Opinion by Medical Directors from the Community-Based Mental Health Centers
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FROM BAD TO WORSE: HOW TO SPREAD THE EPIDEMIC OF SUBSTANCE USE IN MONTANA

Montana Substance Use Statistics:

- Since the year 2000, more than 700 Montanans have died from opioid overdose.
- 44% of all drug overdose deaths are attributable to opioids.
- One in seven high school students has taken prescription drugs without a doctor’s prescription.
- 90% of Montanans with a Substance Use Disorder are not receiving treatment.
- There are 300 deaths attributed to alcohol in Montana annually.
- 83% of all traffic fatalities are attributable to alcohol.
- There was a 427% increase in meth violations from 2010-2015.1

Comprehensive Community Mental Health Centers were created in 1963 by President John F. Kennedy when he signed into law the Community Mental Health Act. This Act drastically altered the delivery of mental health services. The law led to the establishment of comprehensive community mental health centers throughout the country, and it helped people with mental illnesses that were “warehoused” in hospitals and institutions move back into their communities.

In Montana, the law led to the creation of four community-based comprehensive mental health centers: Western Montana Mental Health Center, Center for Mental Health, South Central Montana Regional Mental Health Center, and Eastern Montana Community Mental Health Center. We write today as the medical directors for these four centers.

Montana’s revenue shortfall recently has caused drastic cuts to our budgets, as well as many other social service agencies that serve some of Montana’s most vulnerable people. To date, cuts have been implemented that have severely reduced our budgets, caused the closing of treatment programs, impacted therapeutic group homes, required dozens of staff to be laid off, and put in jeopardy our ability to continue to treat our clients with community-based programs. These cuts are reminiscent of the managed care debacle when the State partnered with an out-of-state company, Magellan, in the mid-1990s.

Now, the state is proposing additional cuts to treatment for our Behavioral Health clients. Substance Use Disorders and Mental Health Conditions overlap 80% of the time. These are people living with a substance use disorder from alcohol, prescription drugs, or substance use. We find ourselves on the frontline of a national epidemic. According to Montana’s Attorney General, Tim Fox, one in 10 Montanans is dependent on or abusing drugs or alcohol.2 In Montana’s Department of Public Health and Human Services (DPHHS) Substance Abuse Prevention and Treatment Services State Plan 2015-2018, the State lists as its first goal, “To provide evidence-based program supports and services that improves and sustains the recovery of individuals with substance abuse disorders to provide needed services to a minimum of 10,000 people per year.”3

However, the new rule proposed by DPHHS actually suggests cutting the rate paid for SUD assessments, shortening the number of hours for group treatment sessions, reducing the number of group sessions available to those needing treatment support for recovery, increasing the staffing requirements for recovery homes, and reducing the rates of reimbursement for all services which ultimately will grossly reduce the availability of services in Montana communities. These reductions in reimbursement further cripple the ability to pay a fair wage to the clinicians who serve these clients.

This is ineffective for obvious reasons, and even more so in that the Attorney General recently held a summit to support Montana in this time of substance use disorder crisis, specifically with opioid and methamphetamine use disorders. In addition, the State wisely expanded SUD service options through Medicaid Expansion so that more treatment could be provided, which was an excellent move. However, with the severe reduction of reimbursement rates and the time restrictions for groups, as well as the reduction of the assessment rate, the State is now, wittingly or unwittingly, forcing a reduction in access to available treatment.

For over 10 years, the Substance Abuse and Mental Health Services Administration (SAMHSA) and the State of Montana have actually promoted the development of Integrated Behavioral Health Care which is currently reflected in the award of a SAMHSA grant to fund treatment statewide to address the current opioid epidemic in Montana. This requires the ability to provide appropriate levels of care and wrap-around services based on an integrated care model. The State’s proposed action to decrease treatment availability and reimbursement rates raises serious questions regarding our collective ability as providers to service the grant. These actions potentially will deny access to our citizens not only for the grant project, but across all levels of treatment services state-wide.

It is important to note that the standards for treating SUDs were not devised by the Montana providers, but by the American Society of Addiction Medicine (ASAM). Forcing providers to offer less treatment than what is required by ASAMs evidence-based standards is detrimental to the citizens of Montana.

These proposed changes appear arbitrary and not well thought out. In any medical treatment system, one seemingly small or relatively insignificant change causes a domino effect on the entire treatment delivery system which results in devastating reductions in the treatment efficacy. These changes are neither based on best practices nor do they align with the national standards of care. If the proposed rules are brought into being, Montana will experience a collapse of treatment for substance use disorders, simply because we cannot afford to sustain our services.

These short-sighted measures only result in a shifting of costs to the criminal justice system, our hospitals, emergency rooms, social services, foster care, and Montana State Hospital. Let alone the guaranteed increase in deaths from overdoses that accompany a lack of available resources.

If the State decides to re-engage with Magellan for managed care, Montanans will find themselves reliving the not-so-distant history of Magellan gutting behavioral health care in Montana. The State’s decision to partner with Magellan in the mid-1990s eventually led to the closing of several psychiatric and substance abuse programs across the state and led to the demise of a continuum of care for all services. Do we want to be there again?
The bottom line is Montanans lose access. When we should be moving forward with increased treatment options we are heading in exactly the opposite direction.

Mental health and SUD providers have repeatedly asked to come to the table to have an actual conversation about SUD services with AMDD and DPHHS, and how we can play a part in the reduction of the budget. We are continually surprised by the arbitrary cuts being proposed without any input from the medical community.

There is a solution, and we need to find it together. If this doesn’t occur, mental health and SUD treatment services in Montana will be shamefully lacking in a time when they are needed more than ever.

Signed:
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1 Addressing Substance Use Disorder in Montana, Strategic Plan: Interim Draft Report, MT DPHHS, 2017-2019
2 AID Montana, "Substance Use in Montana," MT Department of Justice, September 2017
3 MT DPHHS, Substance Abuse Prevention and Treatment Services State Plan 2015-2018