Proposed Recommendations for Commission Report

Behavioral Health System for Future Generations (BHSFG) Commission

April 23rd, 2024

MONTANA DPHHS

DEPARTMENT OF
**PUBLIC HEALTH &
HUMAN SERVICES**

Executive Summary | Goals and Next Steps

Goals of today's meeting:

- Review and discuss initial list of proposed recommendations.
- Receive Commissioner feedback and input on these recommendations.

Next steps after today:

- **Between April and May meetings:** DPHHS incorporates Commission and public feedback from April meeting and begins drafting final report. Commissioners and public provide further input as needed during this period.

- **May 20th Commission meeting:** DPHHS presents, and Commission discusses, a draft of the final report. Commission receives public comment on the draft report.

- **Between May and June meetings:** DPHHS further validates draft report with key stakeholders and works towards report finalization. Commissioners and public provide further input as needed during this period.

- **June 28th Commission meeting:** DPHHS presents final report to Commission for adoption.

Executive Summary | BHSFG Recommendations Overview

Taken together, these proposed recommendations:

- Touch every part of the behavioral health and developmental disabilities continuum of care.
- Address the Commission's stated priorities and incorporate a diverse range of stakeholder input.
- Serve every population (e.g., adult BH, children's BH, DD, dual diagnosis).

The sixteen (16) behavioral health recommendations aim to:

1. Improve **case management**, enhancing a person's ability to navigate the continuum and get the right care, at the right time, in the right place.
2. Expand the **number and kind of services offered across the continuum** to better serve the needs of Montanans.
3. Incentivize people to **join and stay in the behavioral health workforce**, ensuring greater stability and higher quality of services.

The five (5) developmental disabilities recommendations aim to:

1. Expand **access points to the service system** to better support the needs of families.
2. Modernize **the funding of services to support more person-centered services** while supporting service provider flexibilities and sustainability.
3. Expand **the array of services available to provide more options that better align with the needs of individuals** with developmental disabilities.

Executive Summary | Sustainability Considerations

Sustainability is a key consideration in developing BHSFG recommendations.
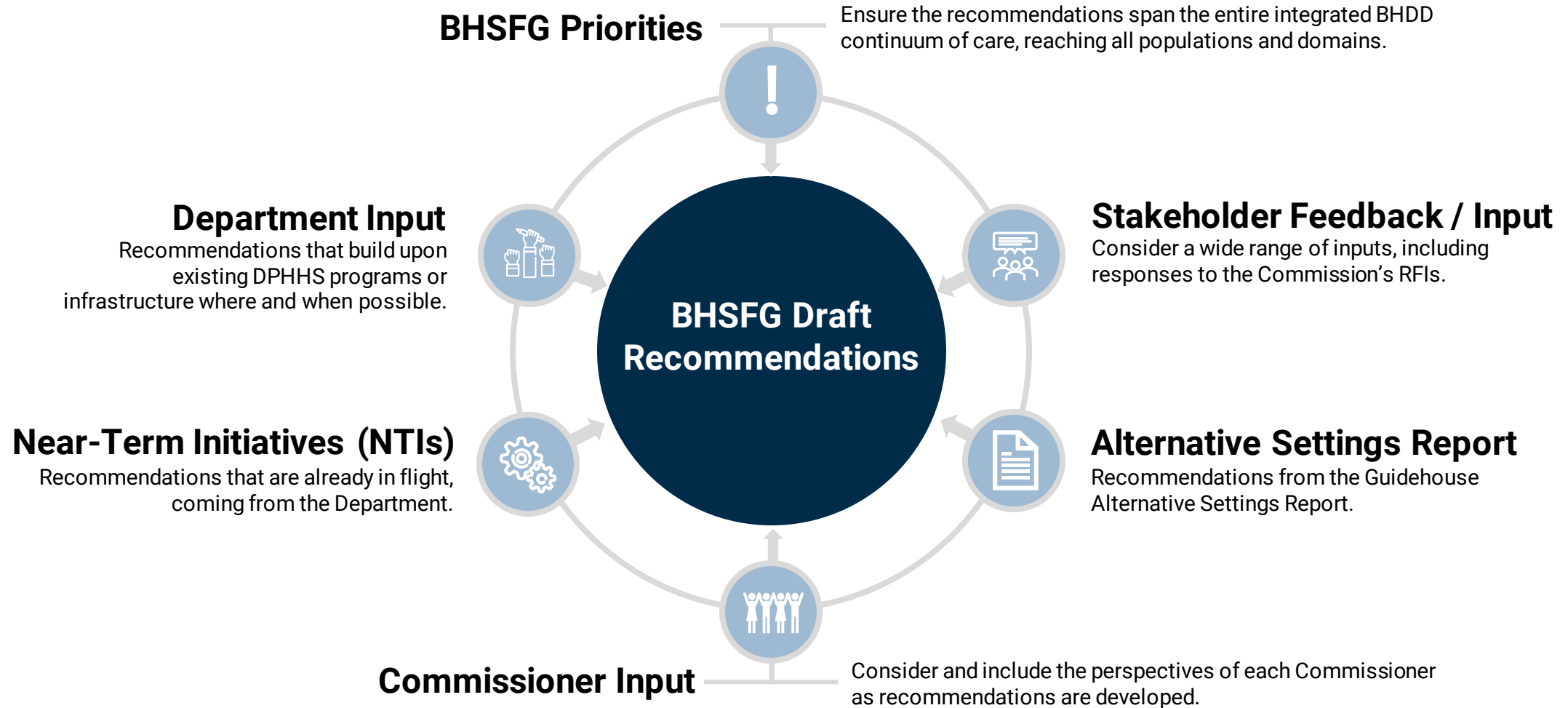
- Cost details are a work in progress and will take into account Commission feedback and input from today's meeting.
- BHSFG recommendations in the final report will likely include the following cost and funding details:

BHSFG Cost Types	Notes
One-Time Only (OTO)	One-time only costs covered by BHSFG funds.
Limited Recurring	Costs that recur on an annual basis but will be covered over a limited timeframe (e.g., 1-2 years) by BHSFG funds. It is anticipated that these costs will ultimately be addressed by long-term funding (below).
Long-Term Cost Types	Notes
Total Recurring	Costs that recur on an annual basis and that will be covered by both federal (e.g., Medicaid reimbursement) and state (e.g., General Fund) funding sources.
State-Only Recurring	Costs that recur on an annual basis and that will be covered only by the state (e.g., from the General Fund).

