

Department Updates

Interim Budget Committee

Section B

June 20, 2024



DEPARTMENT OF
**PUBLIC HEALTH &
HUMAN SERVICES**

Executive Updates



DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES

Agenda

- Committee Requests for Information
- Organizational Highlights
- HB 190 Update
- Department Financial Update
- Healthcare Facilities Division (HFD) Update
- HFD Hiring Incentive & Retention Initiative Update
- HB 5/MSH Capital Projects Update from A&E
- Medicaid Redetermination Update
- Medicaid Provider Rate Adjustments
- TANF Pathways and SNAP E&T Update
- Summer EBT
- Transition Readiness Toolkit for Vocational Rehabilitation
- Early Childhood and Family Support Division Update
- HB 872: Behavioral Health System for Future Generations (BHSFG) Update
- Conclusion



Committee Requests for Information

GREG GIANFORTE
GOVERNOR



CHARLIE BRERETON
DIRECTOR

06/12/2024

RESPONSE TO INTERIM COMMITTEE REQUESTS

FOR: Interim Budget Committee, Section B (Health and Human Services)

REQUESTED INFORMATION DURING 3/13/24 MEETING:

Rep. Caferro

1. Regarding the executive updates - please provide the cost of the department's reorganization.
2. Regarding Medicaid redetermination –
 - a. What percentage of renewals are taking more than 45 days?
 - b. What is the average time for a renewal reported in the most recent month to CMS for those taking more than 45 days?
 - c. What is the average time for redeterminations?
 - d. What is the difference between renewal and redeterminations?
3. Regarding the details present on the dashboard -
 - a. Of the cumulative total shown on the dashboard, how many are children?
 - b. Please explain the discrepancy between the total number of renewals when initiated (283K) and the population when started (324K).
4. Regarding Maximus –
Is there a list that could be generated to define and identify "barriers" to meet the federal requirement?

Rep. Gillette

5. Regarding the agency financial update, how much was the IV-E Funding?
6. How long does the average client stay on TANF in general - not just in the pathway program?
7. Of the 252 families now part of Best Beginning subsidies due to raising FPL, what is the breakdown by county?

Rep. Pope

8. Regarding Medicaid Redetermination –
 - a. Is there a decrease the number of clients calling in?
 - b. How many clients are trying to get back into the program?

RESPONSE:

Rep. Caferro

1. Regarding the executive updates - please provide the cost of the department's reorganization.
This was in a separate request that was addressed by email.
2. Regarding Medicaid redetermination –
 - a. What percentage of renewals are taking more than 45 days?
This was in a separate request that was addressed by email.
 - b. What is the average time for a renewal reported in the most recent month to CMS for those taking more than 45 days?
This was in a separate request that was addressed by email.
 - c. What is the average time for redeterminations?
This was in a separate request that was addressed by email.
 - d. What is the difference between renewal and redeterminations?
There is not a difference between renewal and redetermination.
3. Regarding the details present on the dashboard -
 - a. Of the cumulative total shown on the dashboard, how many are children?
Approximately 38% are children.
 - b. Please explain the discrepancy between the total number of renewals when initiated (283K) and the population when started (324K).
Information on redeterminations will be provided in a final report to be released in June.
4. Regarding Maximus –
Is there a list that could be generated to define and identify "barriers" to meet the federal requirement?

There is not a federally recognized list of barriers to employment or a federal requirement around barriers to employment. Montana has recognized various barriers to employment that are discussed in the 2014 TANF Strategic Plan which can be found at this link: <https://dphhs.mt.gov/assets/hcsd/TANFStrategicPlanFinal.pdf>

