardous,

and the employees may burn out faster. Case managers typically specialize in one population or the other and often do not have information about all services a member with IDD and BH should be accessing.

Family and caretaker supports (BH & DD)

~~DPHHS~~[The Commission](#) is committed to aligning the program requirements of our behavioral health and developmental disabilities services with goals to strengthen families/caregivers and increase capacity and skills in caring for their family members.

Given Montana's highly rural nature and ongoing health care provider workforce shortages, families/caregivers can play an outsize role in the care delivery for individuals with a behavioral health condition and/or developmental disability. More supports, such as enhanced respite care and training [and school-based services](#), may be required to further support those caring for individuals outside of a traditional health care setting.