Long-term sustainability of BHSFG recommendations may be achieved by several means:

- Medicaid reimbursement (e.g., addition to state plan; waiver)
- Federal grant programs (e.g., SAMHSA Mental Health Block Grants)
- Dedicated state funds (e.g., General Fund, agency budgets)
- Public-private partnerships, philanthropic funding, or other non-government sources.
- Blending and braiding combinations of the sources above.

DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES

BHSFG Priorities

Ensure the recommendations span the entire integrated BHDD continuum of care, reaching all populations and domains.

Department Input

Recommendations that build upon existing DPHHS programs or infrastructure where and when possible.

Stakeholder Feedback / Input

Consider a wide range of inputs, including responses to the Commission's RFIs.

BHSFG Draft Recommendations

Near-Term Initiatives (NTIs)

Recommendations that are already in flight, coming from the Department.

Alternative Settings Report

Recommendations from the Guidehouse Alternative Settings Report.

Commissioner Input

Consider and include the perspectives of each Commissioner as recommendations are developed.

DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES

Developmental Disabilities

Refine and Reconfigure Waiver Services Rates

Recommendation #1

Refine and reconfigure the current 208 Comprehensive Waiver services rates

➢ Implement a standardized assessment tool that can measure level and complexity of support needs.
➢ Re-engineer the reimbursement model for Residential Habilitation, Day Habilitation, and other Personal Support services to account for level of acuity and support need.

Summary of Findings

Current practices in DDP do not utilize a standardized, validated assessment tool to measure the level of need or acuity of individuals being served. While the current reimbursement model does have service tiers, these tiers are only differentiated by number of hours of support, and do not take into consideration altered staffing ratios, enhanced support needs, or other provider operating costs to support people with more complex needs.

Theme:	Continuum Capacity
Population Impacted:	DD — Adults
Place in Continuum:	Supports/Services
BHSFG Priority # (1-7):	5. Capacity of DD service system 6. Capacity of co-occurring populations
Stakeholder Input:	Alt. Settings Report, BHSFG Commission Meetings — Panels and Public Comment

HB 872 Requirements

Intended Outputs	Intended Outcomes	Key Performance Indicators (KPIs)	Proposed Funding
1. More expansive rate methodology providing tiered rates set by level of acuity across service domains.	1. Providers are more appropriately incentivized to support individuals with complex needs. 2. The needs of people with I/DD are better met by service reimbursement rates that are more aligned to their unique needs.	1. ED and/or out-of-state placements are reduced. 2. Greater detail is available through MMIS to support state budgeting and waitlist management. 3. Provider capacity is stabilized and/or expanded. 4. Reliance on state-operated facilities is reduced.	**HB 872 Investment** *In Progress - To Be Determined*

DEPARTMENT OF **PUBLIC HEALTH & HUMAN SERVICES**

Expand Access to Waivered Services Through a Supports Waiver

Recommendation #2

Expand access to waivered services through a §1915(c) Supports Waiver

➢ Implement a new §1915(c) Supports Waiver focused on in-home support services.
➢ Expand the service reimbursement rates to include services under the new Supports Waiver.

Summary of Findings

Under current DDP operations, individuals and families eligible but waiting for services on the current waitlist are only able to access state plan service options. State plan services are limited in type, scope and duration, focused primarily on Targeted Case Management and therapy-based services. Outside of state plan services, individuals and families lack a more robust service array. Lacking services places greater unfunded demand on families, which may enhance crisis situations.

Theme:	Continuum Capacity
Population Impacted:	DD — Adults and Children
Place in Continuum:	Supports/Services
BHSFG Priority # (1-7):	5. Capacity of DD service system 6. Capacity of co-occurring populations
Stakeholder Input:	Alt. Settings Report, BHSFG Commission Meetings – Public Comment (Families)

HB 872 Requirements

Intended Outputs	Intended Outcomes	Key Performance Indicators (KPIs)	Proposed Funding
1. Expanded service options and improved access to services for families at a lower cost.	1. Individuals and families receive more timely access to a limited-service array, reducing crisis points. 2. Individuals have more service options to choose from, better aligning to their unique needs. 3. Early access to services that reduce reliance on more costly options if access is delayed.	1. ED and/or out-of-state placements are reduced. 2. Number of people on the waiting list is reduced. 3. Reduced length of time waiting for services. 4. Reliance on state-operated facilities is reduced.	**HB 872 Investment** *In Progress - To Be Determined*

DEPARTMENT OF
PUBLIC HEALTH & HUMAN SERVICES
MONTANA DPHHS

Expand Service Options for People with Dual Diagnosis

Recommendation #3

Expand service options for people with dual diagnosis by adding a new 208 Comprehensive Waiver service called Enhanced Community Living

➢ Enhanced Community Living is a form of specialized Residential Habilitation for people with complex medical and/or behavioral health needs.
➢ The service would be limited to no more than 4-person homes with higher staffing qualifications, lower staffing ratios, and specialized reimbursement rates.

Summary of Findings

Under current service availability, Residential Habilitation uses a tiered reimbursement structure based on the number of hours of support needed for each individual in a home. While appropriate for the general population of people using the service, individuals with complex behavioral and/or medical support needs often require higher staffing ratios and higher staffing qualifications that may not be met in a standard group home model.

Theme:	Continuum Capacity
Population Impacted:	DD — Adult
Place in Continuum:	Supports/Services
BHSFG Priority # (1-7):	5. Capacity of DD service system
Stakeholder Input:	Alt. Settings Report

HB 872 Requirements

Intended Outputs	Intended Outcomes	Key Performance Indicators (KPIs)	Proposed Funding
1. Reductions in out-of-state placements. 2. Increased severability of people with complex needs from providers.	1. People with complex support needs are able to stay in their local communities, leverage natural supports, and receive adequate services and resources to meet their needs.	1. Reduced out-of-state placements. 2. Reliance on state-operated facilities is reduced.	**HB 872 Investment** *In Progress - To Be Determined*

Redefine and Reopen Evaluation and Diagnostic Clinics

Recommendation #4

Redefine and reopen evaluation and diagnostic (E&D) clinics to support families more effectively

➢ Engage with stakeholders (families, medical professionals, and service providers) to redefine the intent and scope of E&D clinics to better meet family and state needs.
➢ Launch a pilot of E&D clinics operating under the newly defined role to evaluate effectiveness.