Rep. Gillette

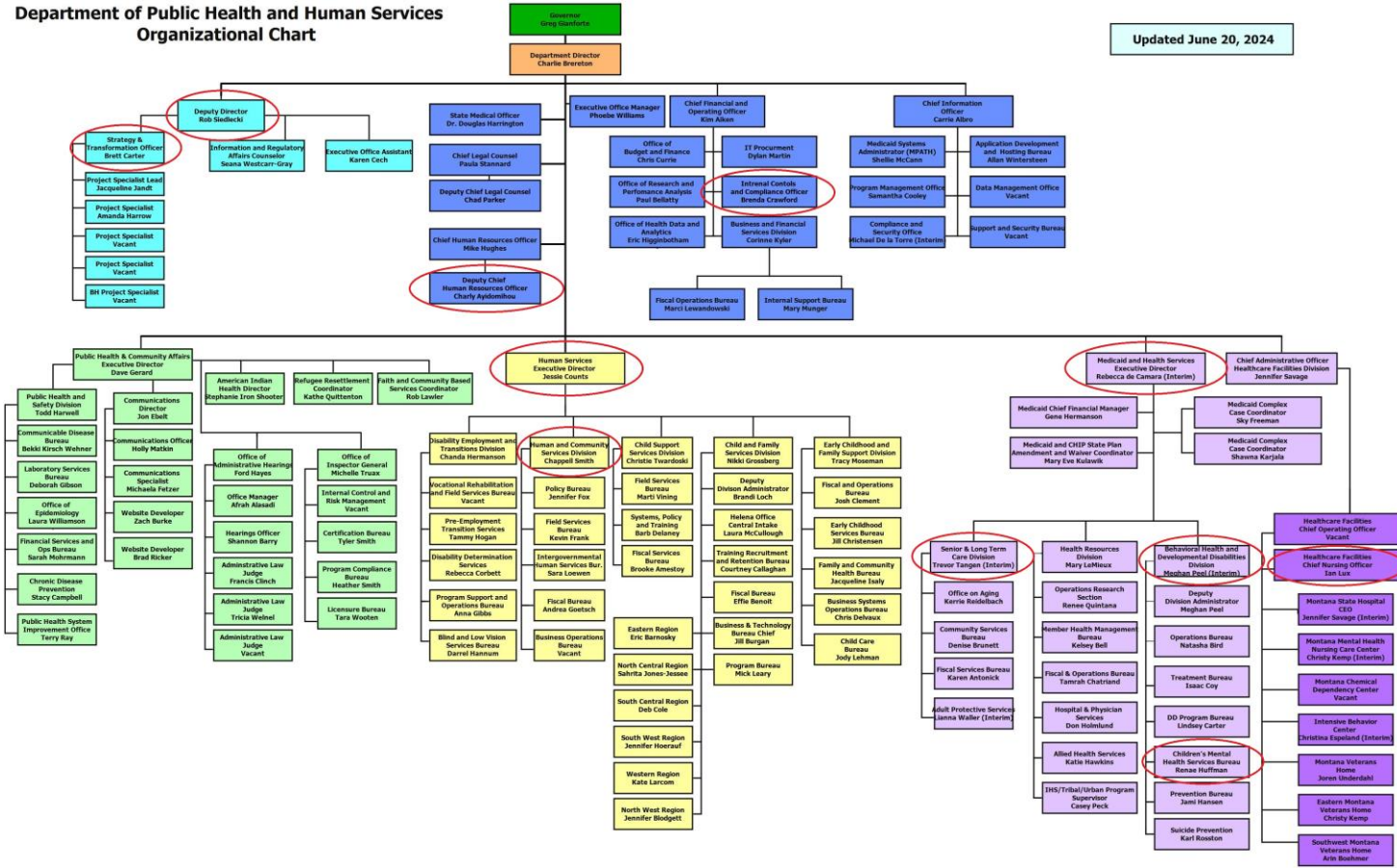
5. Regarding the agency financial update, how much was the IV-E Funding?
This will be covered during the executive presentation scheduled for June 20, 2024.



Organizational Highlights

Department of Public Health and Human Services
Organizational Chart

Updated June 20, 2024



HB 190 Update

Charlie Brereton, DPHHS Director

HB 190: Update

Strategy	Initiative	Measure	Status
Strengthen and Stabilize Montana's Healthcare Delivery System	Implement Medicaid provider rate adjustments to align reimbursement rates with the true cost of providing physical and behavioral health care services.	100% approval of CMS State Plan and waiver amendments to implement provider rate adjustments by CYE23.	Complete
	In coordination with the BHSFG Commission, develop strategic plans with implementation recommendations to reform Montana's behavioral health and developmental disabilities service delivery systems.	Secure governor's approval of 2 BHSFG recommendations	Complete
		At least 8 BHSFG Commission meetings held through end of SFY24.	Complete
		100% completion of Alternative Settings Design Proposal by May 1, 2024.	Complete
	Establish a pathway to CMS recertification of the MSH	Complete 75% of HB 5 capital improvement projects for CMS recertification of MSH by end of SFY24.	10% complete
		Achieve 75% of required MSH CMS recertification activities by September 2024, and 100% by December 2024.	70% complete
	Develop a singular value-based payment Medicaid Primary Care Delivery Model.	Develop singular value-based payment Medicaid Primary Care Delivery Model by the end of SFY25.	On track
	Continuously address Healthcare Facilities Division vacancies	Reduce traveler costs by 10% for HFD and increase state HFD FTE by 5%.	Traveler costs -6% FTE +6%
	Increase in-state access to services for children with high-acuity needs.	5% reduction in out-of-state placement of children with complex physical and behavioral health needs	On track for SFY24



HB 190: Update (cont.)

Strategy	Initiative	Measure	Status
Drive Independence & Accountability through Public Assistance Programs	Redesign Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF) Employment and Training service provision models to better meet the needs of Montanans.	Execution of at least 1 new performance-based contract for statewide SNAP and TANF employment and training services provision.	Complete
	Conduct a timely and accurate redetermination of eligibility for all Montana Medicaid and Healthy Montana Kids (HMK) members.	Reduction in Public Assistance Helpline wait times.	Pending SFY24
		Completion of Medicaid and Healthy Montana Kids eligibility redeterminations.	Pending SFY24
	Increase opportunities for non-custodial parents engaged in child support services to improve economic stability for themselves and their children.	Increase in referrals of non-custodial parents engaged in child support services to employment and training services.	Pending SFY24
	Increase access to quality childcare for working families.	Increase in the number of licensed /registered childcare providers participating in the Best Beginnings Scholarship program.	Pending SFY24
	Increase opportunities for older youth in foster care to obtain skills necessary for economic stability as adults.	Increase in the number of foster youths aged 14 and older participating in vocational rehabilitation services.	Pending SFY24



HB 190: Update (cont.)

