

Children's Mental Health Bureau (CMHB)

Behavioral Health Systems for Future Generations Commission

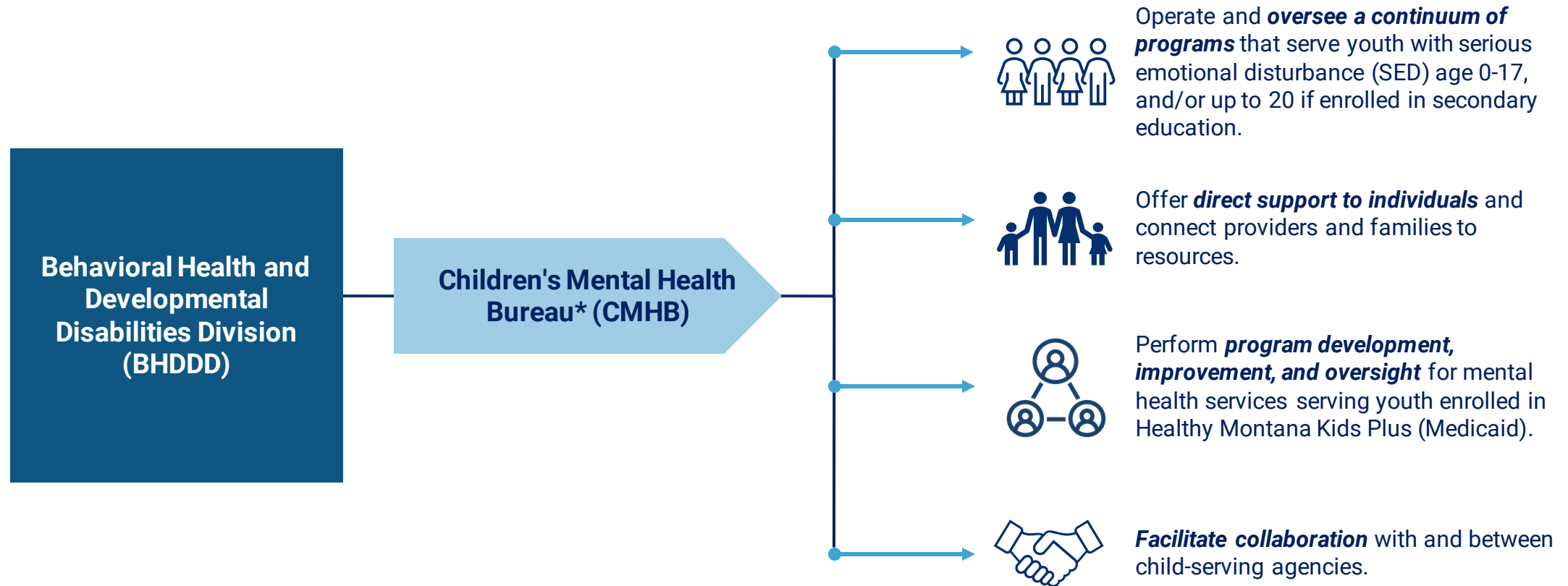
January 11th – 12th, 2024

Presented by Meghan Peel



DEPARTMENT OF
**PUBLIC HEALTH &
HUMAN SERVICES**

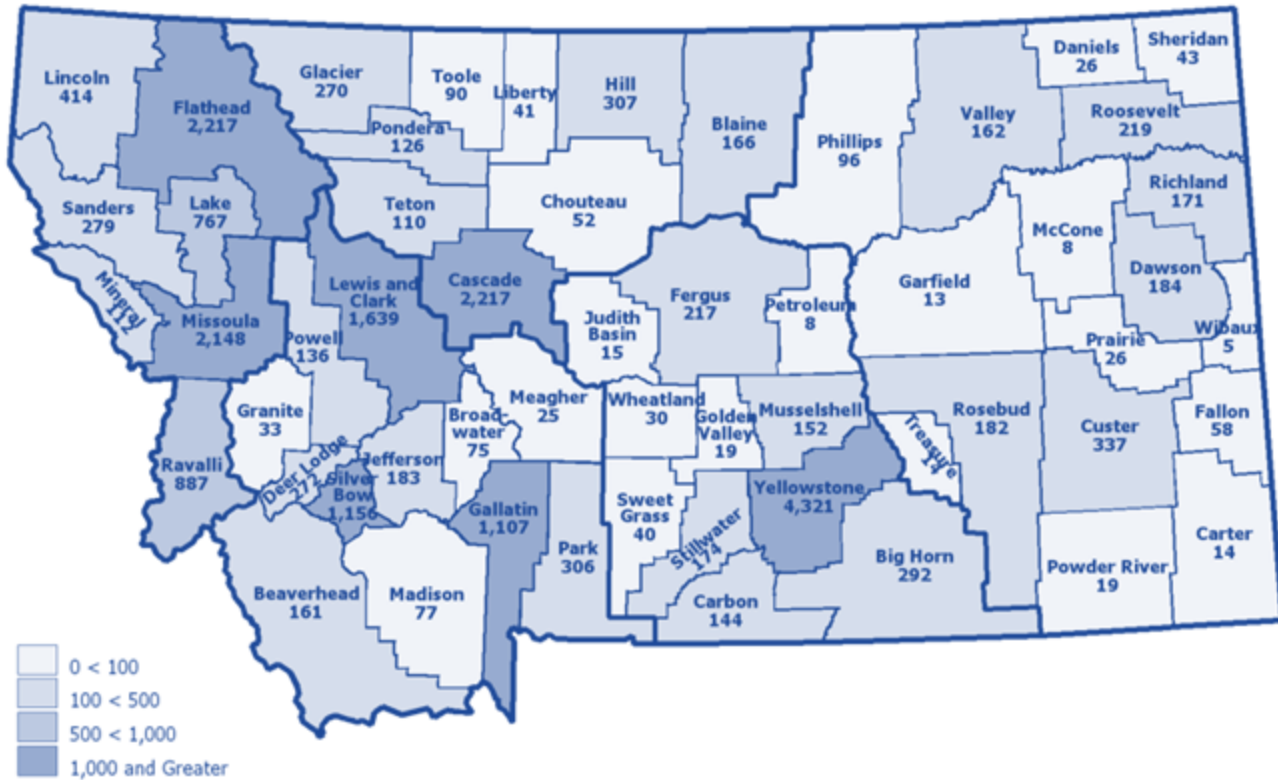
Children's Mental Health Bureau (CMHB) | Roles



Notes: *Comprised of policy, technical, clinical, and fiscal staff.

Whom does the CMHB Serve? | DPHHS Children's Medicaid Mental Health

Number of Clients Served By County (SFY2022)



Rolls up to: →

CMHB Served in SFY22

~22K youth with a Medicaid-funded service with an SED* as a primary diagnosis

*Serious emotional disturbance (SED) means:

- a child or adolescent has a **designated mental illness diagnosis** according to the most current Diagnostic and Statistical Manual of Mental Disorders (DSM); and
- has experienced **functional limitations** due to emotional disturbance

Total Children's Medicaid MH and CSCT:

\$115.2M

Includes expenditures paid outside MMIS

Whom does the CMHB Serve? | Overview of Medicaid Eligibility for Children

Medicaid Eligibility for Infants and Children

Coverage Type Overview

Newborn Coverage	Children born to women receiving Medicaid (at the time of their child's birth) automatically qualify for Medicaid coverage through the month of their first birthday.
Healthy Montana Kids Plus (HMK Plus)	Provides medically necessary health care coverage for children through the month of their 19th birthday, in families with countable income up to 143% of the Federal Poverty Level (FPL). MT Medicaid and HMK Plus pay for services that are: <ul style="list-style-type: none"> • Provided by a MT Medicaid/HMK Plus enrolled provider • Within the scope of listed Medicaid/HMK Plus covered services
Subsidized Adoption, Subsidized Guardianship and Foster Care	<ul style="list-style-type: none"> • Children eligible for an adoption or guardianship subsidy through DPHHS automatically qualify for Medicaid coverage. • Coverage may continue through the month of the child's 26th birthday. • Children placed into licensed foster care homes by the Child and Family Services Division are also Medicaid eligible.