Summary of Findings

Due to budget cuts during SFY 2017/2018, three previously operating E&D clinics were discontinued. Closure of these clinics has caused a significant bottleneck for families seeking evaluation services to most efficiently gain access to the DDP waitlist. The loss of these services has created an extended waitlist for families to receive screening due to limited options, further extending the time families spend waiting for services.

Theme:	Case Management
Population Impacted:	DD − Children
Place in Continuum:	Supports/Services
BHSFG Priority # (1-7):	5. Capacity of DD service system 7. Family and caretaker supports
Stakeholder Input:	BHSFG Commission Meetings – Panels and Public Comment

HB 872 Requirements

Intended Outputs	Intended Outcomes	Key Performance Indicators (KPIs)	Proposed Funding
1. Increased effectiveness and efficiencies in screening for service eligibility. 2. Expanded opportunities for family peer connection. 3. Increased coordination between early childhood services and DDP programs. 4. Establishment of a No Wrong Door-like system.	1. Individuals and families will have greater access to screening services, reducing wait times and increasing the effectiveness of identifying appropriate/eligible services.	1. Reduced wait times for screening. 2. More accurate and up-to-date data on service eligibility and demand.	**HB 872 Investment** *In Progress - To Be Determined*

DEPARTMENT OF
**PUBLIC HEALTH &
HUMAN SERVICES**

Identify Improvements to the Waitlist Management Process

Recommendation #5

Conduct an in-depth study of the current DDP waitlist management process

➤ Identify process changes to collect more robust information about individuals waiting for service (including priority of need, type of services needed, and level of support needed).
➤ Identify updated information technology systems to modernize and centralize data input, tracking, and reporting support operations.

Summary of Findings

DDP currently manage a waitlist of roughly 2,100 individuals (almost equal to the number of people receiving funded waiver services). However, the current process collects limited data that, due to limited staffing and antiquated operating systems, is not updated consistently or frequently. Lacking key information on waitlist participants reduces the State's ability to proactively forecast service demand, provider capacity need, and legislative appropriations to meet the needs of those waiting for services.

Theme:	Case Management
Population Impacted:	DD — Adults and Children
Place in Continuum:	Supports/Services
BHSFG Priority # (1-7):	5. Capacity of DD service system
Stakeholder Input:	Alt. Settings Report, BHSFG Commission Meetings – Public Comment

HB 872 Requirements

Intended Outputs	Intended Outcomes	Key Performance Indicators (KPIs)	Proposed Funding
1. Increase ability to project current and future service needs to better support capacity development and budget planning.	1. More refined structures may help reduce waiting times for families and improve equitable access to service.	1. DDP is able to make more targeted, data informed budget requests to inform program access and growth.	**HB 872 Investment** *In Progress - To Be Determined*

DEPARTMENT OF **PUBLIC HEALTH & HUMAN SERVICES**

Behavioral Health

Case Management

Enhance the Targeted Case Management Program

Recommendation #6

Enhance the Targeted Case Management (TCM) program to improve health outcomes for eligible individuals

- ➤ Re-evaluate the current TCM reimbursement model (e.g., by population, quality, intensity, or outcomes) for all TCM services.
- ➤ Conduct a system adequacy study to identify TCM utilization across current service providers, service availability, and current met and unmet service need.
- ➤ Support and incentivize providers to measure outcomes on a path toward more value-based models.

Summary of Findings

- Montana's long-term vision is to provide robust care coordination, case management, and discharge planning to successfully transition people with behavioral health needs from higher levels of care to home and community settings.
- In FY23 TCM was delivered to roughly 5,000 unique Medicaid members, accounting for 2% of the Medicaid population. Estimates indicate that approximately 10% of the Medicaid population has an SMI, SED, or SUD.
- Diagnosis is only part of the eligibility criteria for TCM. The target population is further segmented by considering (1) medical necessity (recommended by providers), and (2) whether a person is actively participating in treatment.
- A revised TCM program would serve this specific population, but further segment the population to focus resources and payments on those with the highest level of need.

Theme:	Case Management
Population Impacted:	All
Place in Continuum:	All
BHSFG Priority # (1-7):	3. Capacity of adult BH service delivery 4. Capacity of children's BH service delivery 5. Capacity of DD service delivery system 6. Capacity of co-occurring populations delivery system
Stakeholder Input:	BHSFG Commission Meetings - AMH, CMH

HB 872 Requirements

Intended Outputs	Intended Outcomes	Key Performance Indicators (KPIs)	Proposed Funding
1. New reimbursement model that considers TCM eligibility requirements, acuity, health related social needs, and clinical presentation. 2. Specific requirements by intensity for level of effort and subsequent rates. 3. Increase provider capacity and accountability to collect outcomes and participate in value-based models. 4. Adopt standardized assessment tools to assess acuity and appropriate service array.	1. Decrease avoidable, high-cost service utilization (e.g., inpatient psychiatric) for people receiving TCM. 2. Increase utilization of preventive care for people receiving TCM.	1. Reduction in Emergency Department visits. 2. Increase in primary care visits for people receiving TCM.	**HB 872 Investment** *In Progress - To Be Determined*

DEPARTMENT OF **PUBLIC HEALTH & HUMAN SERVICES**

Develop a Targeted Case Management Training Program

Develop a training program for targeted case managers

- ➤ Develop a training curriculum that provides tools and skills for targeted case managers that (1) promotes understanding of best practices, service planning and treatment options, (2) ensures fidelity to the TCM model, and (3) ensures delivery of TCM with a focus on outcomes.
- ➤ Improve the quality and consistency of TCM delivery, qualification standards, and workforce stability through a prescribed learning path with a certification.
- ➤ Integrate staff training that accounts for the cultural and linguistic diversity that is reflective of Montana's unique populations (i.e., American Indian / tribal population).

Summary of Findings

- A new TCM curriculum will ensure (1) program compliance, (2) employment of effective case management practices, (3) capacity to effectively deliver a new tiered TCM model (recommended in this report), and (4) fidelity to the model.
- There are several states (e.g., MN, ME, KY, AL) that offer TCM training programs as well as existing national trainings that Montana could leverage for training curriculum, some with certification.
- The proposed TCM training curriculum would focus on population-specific interventions, engagement strategies, use of assessment tools, compliance with TCM rules (eligibility, services and staffing), and model fidelity approaches and considerations.