Strategy	Initiative	Measure	Status
Increase Data Analytics Capacity for Performance Measurement & Decision - making	Complete data assets inventory and implement ongoing maintenance.	Data cataloged.	Medicaid data done
		50% of data elements assessed and documented by population/customer, program impact, limitation, and gap.	Medicaid data done
	Complete data methodology design	Completion of detailed project timeline encompassing key milestones from the initial data collection phase to the final stages of analysis and reporting.	Research agenda developed
		Completion of data methodology design, including management tools and data analysis standards.	Research agenda developed
	Develop data use strategy	Identification of measures of key performance indicators.	Research agenda developed
	Develop use case modeling for metrics and outcomes related to self-sufficiency/independence and population health.	Implement at least 4 use cases with outcome measures for success (at least 2 for self-sufficiency/independence and 2 for population health).	Research agenda developed
	Hold at least 2 meetings of a new Data Governance Committee.	Did the meetings occur?	Pending Ex briefs

Data Analytics and Research

Staffing

- Offer extended to Chief Data Officer (CDO) to lead new Data Management Office (DMO) within Technology Services Division (TSD) focused on enterprise data management and governance
- Chief Data Analytics Officer hired to lead Office of Research and Performance Analysis (ORPA)
 - Operations Research Analysts fully staffed in existing Health Data Analytics office
 - 2.0 FTE currently being classified as research analysts to complement developing research agendas
 - Interviews have occurred and Department is moving towards extending offers of employment
- Strategy and Transformation Officer hired
 - Office of Strategy and Transformation (OST) will assist ORPA with research agenda implementation and associated project management

Research Agendas

- ORPA currently collaborating with programs to define data analytics opportunities through design of research agendas
- Thus far preliminary research agendas have been designed for DETD, CFSD, ECFSD, BHDD, and other Medicaid programs
- **Department is aiming for Chief Data Analytics Officer to present to IBC at its next quarterly meeting once research agendas are near finalization**



Department Financial Update

Charlie Brereton, DPHHS Director
Kim Aiken, DPHHS CF00

Agency Financial Update

HB 2 Summary: Agency Projections through 04/30/2024

Funding Category	FY 2024 Budget	FY 2024 Expenses	FY 2024 Projection	FY 2024 Proj FMAP Return	FY 2024 Proj Remain
General Fund	\$ 744,092,848	\$ 514,092,785	\$ 713,855,480	\$ (14,204,852)	\$ 16,032,516
State Special Funds	\$ 257,847,389	\$ 186,794,655	\$ 239,998,069	\$ (905,485)	\$ 16,943,835
Federal Funds	\$2,501,843,395	\$ 1,694,601,432	\$2,275,134,979	\$ 15,110,337	\$ 241,818,753
TOTAL Funds	\$3,503,783,632	\$ 2,395,488,872	\$3,228,988,529	\$ -	\$ 274,795,103
General Fund Balance Type					
Available	\$ 253,080,651	\$ 201,812,472	\$ 255,197,013	\$ -	\$ (2,116,362)
Restricted - Legislative	\$ 476,807,345	\$ 312,280,313	\$ 458,658,466	\$ -	\$ 18,148,879
Restricted - Budget	\$ 14,204,852	\$ -	\$ -	\$ (14,204,852)	\$ -
TOTAL General Fund	\$ 744,092,848	\$ 514,092,785	\$ 713,855,479	\$ (14,204,852)	\$ 16,032,517

- Projections include enhanced FMAP for first two quarters of SFY 2024.
- Projections align with most recently published BSR and based on expenses through April 30, 2024.
- Balance type is a breakout of restricted and unrestricted authority.

Agency Financial Update (Medicaid)

MEDICAID Projections - May Budget Status Report				
Summary - Traditional Medicaid - Includes Administration				
Fund Type	FY 2024 Budget	FY 2024 Projection	FY 2024 Projected FMAP (Return)	FY 2024 Remain
General Fund	\$404,682,476	\$382,382,330	\$ (13,260,542)	\$9,039,604
State Special Funds	\$120,318,525	\$112,772,832	\$ (905,485)	\$6,640,208
Federal Funds	\$995,829,567	\$934,153,326	\$ 14,166,027	\$75,842,269
TOTAL	\$1,520,830,569	\$1,429,308,488	\$0	\$91,522,081
Summary - Expanded Medicaid - Includes Administration				
Fund Type	FY 2024 Budget	FY 2024 Projection	FY 2024 Projected FMAP (Return)	FY 2024 Remain
General Fund	\$42,522,952	\$34,541,853	\$ -	\$7,981,098
State Special Funds	\$59,498,814	\$56,650,763	\$ -	\$2,848,051
Federal Funds	\$984,774,310	\$862,921,492	\$ -	\$121,852,818
TOTAL	\$1,086,796,076	\$954,114,109	\$0	\$132,681,967
Summary - TOTAL MEDICAID - Including Administration				
Fund Type	FY 2024 Budget	FY 2024 Projection	FY 2024 Projected FMAP (Return)	FY 2024 Remain
General Fund	\$447,205,428	\$416,924,184	(\$13,260,542)	\$17,020,702
State Special Funds	\$179,817,340	\$169,423,596	(\$905,485)	\$9,488,259
Federal Funds	\$1,980,603,877	\$1,797,074,818	\$14,166,027	\$197,695,087
TOTAL	\$2,607,626,645	\$954,114,109	\$0	\$224,204,048

Medicaid Projections – 05/15/24 BSR

- Projections indicate a surplus of all fund types for SFYE 2024.
- Projections based on claims processed through March 31, 2024.
- Projections indicate that utilization is less than projected for budget establishment.
- A full analysis of provider rate increases will be completed after FYE, but overall utilization has not increased for many services that received significant rate adjustments.

Agency Financial Update (Facilities)

Healthcare Facilities Summary and Projected Shortfall

Montana State Hospital continues its heavy dependence on contracted staffing to ensure patient safety and allow for required admissions. The Department implemented historic pay reforms in January 2024 to attempt to mitigate contracted expenditures.