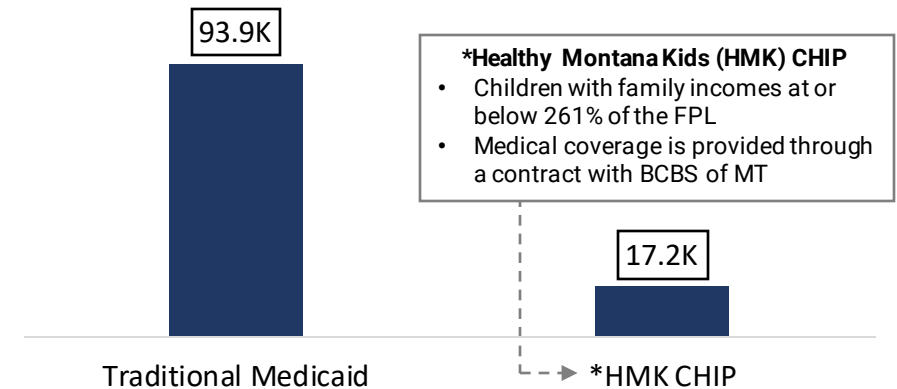
Behavioral Health Services

Outpatient and Community	Day treatment; Outpatient psychotherapy; Community based psychiatric community rehabilitation and support; Comprehensive school and community treatment; Targeted case management; Home support services and Therapeutic Foster Care.
Inpatient and Residential	Therapeutic Group Homes, including extraordinary needs aids; Psychiatric Residential; Treatment Facility; Acute Inpatient Services; Partial Hospital Services; Therapeutic Home Visit if in a Psychiatric Residential Treatment Facility or Therapeutic Group Home.

Federal Poverty Levels and Gross Monthly Incomes 2019

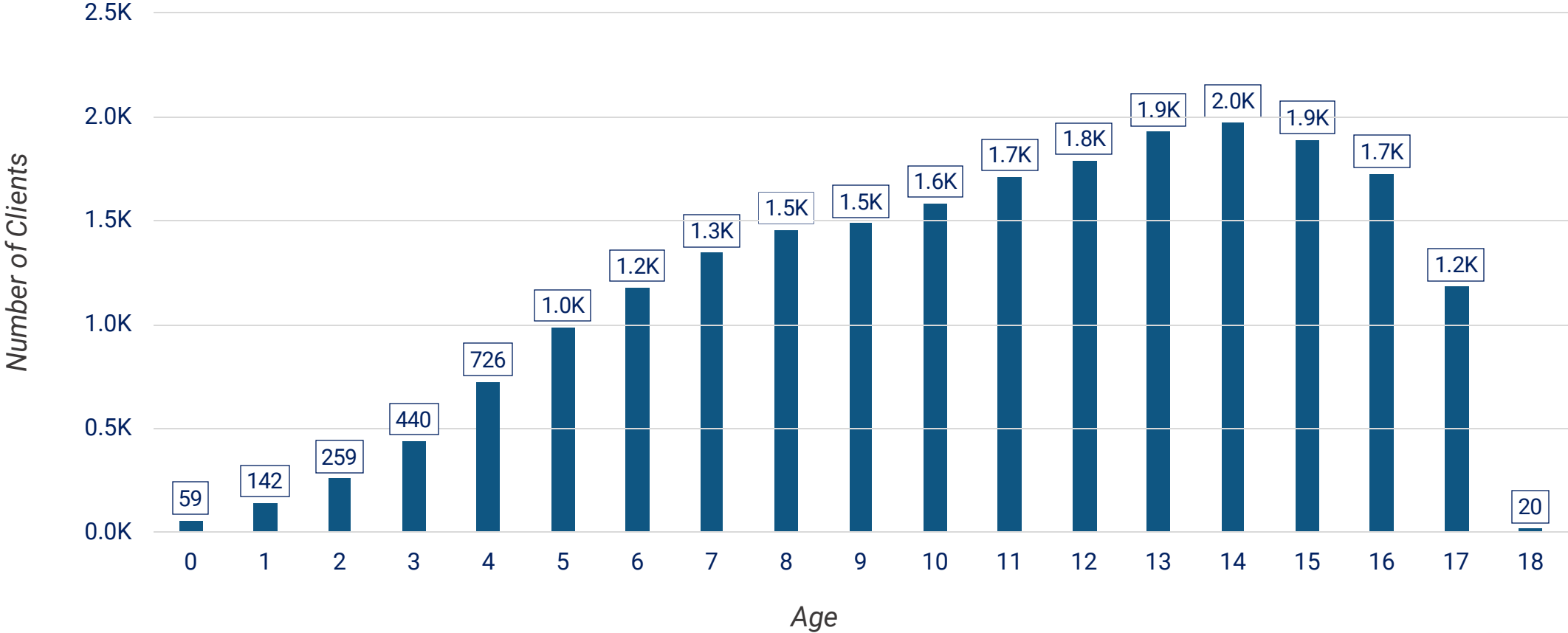
Family Size	Pregnant Women (157% FPL)	HMK (261% FPL)	Child or HMK Plus (143% FPL)
1	\$1,634	\$2,717	\$1,488
2	\$2,212	\$3,678	\$2,015
3	\$2,791	\$4,639	\$2,542
4	\$3,369	\$5,601	\$3,069
Resource Test	No Test	No Test	No Test