Theme:	Case Management
Population Impacted:	All
Place in Continuum:	All
BHSFG Priority # (1-7):	3. Capacity of adult BH service delivery 4. Capacity of children's BH service delivery 5. Capacity of DD service delivery system 6. Capacity of co-occurring populations delivery system
Stakeholder Input:	BHSFG Commission Meetings

HB 872 Requirements

Intended Outputs	Intended Outcomes	Key Performance Indicators (KPIs)	Proposed Funding
1. Develop a training curriculum for case managers and middle management that: - Teaches effective, person-centered case management. - Provides skill building in supervision and management of productivity. 2. All TCM staff members receive the training. 3. TCM teams more effectively identify level of need and assign case managers more systematically, with caseloads considering service intensity.	1. Increase targeted case manager skill, as measured through competency-based surveys (e.g., pre-post tests). 2. Increase the speed and efficacy of targeted case management services, as measured by post-event (ED, MCR) tracking. 3. Increase fidelity to the TCM model.	1. Increased quality of the workforce. 2. Improved compliance with staffing requirements. 3. Provider capacity and workforce stability. 4. Improved fidelity to the TCM model.	**HB 872 Investment** *In Progress - To Be Determined*

DEPARTMENT OF **PUBLIC HEALTH & HUMAN SERVICES**

Implement a Care Transitions Program

Recommendation #8

Implement a care transitions program

➢ Design and implement a care transitions service, for individuals discharged from institutions, which facilitates reintegration back into their community.
➢ Provide culturally and linguistically responsive discharge planning that reflects the diversity of unique populations across Montana (i.e., American Indian / tribal population).
➢ Identify and secure federal funding options for long-term program sustainability (e.g., SPA, waiver, etc.).

Summary of Findings

- Montanans discharging from psychiatric settings are at high risk. Many people "fall through the cracks" and are readmitted to hospitals because their physical, mental, or social determinants of health are not addressed.
- Data indicates some psychiatric hospitals in Montana can have up to a 24% readmission rate. Poor discharge planning and a lack of transition support back to the community are likely contributors to this high readmission rate.
- Evidence-based programs like Critical Time Intervention (CTI) represent cost-effective models that Montana could implement. CTI is an intensive, time-limited service that helps discharged individuals connect with and use community supports and resources, including health care, housing, employment, and state and/or federal benefits.

Theme:	Case Management
Population Impacted:	BH – Adults
Place in Continuum:	Recovery
BHSFG Priority # (1-7):	2. Clinically appropriate state-run health care 3. Capacity of adult BH service delivery
Stakeholder Input:	BHSFG Commission Meetings - AMH

HB 872 Requirements

Intended Outputs	Intended Outcomes	Key Performance Indicators (KPIs)	Proposed Funding
1. People discharged from psychiatric hospitals with care transitions support have a tailored discharge/reintegration plan and community connections. 2. Increase post-acute appointment attendance. 3. Increase medication adherence, specifically ensuring that all people fill initial prescriptions.	1. Reduce readmissions for people discharged from inpatient psychiatric care. 2. For people who are readmitted to a hospital, reduce their length of stay. 3. Increase number of positive step-down to less restrictive settings.	1. Increase in number of individuals re-integrated into the community following discharge. 2. Decrease in readmissions to psychiatric settings.	**HB 872 Investment** *In Progress - To Be Determined*

Continuum Capacity

Enhance 988 Call Center Coordination and Support Capabilities

Recommendation **#9**

Enhance 988 call center coordination and support capabilities

➢ Formalize agreements with Public Safety Answering Points (PSAPs) to appropriately respond to individuals in crisis.
➢ Support 988 call centers' capacity to support real time virtual coordination with first responders for de-escalation when MCR services are not locally available.

Summary of Findings

- Montana has three 988 call centers, funded through a combination of SAMHSA, state funds, and other grants.
- In February 2024, these call centers received 879 calls, responded to 98% in-state (the national average is 89%), with 72% of the issues on the calls resolved by the 988-call center.
- Historically, Public Safety Answering Points (PSAP), not 988, authorize mobile crisis response. Communication between 988 and PSAPs is inconsistent. There are opportunities to better leverage the training and tools (211) possessed by 988.
- Other rural states have invested in innovative virtual technology solutions to connect first responders to BH professionals when people are experiencing a crisis. The 988 call centers should coordinate connection to these services.

Theme:	Continuum Capacity
Population Impacted:	All
Place in Continuum:	Crisis
BHSFG Priority # (1-7):	1. Comprehensive crisis system
Stakeholder Input:	BHSFG Commission Meetings

HB 872 Requirements

Intended Outputs	Intended Outcomes	Key Performance Indicators (KPIs)	Proposed Funding
1. Implement formal dispatch protocol for responders to crises.	1. Decrease the number of calls that require Emergency Department (ED) or higher level of intervention.	1. Agreements between 988 and local 911 are formalized.	**HB 872 Investment**
2. Provide first responders with technology to coordinate with BH providers during crisis calls.	2. Decrease the number of people with BH crisis who are arrested.	2. Provider information in 211 system is updated and accurate.	*In Progress - To Be Determined*
3. Enhance access to BH crisis services in rural areas.	3. Increase the number of service connections made through 988.		

DEPARTMENT OF
PUBLIC HEALTH & HUMAN SERVICES

Expand Mobile Crisis Response to Additional Regions

Recommendation #10

Expand Mobile Crisis Response (MCR) to additional regions in Montana

➢ Offer grant funding to providers, for 1) start up and 2) non-billable service costs, to expand access to Medicaid-covered MCR in densely populated regions where MCR is not currently delivered.
➢ Issue an RFP for new rural approaches to MCR services in areas with extreme staffing shortages and low forecasted utilization rates. Models may include leveraging existing providers (e.g., BH, CMHCs) to virtually support local MCR teams, first responders and/or available providers to rapidly respond in-person.
➢ Assess potential adjustments to the MCR rate to consider regional differences (e.g., additional response time in rural areas).

Summary of Findings

- Montana has 6 mobile crisis teams, and none in the eastern part of the state.
- There is concern that mobile crisis teams may not have the utilization in underserved areas to sustain the costs of deploying MCR teams.
- Innovative solutions should be leveraged, such as a hub and spoke model that includes a central "hub" of staff (e.g., BH professionals, CMHCs) virtually connecting with the spokes – peers, CHWs, EMT, MCRs – deployed in the community to assist people in crisis.

