



MENTAL HEALTH LOCAL ADVISORY COUNCIL
Meeting Minutes – November 21st, 2022

IN ATTENDANCE:

Voting Members Present: Andrea Lower, Bekki McLean, Erin Taylor, Geary Zale, Linda Gabel, Lori Christenson, Perrin Lundgren, Susan Gregory, Tom Peluso, Commissioner Zach Brown, Melaney Swenson, Nicole Madden

Non-Voting Members Present: Betsy Asserson, Ellie Martin, Justin Giese, Rebecca Adams, Rick Gale, Rowen Schuler, John Kudrna

Voting Members Absent: Dezri Rochin

Guests: Mary Windecker- Behavioral Health Alliance of Montana, Matt Kuntz- NAMI Montana, Representative Kelly Kortum- HD65, Representative Jane Gillette- HD64, Representative Ed Stafman- HD 62, Representative Jennifer Carlson- HD69, Shelley Vance- SD34, Paige Bichler- Connections, Kirsten Smith- Behavioral Health Coalition, Kimberly Hall- CEO Greater Gallatin United Way, Cindy Fitzgerald, Crystal Laufer- NAMI Havre/CSAA, Lori Reynolds- NAMI, Mike Parker- NAMI Peer to Peer, Brianne Rodger- Consultant Bozeman Health, Lander Cooney- CHP, William Green- CHP, Jeremy Hoscheid- Board of Visitors, Dee Incoronato- Intermountain, Jenny Figler- Intermountain, Kate Wright, Erin Clements- SO, Eric Szemes- Registered Nurse, Michael Garrity- Citizen, Anthea George- Citizen, Chandler Dayton- Citizen, Jana Lundberg- Citizen, John Allen- Citizen, Chris Santarsiero- Citizen, Evon Redman- Citizen, Peg Jensen- Citizen

Staff: Harlee Lynch

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Welcome to Legislators and Guests, Intro of LAC Members

Erin Taylor gave some background on the MHLAC. This group is interested in learning about the CCBHC Model.

**Children, Families, Health & Human Services Interim Committee Perspective- Reps Carlson, Gillette & Stafman:**

Representative Gillette started by speaking about what she got out of the Interim Committee regarding this model. This bill is about enabling payment for CCBHC's which will be based off the FQHC billing model and will be billed at a per encounter rate. If the bill is passed the Legislature will enable that payment mechanism.

Representative Ed Stafman chaired the Interim Committee and is carrying the bill. He spoke further about why this bill is important. Data shows that only about a quarter of the people who need Mental Health services are getting them. The CCBHC model is designed to improve that number dramatically. The communities that have used this model around the

country have showed there is more availability in Mental Health services with this model. He gave some statistics on how it increases performance for these services. This model has nine services that are required to be provided and those are what defines this CCBHC model.

**Presentation on CCBHC Model- Mary Windecker (Behavioral Health Alliance of Montana) & Matt Kuntz (NAMI Montana):**

Mary Windecker started by going over a presentation on the CCBHC model. She spoke about which types of organizations can become CCBHC's. CCBHC's will not replace Community Health Centers, it is a new model for providing Mental Health care. If this model is adopted the State will do a needs assessment in each region so care is not duplicated, which gives each community the ability to decide what their needs are. This model is meant to link with existing services and use their expertise.

There are several goals of a CCHBC model which include increasing access to care, reducing hospitalization and ER usage, follow up after hospitalization, engagement in substance use treatment, increased access to medication-assisted treatment for substance use treatment, address Behavioral Health work force shortages, and improve integration of care.

Mary then shared some new services CCBHC's can provide. This model requires collaboration and communication throughout the system and the State identified services must be built into the payment system. They also collaborate with the Justice System. This model is intended to fill in the gaps of current services. CCBHC's are required to provide, partner, or stand-up Crisis services.

Mary then shared the next steps. DPHHS will be conducting a survey of interested agencies. DPHHS is also applying for a grant that will provide 1 million dollars for 15 different states that can be used towards planning to put CCBHC's into place. Then the 2023 Legislature must pass the bill requiring DPHHS to implement CCBHC's. This presentation is available at [montanabehavioralhealth.org](http://montanabehavioralhealth.org) and Mary is available via email for any questions, [mwindecker@montanabehavioralhealth.org](mailto:mwindecker@montanabehavioralhealth.org).

Matt Kuntz then shared a presentation. He has worked over the last two years to figure out a sustainable funding model for Mental Health in the state of Montana. They needed to find a model that worked for our communities, specifically if funding is ever to get cut so it doesn't have such a large impact on services as it has in the past. The CCBHC model is what most providers, DPHHS, and NAMI were most interested in. CCBHC's will not fix Crisis Services in Montana and we will still need to be able to provide beds.

Commissioner Brown gave some background on the special Legislative Session that happened in 2017 that impacted the funding system that held the Mental Health Crisis System together. The Medicaid Reimbursement Rate was cut in 2017, which implicated Gallatin County greatly. Current Legislation is trying to build that back up.

Erin Taylor wondered what gaps we will still have even after a CCBHC model is integrated into the services we have now. Paige Bichler, Connections, shared what they are working on in our community currently. They are working to provide a Mobile Crisis Response Team which will provide 12 hours a day 7 days a week of care, with a goal of 24/7 coverage eventually. They are also working to provide Crisis Receiving Services as well as Youth Services, which are lacking across the state. They are working on patchworking services together but there still may be missing pieces.

## **Discussion and Questions:**

CCHBC's will be the backbone organization for contracting services, and they will partner with organizations in the Community who have the expertise. The contracting organizations will then receive the same reimbursements as the CCBHC's. This will help to be able to hire people and bring them back to the industry. Eric Szemes wondered if there is a way to put this into an easier framework for people who are not politicians or are not directly involved already. Mary says the Behavioral Health Alliance of Montana website has a lot of information and they have tried to simplify it the best they can. He also wondered how community members can be involved in expressing their needs, this frustration has been shared throughout community members. The Elevating Behavioral Health Coalition is working on creating a website and collaborating with the community to roll out the information on what Connections is doing in our community and when these services will be available.