Montana Medicaid/CHIP Enrollment (Sept. 2023)



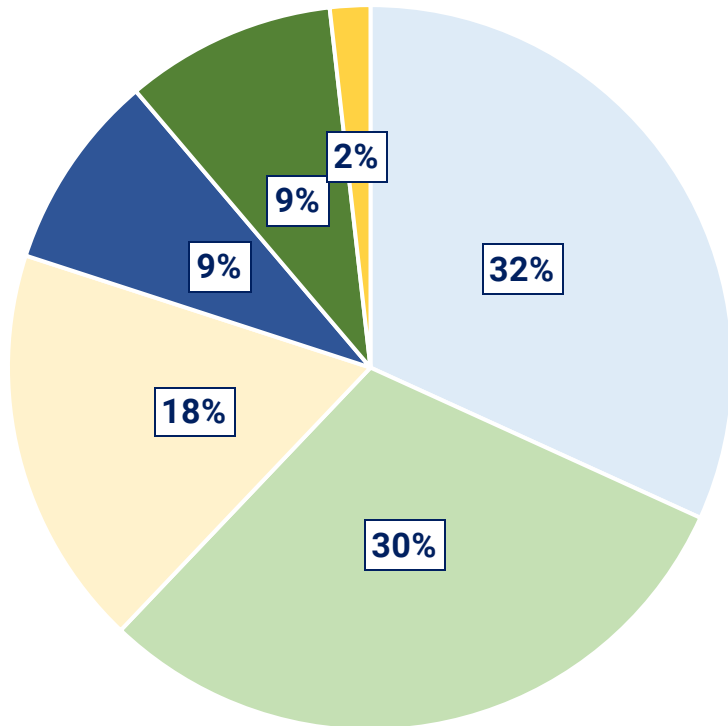
Whom does the CMHB Serve? | Age Breakdown

Children's Mental Health: Number of Clients by Age (SFY2022)



Whom does the CMHB Serve? | DPHHS Medicaid Expenditures

Youth Served by Spending Category / Total Youth Served (%)