Theme:	Continuum Capacity
Population Impacted:	All
Place in Continuum:	Crisis
BHSFG Priority # (1-7):	1. Comprehensive crisis system 3. Capacity of adult BH service delivery
Stakeholder Input:	Alt. Settings Report, BHSFG Commission Meetings

HB 872 Requirements

Intended Outputs	Intended Outcomes	Key Performance Indicators (KPIs)	Proposed Funding
1. Increase MCR reach to cover underserved regions. 2. Increase capacity of MCR teams to provide access to 24/7 crisis services.	1. Reduce the number of behavioral health emergencies resulting in jail or emergency department interaction. 2. Increase MCR team response within one hour of dispatch in urban (two hours for rural communities; three hours for remote communities). 3. Increase the number of people receiving MCR support.	1. Grant funding that prioritizes underserved regions, released in a timely manner. 2. Adherence to the Crisis Now model guidelines for "someone to respond" in urban areas. 3. Innovative model options for rural areas are identified.	**HB 872 Investment** *In Progress - To Be Determined*

DEPARTMENT OF
**PUBLIC HEALTH &
HUMAN SERVICES**

Introduce New Crisis Stabilization and Receiving Center Services

Recommendation #11

Introduce new Crisis Stabilization and Receiving Center Services

➢ Provide one-time grant funding to fund new Crisis Stabilization Services for adults in high-priority need areas with service gaps, extreme staffing shortages and low forecasted utilization rates.
➢ Release an RFP to fund new child and adolescent pilot programs for individuals: (1) experiencing a behavioral health crisis who need immediate stabilization services; and (2) with emerging behavioral health conditions that need services and supports who do not present as an imminent threat of harm to self or others.
➢ Assess the long-term costs, sustainability and development of new Medicaid service and rates for crisis stabilization service models for children and adolescents.

Summary of Findings

- Montana currently has a limited number of crisis stabilization and receiving centers for adults in select regions of the state.
- Most rural areas lack reasonable access (<4 hours) to any type of behavioral health Crisis Stabilization & Receiving Center Services.
- The State currently does not have any dedicated crisis stabilization and receiving center services for children and adolescents.
- Existing service regulations and standards should undergo a quality review and improvement process to support sustainability and align the health care facility licensing rules with Medicaid service requirements.

Theme:	Continuum Capacity
Population Impacted:	All
Place in Continuum:	Crisis
BHSFG Priority # (1-7):	1. Comprehensive crisis system 3. Capacity of adult BH service delivery 4. Capacity of children's BH service delivery
Stakeholder Input:	Alt. Settings Report, BHSFG Commission Meetings

HB 872 Requirements

Intended Outputs	Intended Outcomes	Key Performance Indicators (KPIs)	Proposed Funding
1. Increase access to rapid stabilization services for children and adolescents. 2. Increase access to crisis services in high priority/need areas. 3. Increase the capacity, and ensure the long-term sustainability of stabilization services (that may include re-opening beds closed during COVID).	1. Decrease use of emergency departments for BH crises. 2. Decrease number of clients who need psychiatric hospitalization. 3. Increase percentage of visits resulting in discharge to community-based setting. 4. Increase percentage of referrals to BH providers.	1. Establish new regulations, Medicaid policies and rates for child and adolescent services. 2. Decrease in youth psych ED boarding. 3. Decrease in avoidable BH-related hospitalizations. 4. Inclusion of Medicaid amendment in SPA.	**HB 872 Investment** *In Progress - To Be Determined*

DEPARTMENT OF
**PUBLIC HEALTH &
HUMAN SERVICES**

Expand Scope of the Certified Adult Peer Support Program

Recommendation #12

Expand the scope of the Certified Adult Peer Support program by widening eligibility and increasing applicable settings

➢ Amend the certified peer support Medicaid benefit to include (1) non-Severe Disabling Mental Illness (SDMI, or individuals with moderate behavioral health conditions), and (2) settings designated as "licensed agency" in the State Plan.

➢ Encourage the recruitment and hiring of additional certified peer support specialists through new start-up and incentive funding.

Summary of Findings

- Peer support services are shown to reduce stigma, connect people to services, and minimize dependence on more disruptive emergency treatment.
- In SFY23, 33 providers (8 Mental Health Centers, 21 SUD providers, and 4 FQHCs) provided peer support services.
- Certified adult behavioral health peer support services are currently available to individuals with (1) a severe disabling mental illness (SDMI), and/or (2) a substance use disorder (SUD) diagnosis. Non-SDMI members are currently not eligible.
- Current eligible settings include (1) agencies licensed to operate as mental health centers, and (2) agencies which are both state approved and licensed as an SUD residential or outpatient facility.

Theme:	Continuum Capacity
Population Impacted:	BH — Adults
Place in Continuum:	Prevention, Treatment
BHSFG Priority # (1-7):	3. Capacity of adult BH service delivery
Stakeholder Input:	Alt. Settings Report, RFI

HB 872 Requirements

Intended Outputs	Intended Outcomes	Key Performance Indicators (KPIs)	Proposed Funding
1. Offer peer support services to people with moderate mental health diagnoses. 2. Increase the number of people reached by peer support specialists by adding eligible settings. 3. Increase the number of certified peer support specialists.	1. Increase preventive service utilization. 2. Increase retention in mental health treatment. 3. Decrease inappropriate utilization of emergency interventions, including mobile crisis, crisis stabilization, EDs, and acute care hospitalizations.	1. Inclusion of Medicaid benefit amendment in State Plan. 2. Increase in the number of certified peer support specialists. 3. Updated contracts with additional funding and requirements. 4. Compliance with new standards.	**HB 872 Investment** *In Progress - To Be Determined*

DEPARTMENT OF
PUBLIC HEALTH & HUMAN SERVICES

Increase Support for People with SMI and/or SUD Experiencing Homelessness

Recommendation #13

Increase support for people with serious mental illness (SMI) and/or substance use disorder (SUD) experiencing homelessness

➢ Increase funding to existing PATH programs; award grants to new PATH programs.
➢ Coordinate with appropriate housing authorities to develop a Fair Market Rent (FMR) review to increase the purchasing power of housing vouchers.

Summary of Findings

- Montana, like many states, is struggling to address a growing number of people experiencing homelessness. Many of these individuals often also experience mental illness and/or substance use issues.
- There are nearly 2,200 Montanans experiencing homelessness, with an estimated 460 with a serious mental illness.
- A lack of reliable housing can compound behavioral health issues, leading to adverse outcomes.