Montana Veterans' Home (Columbia Falls) requires General Fund to cover State Special Revenue shortfalls due to low census and reduced cigarette tax revenues.

**Projections include \$30 million in contingency funding from 2023 Legislature. The contingency appropriation was allocated to MSH, IBC and MMHNCC, where contract staffing expenditures were greatest.*

Facility	Fund Type	Current Appropriation	Current Projection	Current Expense (thru 04/30)	Surplus / (Deficit)
IBC	General	\$ 8,137,411	\$ 8,202,144	\$ 6,455,065	\$ (64,733)
	State	\$ -	\$ -	\$ -	\$ -
	Federal	\$ -	\$ -	\$ -	\$ -
Total		\$ 8,137,411	\$ 8,202,144	\$ 6,455,065	\$ (64,733)
MCDC	General	\$ -	\$ -	\$ -	\$ -
	State	\$ 6,795,716	\$ 5,741,198	\$ 4,565,435	\$ 1,054,518
	Federal	\$ -	\$ -	\$ -	\$ -
Total		\$ 6,795,716	\$ 5,741,198	\$ 4,565,435	\$ 1,054,518
MMHNCC	General	\$ 14,607,954	\$ 15,540,541	\$ 11,193,851	\$ (932,587)
	State	\$ -	\$ -	\$ -	\$ -
	Federal	\$ -	\$ -	\$ -	\$ -
Total		\$ 14,607,954	\$ 15,540,541	\$ 11,193,851	\$ (932,587)
MSH	General	\$ 79,951,327	\$ 85,403,064	\$ 68,827,520	\$ (5,451,737)
	State	\$ 1,783,905	\$ 1,809,689	\$ 1,686,055	\$ (25,784)
	Federal	\$ -	\$ -	\$ -	\$ -
Total		\$ 81,735,232	\$ 87,212,753	\$ 70,513,575	\$ (5,477,521)
MVH	General	\$ -	\$ 2,667,012	\$ -	\$ (2,667,012)
	State	\$ 10,615,633	\$ 8,299,971	\$ 9,292,889	\$ 2,315,662
	Federal	\$ 6,286,349	\$ 4,731,423	\$ 2,909,547	\$ 1,554,926
Total		\$ 16,901,982	\$ 15,698,406	\$ 12,202,437	\$ 1,203,576
EMVH	General	\$ -	\$ -	\$ -	\$ -
	State	\$ 554,963	\$ 809,355	\$ 297,570	\$ (254,392)
	Federal	\$ 4,147,721	\$ 3,361,596	\$ 2,384,757	\$ 786,125
Total		\$ 4,702,684	\$ 4,170,951	\$ 2,682,326	\$ 531,733
SWMVH	General	\$ -	\$ -	\$ -	\$ -
	State	\$ 1,406,665	\$ 963,837	\$ 596,880	\$ 442,828
	Federal	\$ 6,257,638	\$ 3,727,714	\$ 2,819,496	\$ 2,529,924
Total		\$ 7,664,303	\$ 4,691,551	\$ 3,416,376	\$ 2,972,752
TOTAL	General	\$ 102,696,692	\$ 111,812,761	\$ 86,476,436	\$ (9,116,069)
	State	\$ 21,156,882	\$ 17,624,050	\$ 16,438,829	\$ 3,532,832
	Federal	\$ 16,691,708	\$ 11,820,732	\$ 8,113,800	\$ 4,870,976
Total		\$ 140,545,282	\$ 141,257,544	\$ 111,029,065	\$ (712,262)

Agency Financial Update (CFSD)

Child and Family Services Summary and Projected Shortfall

Foster Care projection is higher than budgeted with the primary shortfall in General Fund.

- Federal reimbursement continues to decline due to IV-E eligibility. Reduction in federal reimbursement puts additional pressure on General Fund.
 - Financial eligibility is based on 1996 federal poverty levels.
- The state previously received FFPSA Transition grant funds that are no longer available (\$1.2 million in SFY 2023).
- Administrative projections are higher than budgeted for General Fund.
 - Declines in IV-E eligibility impact reimbursement for personal services. As the saturation rate for IV-E continues to drop dependence on General Fund grows.

Summary - Child and Family Services			
Fund Type	FY 2024 Budget	FY 2024 Projection	FY 2024 Remaining
General Fund	\$ 66,437,289	\$ 72,575,181	\$ (6,137,892)
State Special Funds	\$ 1,541,584	\$ 1,450,991	\$ 90,593
Federal Funds	\$ 45,309,147	\$ 44,223,467	\$ 1,085,680
TOTAL	\$ 113,288,020	\$ 118,249,639	\$ (4,961,619)

Federal Funding IVE

Fund	FY 2021 Expense	FY 2022 Expense	FY 2023 Expense	Y 2024 Expense TD
IVE Guardianship	2,924,383	3,433,333	4,299,740	4,185,185
IVE Foster Care	20,596,093	19,456,469	16,380,448	14,070,963
Subsidized Adoption	14,593,416	15,569,546	16,958,571	17,046,324
Total	38,113,891	38,459,348	37,638,758	35,302,472

1. QRTP - Qualified Residential Therapeutic Placements - can only claim the first 14 days of placement goes into effect in 10/2021 (placements grandfathered in)
2. In 2023 CFSD used FFPSA Preservation Transition Grant utilized in 2023 to offset some of the increase.
3. 2024 thru 06/18/24

Agency Financial Update (General Fund Shortfall Mitigation)