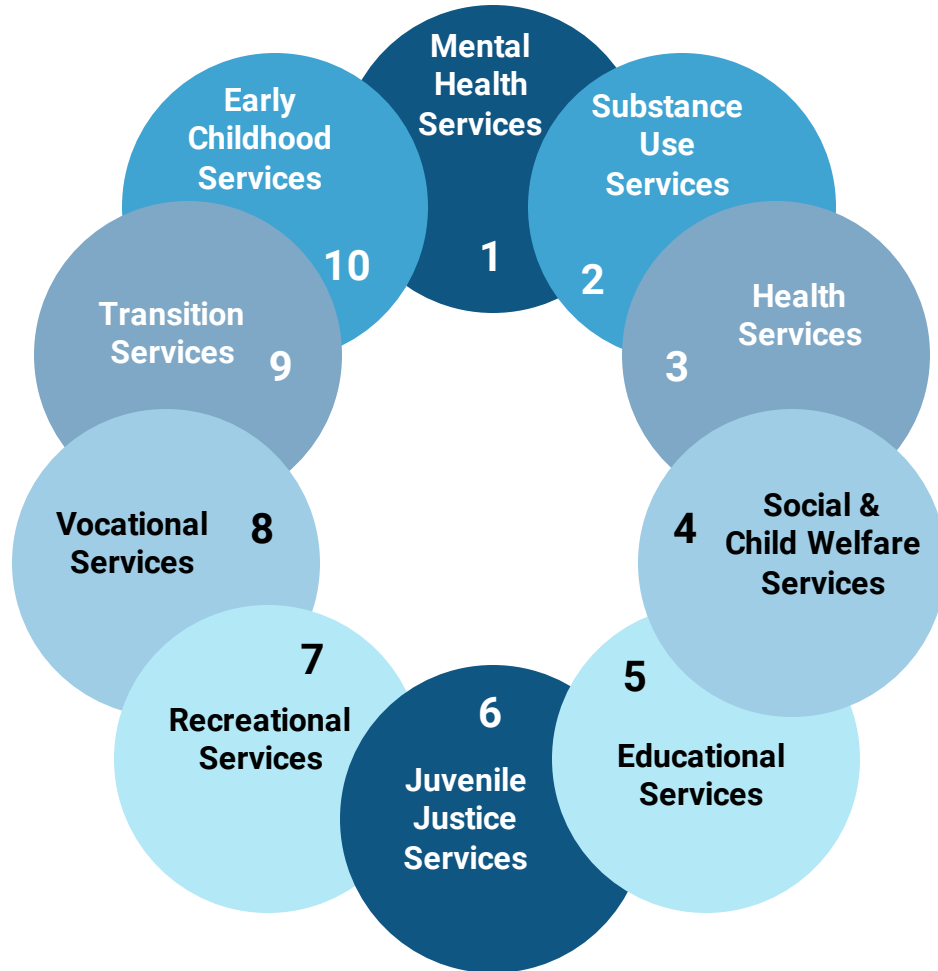


SFY 2022 Annual Expenditures	# of Youth Served	Total Spend	% Served	% of Spend
Less than \$500	6,957	\$1,717,063	32%	2%
\$500 to \$1,999	6,636	\$7,297,252	30%	7%
\$2,000 to \$4,999	3,912	\$12,393,559	18%	12%
\$5,000 to \$9,999	1,921	\$13,776,330	9%	13%
\$10,000 to \$49,999	2,064	\$37,380,202	9%	35%
More than \$50,000	405	\$33,313,503	2%	31%
Total	21,895	\$105,877,908	100%	100%

Expenditures paid outside of MMIS: \$9,366,353
 Total Children's Medicaid MH and CSCT: \$115,244,261

Approach: Systems of Care

Systems of Care | Overview



What is a System of Care (SOC)?

A SOC is a spectrum of **effective, community-based services and supports** for children and youth with or at risk of SED or other family/community related challenges that:

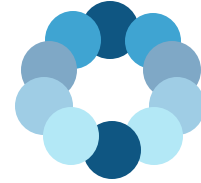
- is organized into a coordinated network;
- builds meaningful partnerships with families and youth; and
- addresses cultural and linguistic needs

An effective System of Care helps children to function better at home, in school, in the community, and throughout life.



Systems of Care | Supporting Activities

Systems of Care



Activities

Ensure regular and meaningful **collaboration** with other child-serving agencies

Maximize resources by thoughtful **funding approaches**, including braiding funding where appropriate

Enhance **prevention interventions** within the Behavioral Health and Developmental Disabilities Division

Modify services within the care continuum to respond to identified gaps in care

Leverage evidence-based **assessment tools** to determine appropriate level of care
(e.g., CALOCUS-CASII)