Theme:	Continuum Capacity
Population Impacted:	All
Place in Continuum:	Prevention
BHSFG Priority # (1-7):	3. Capacity of adult BH service delivery 4. Capacity of children's BH service delivery
Stakeholder Input:	BHSFG Commission Meetings – CMH, MT Coalition to Solve Homelessness

HB 872 Requirements

Intended Outputs	Intended Outcomes	Key Performance Indicators (KPIs)	Proposed Funding
1. Increase coverage of PATH programs. 2. Set a fair market rate that matches Montana housing costs.	1. Increase the number of people with SMI/SUD experiencing homelessness who receive BH services. 2. Reduce ED utilization for people with SMI/SUD experiencing homelessness. 3. Fewer people with SMI/SUD experience homelessness due to voucher constraints.	1. Increased funding allocation to PATH programs (both existing and newly awarded grants). 2. Fair market alignment for housing vouchers.	**HB 872 Investment** *In Progress - To Be Determined*

Launch a Media Campaign to Raise Awareness and Reduce Stigma

Recommendation #14

Launch a campaign to 1) inform Montanans of new behavioral health services, and 2) raise awareness and reduce stigma around behavioral health

➢ Communicate consistent messaging to all communities about ways to connect and access behavioral health supports and services.
➢ Offer clear "How do I engage with DPHHS providers?" guidance to anyone in need of behavioral health care.
➢ Campaign materials, messaging and delivery integrates cultural and linguistic diversity across Montana that is reflective of its unique populations (i.e., American Indian / tribal population).

Summary of Findings

- Montana's frontier nature can be challenging, and may contribute to a sense of isolation, misunderstanding of symptoms, and disconnect from potential life-saving services.
- All states face unique issues related to engagement and stigma. Some have created campaigns that build off their state's identity. Montana can borrow applicable ideas from other state campaigns.
- The BHSFG Commission is expanding services and improving access. The proposed campaign would highlight existing and new opportunities for people to access help, especially high need services like 988 crisis call centers.

Theme:	Continuum Capacity
Population Impacted:	All
Place in Continuum:	Prevention
BHSFG Priority # (1-7):	All
Stakeholder Input:	Alt. Settings Report, RFI

HB 872 Requirements

Intended Outputs	Intended Outcomes	Key Performance Indicators (KPIs)	Proposed Funding
1. Deliver the BHSFG Commission's message to all defined target populations statewide. Channels may include: (a) TV/radio, (b) billboards, bulletins, posters, (c) news publications, (d) digital programming (e.g., social media).	1. Increase in mental health and SUD services delivered to people in need. 2. Decrease in mental health and SUD services provided by emergency departments and law enforcement (when avoidable). 3. Increase general awareness of BH symptoms and reduce stigma of BH.	1. Increase in community engagement with campaign materials and platforms.	**HB 872 Investment** *In Progress - To Be Determined*

DEPARTMENT OF
**PUBLIC HEALTH &
HUMAN SERVICES**

Reduce Transportation-Related Barriers to Care

Recommendation #15

Reduce barriers to care for non-emergency medical transportation (NEMT)

➢ Reduce administrative barriers to member claiming and reimbursement through a mileage pre-pay program.
➢ Reassess current NEMT supply and explore options that may include contracting with NEMT broker companies.

Summary of Findings

- For non-emergency medical transportation, Montanans overwhelmingly use private vehicles (70%), predominantly due to the lack of public transport options. Reimbursement lags are a reason stated for lower rates of "kept" appointments.
- Montana has limited public transportation options, especially in rural communities. Efficient selection of transportation options (e.g., hired taxi or van) may be improved through active management. Montana previously sought a NEMT broker through an RFI, with no responses.
- States use NEMT broker-led models to improve access, efficiency, and client experience.
- Currently, the Senior and Long-Term Care division uses a pre-pay program referred to as GoGo.

Theme:	Continuum Capacity
Population Impacted:	BH – Adults and Children
Place in Continuum:	Prevention, Treatment
BHSFG Priority # (1-7):	3. Capacity of adult BH service delivery 4. Capacity of children's BH service delivery
Stakeholder Input:	RFI

HB 872 Requirements

Intended Outputs	Intended Outcomes	Key Performance Indicators (KPIs)	Proposed Funding
1. Increase access to safe, reliable transportation.	1. Increased number of completed non-emergency transports to appointments. 2. Decrease use of ambulances or law enforcement for transport. 3. Decrease the lag and complexity of mileage reimbursement.	1. Increase in average time from dispatch to pick up. 2. Increase in the average driver turnaround.	**HB 872 Investment** *In Progress - To Be Determined*

DEPARTMENT OF **PUBLIC HEALTH & HUMAN SERVICES** — MONTANA DPHHS

Expand the Family Peer Support Program

Recommendation #16

Expand the family peer support (FPS) program for parents and caregivers of children with behavioral health issues and/or developmental disabilities

➤ Offer start-up grants to provider agencies seeking to hire a family peer supporter.
➤ Add family peer support to the state plan as a Medicaid-reimbursable service.

Summary of Findings

- While certified BH peer support for SED, SDMI and SUD is growing, family peer support is minimally offered in Montana and is not yet certified. It is therefore not yet Medicaid billable.
- In SFY 2023, 33 providers (8 Mental Health Centers, 21 SUD providers, and 4 FQHCs) provided peer support services.
- Peer support is an evidence-based program supported by CMS, shown to break down stigma and deliver help to people who may not seek it.
- The Commission approved an NTI to extend and expand current FPS grants. This recommendation complements that effort.

Theme:	Continuum Capacity
Population Impacted:	BH and DD — Children
Place in Continuum:	Prevention, Recovery
BHSFG Priority # (1-7):	3. Capacity of adult BH service delivery 4. Capacity of children's BH service delivery 5. Capacity of DD service system 7. Family and caretaker supports
Stakeholder Input:	BHSFG Commission Meetings – CMH, MT's Peer Network

HB 872 Requirements

Intended Outputs	Intended Outcomes	Key Performance Indicators (KPIs)	Proposed Funding
1. Increase the number of family peer support workers in Montana. 2. Formalize a path to certification for family peer support workers. 3. Increase access points to the service delivery system, including resources to families in navigating the system.	1. Fewer interactions with law enforcement and DPHHS due to violence or neglect in the home. 2. Increase use of supportive services like respite, family counseling, therapy. 3. Decrease in parent-reported negative outcomes, like work absences related to family discord.	1. Growth in the number of employed individuals within the family peer support network. 2. Formalization of family peer support inclusion in the Medicaid State Plan.	**HB 872 Investment** *In Progress - To Be Determined*

DEPARTMENT OF **PUBLIC HEALTH & HUMAN SERVICES**

Redesign Rates to Improve In-State Youth Residential Services

Recommendation #17

Redesign rate structure to improve in-state youth residential services
➢ Design an acuity-based rate structure to assist providers in meeting the resource-intensive needs of high-acuity youth.
➢ Support smaller residences for higher acuity youth, as part of the proposed acuity-based model.