Child and Family Services

SFY 2024 and Long-Term

- Maximize TANF transfer
- Maximize IV-E Administration
 - Monthly review of RMTS results to inform training of staff
 - Identify and claim IV-E reimbursable prevention activities
- Determine if long-term solutions exist through revising the TANF State Plan
 - Potential utilization for eligible guardianship subsidies
 - Potential utilization for eligible direct services

Healthcare Facilities Division

SFY 2024 and Long-Term

- Master contract staffing model
 - Increase competition to obtain the lowest possible traveler rates (includes both DOC and DPHHS)
 - Modification of contract terms to reduce costs (holidays, breaks)
- Continue to implement and monitor processes for staffing efficiencies
 - Staffing to benchmark
 - Reduce OVT utilization
- Maximize revenue by increasing census at some facilities, as appropriate
- Facility pay reform (next in presentation)

All Department

SFY 2024

- Maximize state special revenue where appropriate
- Maximize federal awards
 - Maintain appropriate match
 - Leverage FFY shifts to maximize general fund



Agency Financial Update (All Contracted Staffing)

Contracted Staffing Report - 02/01/2024 - 05/31/2024								
Division	Division Acronym	Contractor	Staffing Type	Purpose	Due to Vacancy Y/N	Calculated Hours	FTE Equivalent	Expense
01	DETD	RANDSTAD NORTH AMERICA LP	VR Counseling, etc	Staff difficult to fill vacancy	Yes	651	0.93	\$ 22,772
01	DETD	WESTAFF WORKFORCE SOLUTIONS LLC	Administrative	Digitizing/Paperless	No	400	0.57	\$ 13,984
02	HCSD	GREAT FALLS INTERPRETING SERVICES LLC	Interpreter's	Work is adhoc	No	11	0.02	\$ 385
02	HCSD	PUBLIC CONSULTING GROUP INC	Redetermination	Staff Augmentation	No	14,979	21.52	\$ 1,872,332
03	CFSD	WESTAFF WORKFORCE SOLUTIONS LLC	Administrative	Digitizing/Paperless	No	216	0.31	\$ 7,548
06	BFSD	WESTAFF WORKFORCE SOLUTIONS LLC	Administrative	Food and Consumer - ad hoc	No	638	0.92	\$ 22,316
07	PHSD	BRADY CO INC	Administrative	Intern/Data Entry & Cleanup	No	620	0.89	\$ 21,704
07	PHSD	WESTAFF WORKFORCE SOLUTIONS LLC	Administrative	Fill vacancy/catch up work from prior vacancies	Yes	1,296	1.86	\$ 45,370
08	OIG	WORLDWIDE TRAVEL STAFFING LIMITED	Administrative	Administrative	No	46	0.07	\$ 1,607
09	TSD	BRADY CO INC	Administrative	Intern/Data Entry & Cleanup	No	289	0.41	\$ 10,104
10	BHDD	BRADY CO INC	Admin Assistant	Vacation fill	Yes	141	0.20	\$ 4,941
22	SLTC	BRADY CO INC	Staff Augmentation	Program Management	Yes	1,055	1.52	\$ 36,918
25	ECFSD	WESTAFF WORKFORCE SOLUTIONS LLC	Admin Assistant	Vacation fill	Yes	132	0.19	\$ 4,636
33	HFD	AYA HEALTHCARE INC	Direct Care	Staff 24/7 facilities	Yes	45,033	21.57	\$ 3,827,808
33	HFD	MAXIM HEALTHCARE STAFFING SERVICES INC	Direct Care	Staff 24/7 facilities	Yes	23,587	11.30	\$ 2,004,896
33	HFD	PRAIRIE TRAVELERS INC	Direct Care	Staff 24/7 facilities	Yes	15,503	7.43	\$ 1,317,796
33	HFD	PRIME TIME HEALTHCARE LLC	Direct Care	Staff 24/7 facilities	Yes	77,977	37.35	\$ 6,238,190
33	HFD	SHC SERVICES INC	Direct Care	Staff 24/7 facilities	Yes	7,234	3.46	\$ 614,881
33	HFD	SUNBELT STAFFING LLC	Direct Care	Staff 24/7 facilities	Yes	27,801	13.31	\$ 2,363,109
33	HFD	WESTAFF WORKFORCE SOLUTIONS LLC	Direct Care	Staff 24/7 facilities	Yes	49	0.07	\$ 4,181
33	HFD	WORLDWIDE TRAVEL STAFFING LIMITED	Direct Care	Staff 24/7 facilities	Yes	18,906	9.05	\$ 1,606,997
33	HFD	MSH Leadership Contract	Direct Care	Staff 24/7 facilities	Yes	565	0.81	\$ 47,985
33	HFD	IBC Leadership Contract	Direct Care	Staff 24/7 facilities	Yes	304	0.44	\$ 25,809
33	HFD	WESTAFF WORKFORCE SOLUTIONS LLC	Administrative	Vacation fill	Yes	49	0.07	\$ 4,181
33	HFD	TRADITIONS - MSH Medical Director	Direct Care	Staff 24/7 facilities	Yes	2,157	3.10	\$ 183,333
33	HFD	Kirby Bates - Behavior Health Clinical Leaders	Direct Care	Staff 24/7 facilities	Yes	1,045	1.50	\$ 209,050
TOTAL						240,683	138.87	\$ 20,512,834

*Hours are calculated based on average compensation. Actual hours may deviate from calculation



Agency Financial Update (Overtime)