Focus on **Family-Centered** Care and Family Engagement

Ensure **quality** through rigorous oversight and CQI initiatives



Systems of Care | CMHB Policy Priorities



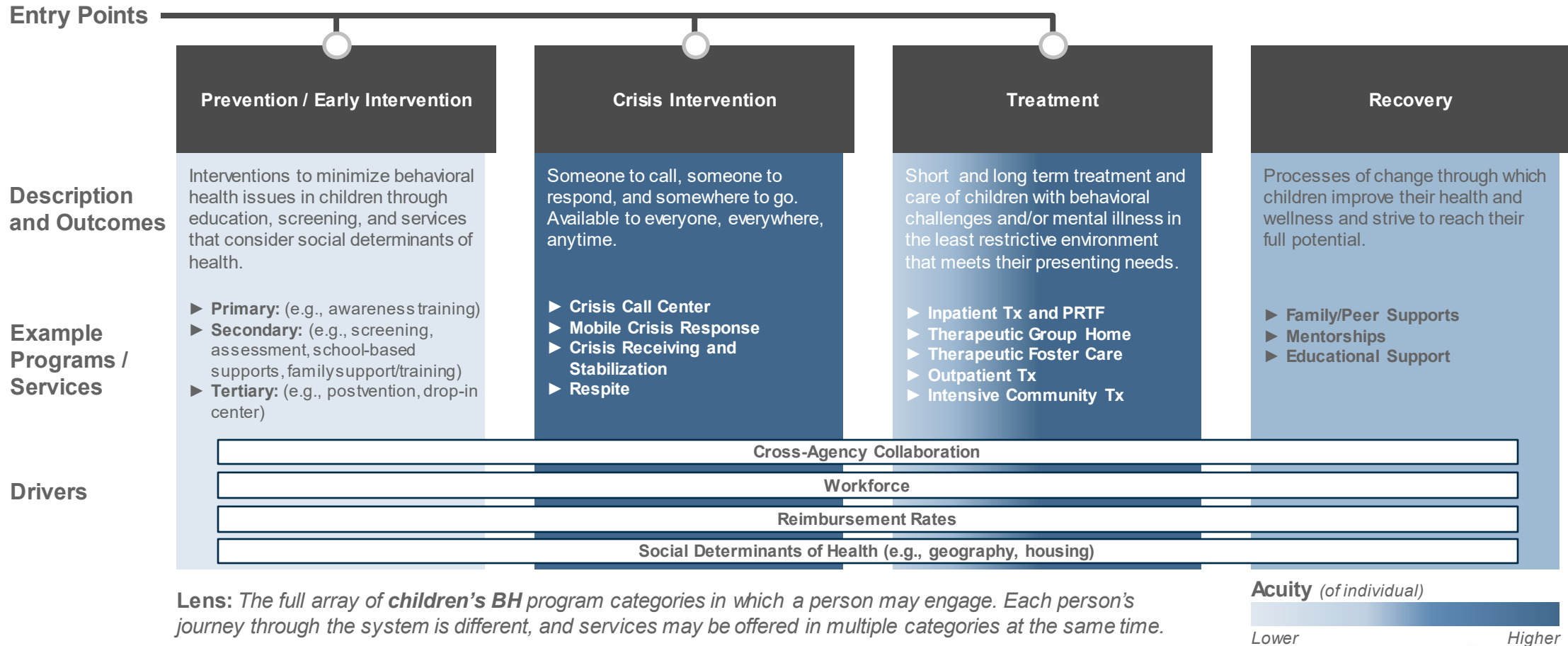
Children's Behavioral Health Continuum of Care