Summary of Findings

- In SFY23, according to the DPHHS, 174 youth received out-of-state placement in a Psychiatric Residential Treatment Facility (PRTF) and 65 received out-of-state placement in a Therapeutic Group Home (TGH).
- The Department has acted previously on recommendations to address PRTF rates. TGHs also serve youth with challenging behaviors, however, and have a rate less than half that of PRTFs.
- Introduction of an acuity-based rate or payment modifier better aligns reimbursement with clinical and behavioral presentation.

Theme:	Continuum Capacity
Population Impacted:	BH — Children
Place in Continuum:	Treatment
BHSFG Priority # (1-7):	4. Capacity of children's BH service delivery
Stakeholder Input:	Alt. Settings Report, BHSFG Commission Meetings - CMH

HB 872 Requirements

Intended Outputs	Intended Outcomes	Key Performance Indicators (KPIs)	Proposed Funding
1. Design a tiered rate methodology, matching level of acuity to level of service. 2. Secure provider and other stakeholder buy-in to adjusted rate design.	1. Reduce out-of-state residential placements. 2. Unique needs of each individual are better addressed through improved service alignment.	1. Lower out-of-state placement costs. 2. Improved patient outcomes (e.g., no re-entry to residential care in 180 days, readmissions).	**HB 872 Investment** *In Progress - To Be Determined*

Invest in School-Based Behavioral Health Initiatives

Invest in school-based behavioral health initiatives

➤ Identify priority communities for continued investments in existing school-based programs and release an RFP for one-time investments in school-based Multi-Tiered System of Support (MTSS), to include universal screening, referrals and evidence-based interventions that support youth wellbeing.
➤ Enhance the supportive environment of schools through interprofessional training for school counselors, nurses, psychologists, social workers, administrators and other professionals.
➤ Determine (1) the right policies in partnership with the Office of Public Instruction (OPI), and (2) funding sources to ensure sustainability, i.e., options like the reversal of the Medicaid free care rule.

Summary of Findings

- Montana offers universal behavioral health screening in select schools to identify youth at risk. This screening, combined with access and referral to the right services, can improve youth mental health and reduce adverse outcomes (e.g., crisis, ED visits, etc.).
- Montana provides the Comprehensive School and Community Treatment (CSCT) model.
- Montana's Office of Public Instruction has invested in the Multi-Tiered System of Support (MTSS) in schools.

Theme:	Continuum Capacity
Population Impacted:	BH – Children
Place in Continuum:	Prevention, Treatment
BHSFG Priority # (1-7):	4. Capacity of children's BH service delivery
Stakeholder Input:	Alt. Settings Report, BHSFG Commission Meetings - CMH, RFI

HB 872 Requirements

Intended Outputs	Intended Outcomes	Key Performance Indicators (KPIs)	Proposed Funding
1. Advance the implementation of MTSS through comprehensive school-based mental health services for Montana youth. 2. Increase availability of youth mental health training and consultation for school personnel (e.g., counselors, guidance, social workers, teachers).	1. Increase in the percentage of youth screened. 2. Increase in preventive and supportive BH services by youth, especially those at risk. 3. Reduction in behavior-related incidents (e.g., bullying, in and out of school suspensions).	1. RFPs released in a timely manner. 2. Increase number of school personnel receiving youth BH training and professional consultation. 3. Fidelity to evidence-based models. 4. Increase youth access to EBPs for group and individual settings.	**HB 872 Investment** *In Progress - To Be Determined*

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

Workforce

Incentivize Providers to Join the Behavioral Health Workforce

Recommendation #19

Incentivize providers to join the behavioral health workforce via tuition reimbursement

➢ Develop a tuition reimbursement program that encourages behavioral health workers to practice in Montana. This program targets workers that are (1) essential to BHSFG initiatives, and (2) underrepresented in currently available tuition reimbursement programs.

Summary of Findings

1. Lack of staffing has a ripple effect throughout the entire behavioral health system.
2. Economic factors, including the cost of tuition for various members of the BH workforce, make recruitment difficult.
3. Without appropriate staff, sites are not able to deliver the services they otherwise could.

Montana, through federal mechanisms, currently offers student loan programs to multiple professions. There are limited opportunities for less credentialed members of the workforce, including but not limited to case management staff and direct care workers.

Theme:	Workforce
Population Impacted:	All
Place in Continuum:	All
BHSFG Priority # (1-7):	All
Stakeholder Input:	BHSFG Commission Meetings – CMH, AMH, RFI

HB 872 Requirements

Intended Outputs	Intended Outcomes	Key Performance Indicators (KPIs)	Proposed Funding
1. Increase the number and geographic coverage of behavioral health workers.	1. Increase access for people seeking services impacted by workforce shortages.	1. Decrease in the shortage of behavioral health workers in selected provider types across Montana.	**HB 872 Investment**
2. Increase the number of workers in targeted program types and regions, with enhanced payments to cover high need areas and/or populations.	2. Improve participant satisfaction with access to services.	2. Reduced waitlists for appointments in clinics.	*In Progress - To Be Determined*

DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES

Expand Training Content Available to Behavioral Health Workers

Recommendation #20

Expand training content available to behavioral health workers
➢ Partner with a university to develop a learning platform that hosts and tracks training programs for behavioral health workers.
➢ Design and launch impactful training courses for middle managers, case managers, peers, community health workers (CHWs) and other BH workers on topics such as evidence-based interventions, harm reduction, and standards of cultural competence and diversity that is reflective of unique needs of Montanans (i.e., American Indian / tribal population).

Summary of Findings

- A variety of factors impact Montana's ability to recruit and retain behavioral health workers.
- A workforce survey conducted by the University of Montana in 2023 predicted a 25% turnover over a six-month period, with emotional exhaustion by far the highest driver. Key strategies for decreasing burnout include professional development, leadership development, and supervisor/coaching programs.
- Training fulfills the dual role of imparting knowledge and bringing workers together to form a community. Creating a sense of belonging has a substantial impact on employee wellbeing.