HB 2 Overtime Hours by Division 02/01/2024-05/31/2024			
Division Name	Hours	FTE Equivalent	Expense
DETD	1,058.00	1.52	\$ 40,587.84
HCSD	9,717.00	13.96	\$ 393,977.39
CFSD	2,387.01	3.43	\$ 102,466.56
DO	149.22	0.21	\$ 11,303.18
BFSD	48.50	0.07	\$ 2,455.74
PHSD	222.50	0.32	\$ 11,457.06
OIG	7.00	0.01	\$ 379.51
TSD	957.00	1.38	\$ 51,440.70
BHDD	187.54	0.27	\$ 10,293.51
HRD	9.00	0.01	\$ 468.78
OSD	62.50	0.09	\$ 3,222.38
SLTC	85.50	0.12	\$ 4,339.47
ECFSD	23.00	0.03	\$ 1,307.57
HFD	9,642.66	13.85	\$ 342,771.59
TOTAL	24,556.43	35.28	976,471.28

Overtime Hours Description

The largest overtime hours are concentrated in the following divisions:

HCSD: Overtime hours due to workload associated with redetermination efforts. Primary staff type accruing overtime are Client Service Coordinators.

CFSD: Overtime hours due to workload associated with caseload. Primary staff type accruing overtime are Child Protection Specialists.

TSD: Overtime hours due to workload associated with on-call. Primary staff type accruing overtime are IT System's Administrators.

HFD: Half of HFD's overtime hours are associated with Psych Techs and Nursing Aides. The remaining overtime hours are split amongst 66 other occupations with higher concentration in food prep and security. Most of the overtime hours are associated with vacancies.

Agency Financial Update (Procurement)

Agency Contracting Business Process Improvement

DPHHS has committed to overhauling and reforming longstanding procurement and contracting business processes throughout 2024. Reform is primarily focused on the following business processes:

- Compliance and processing/review speeds
- Uniform agencywide contract monitoring
- Standardized contract templates/tables
- Continuous training and review of policies/procedures
- Streamlined contract routing and approval processes



Agency Financial Update (Procurement)

Agency Contracting Business Process Improvement

Process improvement efforts began in early October 2023. DPHHS first focused on eliminating the SFY24 backlog.

- Six workstreams were identified to execute an overhaul of the agency’s longstanding procurement and contracting business processes.
- The Department anticipates most business process improvements will be completed by June 30, 2024.
- Examples of changes include:
 - Implementation of a single contract monitoring tool for all programs across the agency
 - Review of contract terms to determine if alternative periods of performance can provide an even distribution of workload
 - Increased contract monitoring for compliance
 - Standardization of common contract elements to minimize review time
 - Enhanced self-service and training resources

Average of Status			
Workstream	Begin Time	End Time	Total
Contract Attachments	12/1/2023	on-going	60.00%
	3/1/2024	6/30/2024	90.00%
Contract Attachments AVG			75.00%
Contract Monitoring	11/1/2023	6/30/2024	90.00%
		on-going	80.00%
	3/1/2024	8/15/2024	90.00%
		8/15/2024	50.00%
Contract Monitoring AVG			77.50%
Contract Processing	11/1/2023	12/1/2023	100.00%
	3/1/2024	8/15/2024	50.00%
Contract Processing AVG			75.00%
Contract Template/Tables	10/1/2023	ongoing	90.00%
		12/1/2023	12/10/2023
	1/15/2024	5/31/2024	100.00%
		2/1/2024	6/30/2024
Contract Template/Tables AVG			85.00%
Contract Training/Review	2/1/2024	6/30/2024	70.00%
		9/30/2024	40.00%
	11/1/2024	9/30/2024	75.00%
		12/1/2024	6/30/2024
Contract Training/Review AVG			70.00%
Contract Routing	11/1/2023	11/1/2023	100.00%
		11/15/2023	100.00%
	12/1/2023	5/15/2024	100.00%
		2/1/2024	6/30/2024
Contract Routing AVG			93.00%
Grand Total			79.78%



Healthcare Facilities Division (HFD) Update

Charlie Brereton, DPHHS Director
Diane Rafferty, Alvarez & Marsal

MSH CMS Recertification Journey: Key Milestones

Key Milestones: Impactful Tasks and Initiatives

- **Quality Assurance and Performance Improvement (QAPI) Program:** Finalized charters (i.e., work plans) for all four (4) performance improvement projects (PIPs) are in the process of identifying and executing improvement opportunities to bolster operational quality and outcomes; projects include Seclusion and Restraint Reduction, Interdisciplinary Treatment Teams and Planning, Hand-Off Communication, and Workplace Violence
- **Groups / Active Therapy:** Overhauled recreational therapy and active treatment (i.e., groups) for patients
- **Health Information Management Contract:** Partnership with MPQH and Savista to support effectuation of recommendations outlined in their January (2024) recommendations report around improving HIM functionality
- **Communication Strategies:** Establishment of hospital-wide, informative communications for staff via email or on screensavers (e.g., mission, values), monthly newsletter, and materials posted on the newly-installed TV in the facility rotunda to share key updates and promote a culture of transparency, collaboration, and teaming
- **Capital Improvements:** Ongoing partnership with Architecture and Engineering Division (A&E), Spectrum, and Swank Enterprises to finalize and execute plans for capital improvements, in alignment with regulatory requirements and standards of care
- **Spratt Licensure Options:** Identified and determined a path forward for addressing certification- and licensure-related items related to Spratt, the hospital's geriatric psychiatry unit, in preparation to comply with HB 29