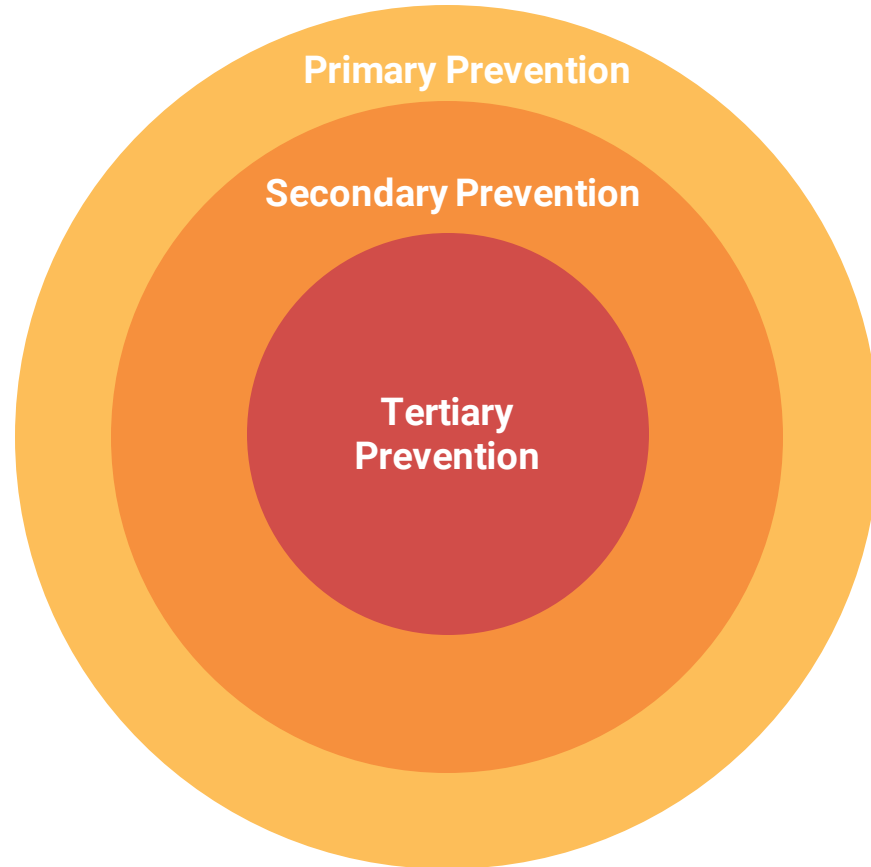
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Behavioral Health Continuum of Care | Children

The continuum presents the ideal array of services, woven together by effective service coordination. This view offers a map of where services, and potential areas of investment, exist.



Continuum of Care | Prevention



For many health problems, a combination of primary, secondary and tertiary interventions is needed to achieve a meaningful degree of prevention and protection.

Primary Prevention

Aims to prevent disease or injury before it ever occurs. This is done by preventing exposures to hazards that cause disease or injury, encouraging changes in unhealthy or unsafe behaviors that can lead to disease or injury, mental health issues, and substance misuse. Strategies, programs, and services are directed at people who have yet to require treatment and to increase resistance to disease or injury should exposure occur.

Secondary Prevention

Aims to reduce the impact of a disease or injury that has already occurred. This is done by detecting and treating disease or injury as soon as possible to halt or slow its progress, encouraging personal strategies to prevent reinjury or recurrence, and implementing programs to return people to their original health and function to prevent long-term problems.

Tertiary Prevention

Aims to soften the impact of an ongoing illness or injury that has lasting effect. This is done by helping people manage long-term, often-complex health problems and injuries (e.g. chronic diseases, permanent impairments) in order to improve as much as possible their ability to function, their quality of life and their life expectancy.

Continuum of Care | Crisis Intervention

Crisis Intervention	
Categories	Program Features*
<p>“Someone to call” <i>Crisis call center</i></p>	<ul style="list-style-type: none"> • Statewide 988 capacity to receive calls and texts • Youth considerations: family dynamics, contact method (i.e., text vs. phone)
<p>“Someone to respond” <i>Mobile crisis response</i></p>	<ul style="list-style-type: none"> • Eight mobile crisis teams statewide, though not available in all regions • Youth considerations: population-specific response options (e.g., family peer support)
<p>“Somewhere to go” <i>Crisis receiving and stabilization</i></p>	<ul style="list-style-type: none"> • Four crisis stabilization programs statewide, though not available in all regions • Youth considerations: “respite” options to support and stabilize families

Notes: *Not all programs described are widely available in MT yet.

Continuum of Care | Treatment

Outpatient Services	
<p>Outpatient Therapy</p>	<ul style="list-style-type: none"> • Outpatient therapy services include: <ul style="list-style-type: none"> ○ Individual therapy ○ Family therapy ○ Group therapy • Diagnosis, assessment, psychotherapy, and related services are provided by a licensed mental health professional acting within the scope of the professional’s license.*
<p>Psychiatric Services & Medication Management</p>	<ul style="list-style-type: none"> • Medication treatment and monitoring services typically include the prescription of psychoactive medications by a physician (e.g., psychiatrist) that are designed to alleviate symptoms and promote psychological growth • Treatment includes periodic assessment and monitoring of child’s reaction(s) to the medication(s)



Notes: * Treatment may be delivered by an individual who has completed all academic requirements for licensure as a psychologist, clinical social worker, licensed professional counselor, or licensed marriage and family therapist and is in the process of completing the supervised experience requirement for licensure.