Theme:	Workforce
Population Impacted:	All
Place in Continuum:	All
BHSFG Priority # (1-7):	All
Stakeholder Input:	BHSFG Commission Meetings – CMH, AMH, RFI

HB 872 Requirements

Intended Outputs	Intended Outcomes	Key Performance Indicators (KPIs)	Proposed Funding
1. Bring additional training content to the workforce, targeting high attendance rates.	1. Decrease workforce turnover (e.g., help providers retain staff).	1. Launch of the learning platform developed in partnership with a university.	**HB 872 Investment**
2. Leverage a platform to store, organize, and track training activity.	2. Increase workforce self-reported satisfaction scores (measured by survey).		*In Progress - To Be Determined*
3. Rich training content developed for each training.			

DEPARTMENT OF **PUBLIC HEALTH & HUMAN SERVICES**

Assess the Feasibility of Establishing a Community Health Worker Program

Recommendation #21

Assess the feasibility of establishing a Montana community health worker (CHW) program

➤ Develop a CHW pilot program for Montana providers currently providing services, to (1) provide short term "bridge" funding as needed, (2) collect data (e.g., cost reporting, services, insurance type), and (3) assess outcomes (e.g., 7 and 30 day follow up, emergency department utilization).
➤ Use results from the pilot to define the scope of practice for CHWs in Montana, in coordination with the Montana CHW Committee, with a focus on specific population(s), health prevention, promotion and literacy.
➤ Evaluate the outcomes from the pilot to assess the potential of a Medicaid benefit for CHW services, including eligibility (i.e., groups served, services, program costs) and actuarially sound reimbursement rate.

Summary of Findings

- Montana State University's "Montana Paraprofessional Workforce Report" (January 2022) estimates 108 CHWs were active in Montana in 2020, with 121 workers having completed the AHEC CHW training program. Current estimates suggest there are now over 200 active CHWs.
- Montana currently has a CHW programs funded through the CDC, with funding set to expire in May 2025.
- 29 states allow Medicaid payment for CHWs. Nine (California, Indiana, Louisiana, Minnesota, North Dakota, Nevada, Oregon, Rhode Island, and South Dakota) allow payment for a specific set of services through the state plan (Kaiser, 2023).
- CHWs in Montana are a growing workforce with the training and community connections needed to impact behavioral and overall health outcomes.
- The most appropriate scope of practice for CHWs in Montana may be focused on health promotion and literacy (i.e., preventive measures), which complements high-intensity services such as targeted case management.

Theme:	Workforce
Population Impacted:	BH – Adults and Children
Place in Continuum:	Prevention
BHSFG Priority # (1-7):	3. Capacity of adult BH service delivery 4. Capacity of children's BH service delivery
Stakeholder Input:	Alt. Settings Report, BHSFG Commission Meetings – AMH, RFI, Primary Care Association

HB 872 Requirements

Intended Outputs	Intended Outcomes	Key Performance Indicators (KPIs)	Proposed Funding
1. Extension of existing CHW pilot programs to continue capacity building in Montana. 2. Clearly identified scope of practice, groups served, services delivered, and program costs for CHWs. 3. Medicaid pilot program project plan (e.g., SPA).	1. Increase in preventive health services, e.g., wellness checks, annual physical examinations, and outpatient therapy. 2. Improve health related social needs through connections to community-based programs.	1. Increase in primary care visits for the assigned population. 2. Decrease in ED events for the assigned population.	**HB 872 Investment** *In Progress - To Be Determined*

Appendix

Appendix | Key Terms and Definitions

Key Terms	Definition
Behavioral Health Urgent Care	• Behavioral health urgent care models offer an alternative way to provide immediate care for patients with behavioral health conditions who are experiencing a crisis but do not require emergency department or crisis stabilization and receiving center levels of care.
Comprehensive School and Community Treatment (CSCT) Model	• A mental health center service provided by a public school district. A CSCT treatment team includes a licensed or supervised in-training practitioner and up to two behavioral aides, who are assigned to specific public schools. Once admitted into the program, a youth may receive services at the school, the home, or in the community.
Community Health Worker (CHW)	• Frontline public health workers who act as a bridge between their communities and the health care and social service systems. They build individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, social support and advocacy.
Crisis Stabilization and Receiving Centers (CSC / CRC)	• Crisis Receiving and Crisis Stabilization Centers provide services for people experiencing a behavioral health crisis related to a mental health disorder and/or a combination of mental health and substance use disorder (co-occurring). Crisis Receiving and Crisis Stabilization Centers are designed to provide triage, crisis risk assessment, evaluation, and intervention to people whose crisis response needs are deemed to be urgent or emergent.
Critical Time Intervention (CTI)	• A time-limited evidence-based practice that mobilizes support for society's most vulnerable individuals during periods of transition, typically upon discharge from an inpatient hospital setting back to their community.
Evaluation and Diagnostic (E&D) Clinics	• Clinics that specialize in evaluating and diagnosing developmental disabilities in children.

Appendix | Key Terms and Definitions

Key Terms	Definition
Fair Market Rent (FMR) Review	• The process of assessing and adjusting the established rates used to determine the maximum amount of housing assistance provided to eligible beneficiaries, ensuring alignment with prevailing rental prices and market conditions in specific geographic areas.
Federally Qualified Health Centers (FQHCs)	• Federally funded nonprofit health centers or clinics that serve medically underserved areas and populations. Federally qualified health centers provide primary care services regardless of a person's ability to pay.
Multi-Tiered System of Support (MTSS)	• A framework for school improvement that focuses on system-level change across the classroom, school, and district to provide all students with the best opportunities to maximize achievement, both academically and behaviorally.
Projects for Assistance in Transition from Homelessness (PATH)	• PATH is a federal grant program that funds services for people with serious mental illness (SMI) experiencing homelessness. Each state or territory solicits proposals and awards funds to local public or nonprofit organizations, known as PATH providers. PATH services include outreach, screening, habilitation and rehabilitation, SUD treatment, referrals to needed services, and housing support.
Public-Safety Answering Point (PSAP)	• A specialized facility tasked with receiving and managing emergency calls made to the 911 system. It serves as the initial point of contact for individuals reporting emergencies and coordinates the dispatch of appropriate emergency services, such as police, fire or medical responders, to the location in need.
Targeted Case Management (TCM)	• Links people to medical, social, educational, and other services to mitigate symptoms related to their diagnosis. TCM provides a comprehensive assessment and reassessment; development of a care plan, referrals, and other coordination-related activities; and monitoring and follow-up activities such as scheduling appointments for the person, to help them obtain needed services to address identified needs and achieve goals specified in the care plan.

MONTANA DPHHS

DEPARTMENT OF
**PUBLIC HEALTH &
HUMAN SERVICES**