MSH CMS Recertification Journey: Ongoing Challenges

Ongoing Challenges: Continued Barriers to Accelerated Success

- **Critical Vacancies:** Continued vacancies in critical positions (e.g., Behavioral Health Care Planners [BHCPs], Infection Preventionist, Chief Operating Officer [COO], Recreational Therapists, Clinical Therapists, and Clinical Psychologists)
- **Staff Bandwidth:** Limited resources and vacancies result in an environment where staff have inadequate bandwidth to support additional asks or tasks related to recertification, and staff often struggle or face challenges to maintain newly implemented processes as well, leading to initiatives having to be implemented multiple times
- **Resources, Recruitment, and Turnover:** Attracting and retaining top talent has proved difficult, with slowness on receiving applicants and difficulty in receiving applications from qualified individuals to support the overall recertification journey and long-term success at the facility
- **Training and Development:** Educating staff about newly approved and implemented policies and procedures needs to be consistent and monitored, which is difficult due to the lack of a formal learning management system (LMS)
- **Health Information Management:** Maintaining proper and compliant patient care documentation is challenging and burdensome due to antiquated practices, technology infrastructure, and culture
- **Capital Infrastructure:** Delays in capital improvements to address compliance gaps in the physical environment of the hospital, including life safety



HFD Hiring and Retention Initiative Update

Charlie Brereton, DPHHS Director

Gene Hermanson, Medicaid Chief Financial Manager



DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES

Facility Hiring and Retention Initiative

Overview

DPHHS has implemented one-time incentive payments and targeted, historic wage increases to recruit and retain employees at Montana's state-run health care facilities. This effort is designed to reduce reliance on contracted clinical staff. The Department implemented permanent wage increases and incentive payments in tandem with a statewide advertising campaign.

Advertising Campaign

- Work4DPHHS.com launched on Jan. 19, 2024
- 23,000 website visits from January to June; 4.8 million impressions resulting in 14,000 ad clicks.
- The ongoing campaign targets individuals living within a 50-mile radius of each facility location; newly graduated or certified nurses and psych tech staff; experienced clinical professionals looking for a change in their careers or environments; nursing school graduates and nursing home care workers.
- Secondary targets are individuals within a 300-mile radius of the facilities.
- Reaching targeted individuals via YouTube, TV, social media, online searches, static ads, video ads, and billboards.

Campaign to Continue

- In June, the campaign targeted new nursing graduates at schools. This effort generated over 1,000 new visitors to the website since these ads launched on June 4. The campaign will launch new video content next month featuring Healthcare Facilities Division staff to help with our ongoing recruitment efforts.

Facility Hiring and Retention Initiative (cont.)

Hiring Incentive for New Clinical Staff

- \$7,500 incentive payments for external candidates hired into targeted clinical positions to be made at the six and 12-month marks of continuous employment
- Incentive payments apply to RNs, CNAs, direct support professionals, psych techs, and forensic mental health techs hired at MSH, IBC, MCDC, MMHNCC, and MVH

Incentives for existing staff in targeted positions at MSH and IBC

- \$7,500 one-time-only retention incentives being issued to eligible HFD employees (\$3,750 for part-time FTE) hired prior to January 1, 2024
- Applies to currently employed RNs, LPNs, psych techs, forensic mental health techs, and direct support professionals who have worked in an eligible position for at least one year
 - For example: full-time RN who began working in April 2023 received payment in April 2024
- Payments began in February 2024

Historic wage increases for existing staff in targeted positions

- Direct support professionals, psych techs, and forensic mental health techs have received a permanent \$2/hour increase in their base rate
- LPNs have received a permanent \$1.75/hour increase in their base rate
- RNs have received a permanent \$4/hour increase in their base rate



Initiative Impacts

Observed impacts vary by position/job type.

- The vacancy rate of psych techs at MSH has gone from 29% to 9% over the past three months. **The addition of these 21 FTE will result in a net savings of \$2,221,611 over the next 12 months.**
- The vacancy rate of direct support professionals at IBC has gone from 59% to 45%. An additional RN has been hired at IBC as well. **The addition of these 6 FTE will result in a net savings of \$643,301 over the next 12 months.**

	Authorized HB2 FTE	Vacant HB2 FTE as of 2/23/24	Vacant HB2 FTE as of 5/31/24	Change
MSH				
Psychiatric Technician	107.69	31	10	21
Psychiatric Technician FMHT	48.4	10	11	-1
Registered Nurse 2*	46.25	34.25	38.75	-4.5
Registered Nurse Lead	12	7	7	0
Licensed Practical Nurse 2	9.3	3.3	3.3	0
IBC				
Direct Support Professional	36.31	21.31	16.31	5
Registered Nurse 2	4	3	2	1
MHNCC				
Certified Nurse Aid	52.6	37.1	37.6	-0.5
Licensed Practical Nurse 2	1.5	1.5	1.5	
Registered Nurse 2	15.2	6.2	6.6	-0.4
MVH				
Certified Nurse Aid	48.75	19.4	17.6	1.8
Licensed Practical Nurse 2	6.6	0	0	0
Registered Nurse 2	15.9	2.3	1.7	0.6
*Note: MSH had hired 4 RNs in February, so the loss of 4.5 RNs since then brings MSH back to the January level				

Initiative Impacts (cont.)

Direct care contractor spend is improving but remains higher than anticipated.

