1. How will you involve the behavioral health providers in solving some of the serious behavioral health issues in Montana, i.e., number four for suicides, number one for foster care placement, epidemic substance abuse and mental health issues, etc. and implementing Family First Prevention Services Act?

There's an old social-work parable from the 1930's about babies floating down a river and social workers frantically trying to rescue them all. The real question is further upstream: how to prevent the babies from being thrown into the river to begin with. I'd like to involve our behavioral health providers further upstream, on the preventative end of the spectrum.

This starts by increasing access to behavioral health services by integrating behavioral health services into primary care and non-traditional settings. I'd like to share just one example of a promising model I helped launch in Montana to integrate prenatal and behavioral health care to work "upstream" to measurably improve maternal and neonatal outcomes.

The Meadowlark Initiative brings together clinical and community teams to provide the right care at the right time for patients and their families; improve maternal outcomes, reduce newborn drug exposure, neonatal abstinence syndrome, and perinatal complications; and keep families together and out of foster care.

Substance Use Disorders and mental illnesses like depression and anxiety affect thousands of pregnant women and their babies in Montana each year. These illnesses cross all demographics and often go unnoticed and untreated. Unfortunately, the problem is on the rise and contributes to poor outcomes for many Montana families.

Between 2011 and 2016, the number of Montana children in foster care more than doubled; in 2016, 64% were removed from the home because of parental substance abuse. Many delivering hospitals report increasing numbers of drug and alcohol-exposed newborns. In a 2015 survey, 42% of Montana mothers reported symptoms of postpartum depression.

At the beginning of the Meadowlark Initiative in 2017, only 6% of Montana's state-licensed Substance Abuse Disorder treatment programs served pregnant women. Screening and treatment for prevalent mental illnesses are not yet routine in prenatal and postpartum care.

Based on research and examples from other states, implementing a supportive, team-based approach to prenatal and postpartum care along with better coordination between healthcare providers and social service agencies offers a powerful way to improve these outcomes.

The Meadowlark Initiative provides funding and technical assistance to allow medical practices that provide prenatal and postpartum care to implement a coordinated, team-based approach that improves outcomes for women with Substance Use Disorders and mental illness. The initiative will support at least one prenatal practice in each Montana community that has a hospital that delivers babies.
Governor Bullock and I launched the Meadowlark Initiative last year. It is funded and supported through a public-private partnership between the Montana Healthcare Foundation and the Montana Department of Public Health and Human Services.

2. What is your position on Montana joining the CMS Demonstration Project and getting Certified Community Behavioral Health Centers (CCBHCs) funded by CMS and Montana Medicaid?

Medicaid as provided is often a compilation of available Medicaid state plan options, with little in the way of unifying structures to ensure coordination of care or linkages to other systems. The Substance Abuse and Mental Health Services Administration (SAMHSA) recently announced Certified Community Behavioral Health Clinic (CCBHC) program seeks to address these challenges through the development of community behavioral health organizations that offer a comprehensive array of services, with standards designed to foster continuity and coordination.

One shortfall of the program is that it only provides for 2 years of enhanced federal funding. Such programs should be set up to be more sustainable longer term.

3. What are your plans for developing a comprehensive and coordinated approach to care for adults and children living with behavioral health challenges?

Chronic conditions are among the most common, costly, and preventable of all health problems. In fact, chronic conditions account for 86 cents on the dollar of all healthcare spending. And the most costly medical conditions in terms of healthcare expenditures are: heart disease, cancer, behavioral health needs, and diabetes, and chronic respiratory diseases like COPD and asthma. Behavioral health needs also frequently co-occur with other chronic conditions.

Patients with multiple chronic conditions cost up to seven times as much as patients with only one chronic condition. Behavioral health needs and chronic diseases are closely related. Chronic diseases can exacerbate symptoms of depression, and depressive disorders can themselves lead to chronic diseases.

Yet in Montana, like many other rural states, we still pay for behavioral health care in ways that reward doing more, rather than being efficient. Our current healthcare system is fragmented in a way that leads to disrupted relationships, poor information flows, and misaligned incentives that combine to degrade quality and increase cost.

In fee-for-service, we get what we pay for:

- More volume – to the extent fee-for-service payments exceed costs of additional services, they encourage providers to deliver more services and more expensive services.
- More fragmentation – paying separate fees for each individual service to different providers perpetuates uncoordinated care.
- More variation – separate fees also accommodate wide variation in treatment patterns for patients with the same condition – variations that are not evidence-based.
- No assurance of quality – fees are typically the same regardless of the quality of care, and in some cases (e.g., avoidable hospital readmissions) total payments are greater for lower-quality care.

Incentivizing quality over quantity across the healthcare system will help free up funds to modernize our behavioral health system. We need to provide funding to:

- Build and strengthen communities' systems for serving people in mental health crisis or at risk of moving into crisis.
- Incentivize providers to practice in rural and underserved communities.
- Provide practice transformation funding up front so that providers can cover the costs of enhancing coordination, integration, and community partnerships.

4. Given the impact of COVID-19 on Montana's behavioral health system and the increased need for services, how would you prepare the state for another emergency?

We live in a dynamic and rapidly evolving time in healthcare and especially in behavioral health. In times like these it makes sense to learn from this experience and look at how we can come out of this crisis to be better than we were before.

It is essential that we continue the enhanced Telehealth services Montana has provided during the emergency. Governor Bullock and I have ensured that Medicaid led the way, providing both a critical way to keep patients connected to some level of treatment and ensure we have a behavioral health system to go back to when we get through this together.

We also need to strengthen our health care system to make sure that we are reducing the number of uninsured, not increase these numbers, and to take a closer look at private insurance regulations where true parity in behavioral health coverage has not been achieved or is not being enforced.