Continuum of Care | Treatment

Home & Community-Based Services			
Community-Based Psychiatric Rehabilitation and Support	Targeted Youth Case Management	Intensive Outpatient Therapy	Home Support Services
<ul style="list-style-type: none"> Adaptive skill building and integration services provided in person for a youth in home, school or community settings to help the youth maintain participation in those settings 	<ul style="list-style-type: none"> Services furnished to assist youth and families in gaining access to needed medical, social, educational, and other services Case management services include: <ul style="list-style-type: none"> Assessment Determination of need Development and periodic revision of a specific care plan Referral and related activities Monitoring and follow-up activities 	<ul style="list-style-type: none"> Intensive outpatient therapy services provide a minimum of six hours of weekly structured intensive mental health care to youth with serious emotional disturbance (SED) while allowing youth to safely remain in school, in the home, and in their community Core services may include a combination of the following: <ul style="list-style-type: none"> Individual Family Group therapy CBPRS Crisis services Care coordination 	<ul style="list-style-type: none"> In-home therapeutic and family support services for youth living in biological, adoptive or kinship families who require more intensive therapeutic interventions than are available through other outpatient services

Continuum of Care | Treatment

Home & Community Services			
Therapeutic Foster Care*	Comprehensive School and Community Treatment	Youth Day Treatment	Partial Hospitalization Program
<ul style="list-style-type: none"> TFC services are in-home therapeutic and family support services for youth living in a therapeutic foster home environment, for youth unable to live with their biological or adoptive parents, in kinship care, or in regular foster care 	<ul style="list-style-type: none"> A comprehensive planned course of community mental health outpatient treatment that includes therapeutic interventions and supportive services provided in a public school-based environment in an office and treatment space provided by the school 	<ul style="list-style-type: none"> A set of mental health services provided in a specialized classroom setting (not a regular classroom or school setting) and integrated with educational services provided through full collaboration with a school district 	<ul style="list-style-type: none"> Structured day program provided by a hospital under the direction of a physician with frequent nursing and medical supervision Partial hospitalization has acute level and sub-acute level services

Notes: * Includes Therapeutic Foster Care Permanency Services.

Continuum of Care | Treatment

Residential Services	
Therapeutic Group Home + Extraordinary Needs Aids	<ul style="list-style-type: none"> • A community-based treatment alternative provided in a structured group home environment for youth requiring higher intensity of specific therapeutic services and social supports than are available through traditional outpatient services • Extraordinary needs aide services are additional one-to-one, face-to-face, intensive short-term behavior management and stabilization services provided by TGH staff
Psychiatric Residential Treatment Facility*	<ul style="list-style-type: none"> • A PRTF is a secure residential facility that typically serves 10 or more children and youth and provides 24-hour staff and psychiatrist supervision, and may include: <ul style="list-style-type: none"> ○ Individual therapy ○ Group therapy ○ Family therapy ○ Behavior modification ○ Skills development ○ Education ○ Recreational services
Acute Inpatient Hospital	<ul style="list-style-type: none"> • Psychiatric facilities that are devoted to the provision of inpatient psychiatric care for persons under the age of 21 for observation, evaluation, and/or treatment • Services are medically oriented and include 24-hour supervision; services may be used for short-term treatment and crisis stabilization

Notes: *Includes PRTF as a short-term intensive length of stay of 14 days or less, targeted to serve youth with multiple diagnoses and risk factors who present as “difficult to place.”

Where to Go for More Information

Children's Mental Health Bureau: <https://dphhs.mt.gov/bhdd/cmb/>

CMHB Medicaid Services Continuum of Care:

<https://dphhs.mt.gov/assets/BHDD/CMB/CMHBServicesContinuumofCare.pdf>

CMHB Medicaid Services Provider Manual:

<https://dphhs.mt.gov/assets/BHDD/CMB/CMHBMedicaidServicesProviderManual100121.pdf>

CALOCUS-CASII and ECSII:

<https://dphhs.mt.gov/assets/2023Legislature/OverviewFactSheetonChildandAdolescentIntensityInstrument.pdf>