- Improvements in operational management to staff more appropriately and limit overtime have reduced costs at some facilities
- Further reductions in spend have been limited for various reasons:
 - Additional training hours for new resources blunted further savings in the short term. Resources were onboarded because of new contracts effective April 15, as well as to decrease overtime hours.
 - New competitively procured contracts resulted in limited change in hourly rates for some positions.
 - Significant reductions in spend will ultimately be dependent on sustained increases in state FTE.

Direct Care Contractor Spend			
Facility	FY 23 Actuals	FY 24 Projection	% Change
MSH	\$46,501,053	\$41,197,753	-11.4%
IBC	\$4,683,522	\$4,151,113	-11.4%
MVH	\$3,027,930	\$3,473,330	14.7%
MHNCC	\$2,862,765	\$4,815,962	68.2%
Total	\$57,075,270	\$53,638,158	-6.0%



HB 5/MSH Capital Projects Update from A&E

Charlie Brereton, DPHHS Director

Russ Katherman, A&E Administrator



DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES

Priority Capital Projects

1. Montana State Hospital (MSH) Compliance & Re-Certification

- \$15.9M; HB 5, 68th
- Bid due end of June; target completion is Dec 2024
- Primary components are the Main Hospital Building and Spratt
- Non-compliance item in HB 5: address domestic water system

2. SWMVH Cottage Connectors

- \$8M; HB 14, 67th and HB 5, 68th
- 70% completed; contract date is 08/09/2024

3. MSH Wastewater Treatment System Upgrades

- \$7M; phased over several sessions
- Operational; total effort 90% complete (treatment lagoon demo remaining)



Additional Major Repair & Capital Projects

3 @ MSH

- Re-roof Main Hospital Building; Garage Fire Repairs; Main Hospital Foundation Repair

3 @ MMHNCC

- Roof Replacement; Key Card Entry System; Heated Storage Building

4 @ MVH (Columbia Falls)

- Mechanical Upgrades; Roof Replacement; Flooring Replacement; Courtyard Improvements

3 @ EMVH (Glendive)

- Interior Upgrades; Exterior Façade Repairs; New Laundry Facilities



Medicaid Redetermination Update

Charlie Brereton, DPHHS Director

Jessie Counts, Human Services Executive Director



DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES

Medicaid Redetermination Update

In March 2024, DPHHS formally concluded the federally-directed, 10-month Medicaid “unwinding” process and returned to normal operations while continuing to process cases pending redetermination.

- The last procedural terminations occurred March 1, 2024.
- A comprehensive “closeout report” will be produced and made publicly available in June 2024 with final redeterminations data.
- The best source for validated enrollment information remains the enrollment dashboard. This dashboard offers monthly data following the 90-day reconsideration period.
 - **The redetermination dashboard is point-in-time** and continues to be updated monthly. As of June 2024, approximately 9% of cases have not had an initial determination of eligibility.
- Montanans who have lost coverage and believe they were eligible, believe they are newly eligible, or are uncertain about their eligibility for Medicaid are encouraged to apply. Medicaid eligibility can be evaluated at any time and in some instances can be applied retroactively for up to three months from the point of application.



Medicaid Redetermination Update (cont.)

What Factors Impact Redetermination Timeliness?

- Prioritization of cases that are currently closed or inactive to leverage 90-day reconsideration period.
- Verification of resources that have been previously unreported.
- Limited staff trained to work medically needy cases.

Coverage Timelines for Applications

- Upon approval, coverage for Medicaid programs is based on the month of application (not determination)
- Clients required to pay a spend down can pay for months between application and determination, after a determination is made
- DPHHS is working with families and guardians on most outstanding redeterminations.

DPHHS's Return to Normal Eligibility Operations

Montana is no longer in an “unwinding” period and has returned to normal eligibility operations.

- Clients will continue to have an annual redetermination (federally required).
- Clients are required to report changes to the agency between redeterminations.
- HCSD will continue to use autorenewal and electronic interfaces to simplify the process for clients.



Medicaid Redetermination Update (cont.)

Looking Forward

- DPPHS will issue a data "closeout" report by the end of June 2024
- DPHHS has gathered staff from multiple areas including eligibility, budget, operations and policy to review lessons learned from the Medicaid Unwinding process and consider necessary improvements to our system. A client-centered holistic approach that considers the integrated eligibility of multiple programs will be used.
 - **Customer Experience:** staffing and wait times on Public Assistance Helpline, availability and need for staff in the office and/or in alternate locations, business model for non-interview programs
 - **Client Communication:** timing and modality of reminder notices, involvement of authorized reps, verification checklists, Self Service Portal
 - **Business Operations:** autorenewal and interfaces, system processing of verifications and tasks, more frequent reports provided to local office leadership, training/capacity gaps (such as for Medically Needy and Waiver cases)



Impact of Redeterminations on Forecasting

When building the Medicaid budget for the 2025 biennium the Department assumed 70% of ineligible members would be disenrolled in the first 6 months of the redetermination process (by December 2023), with the remaining ineligible members disenrolled within 12 months (by June 2024). **Actual enrollment declined quicker than projected, but overall current enrollment is close to where the Department projected it would be at the end of the “unwinding” process.**

Traditional Medicaid

- **Traditional Medicaid enrollment was declining prior to the Public Health Emergency (PHE) and was 136,017 in March 2020.**
- **Enrollment as of March 2024 was 134,899.** This compares to the Department’s projection that enrollment would be 138,814 at the end of the redetermination process. **This equates to a difference of 3,915 (2.8%) and does not consider potential “bounce back”.**
- **Current enrollment is 1,118 (0.8%) less than at the beginning of the PHE.**

Medicaid Expansion

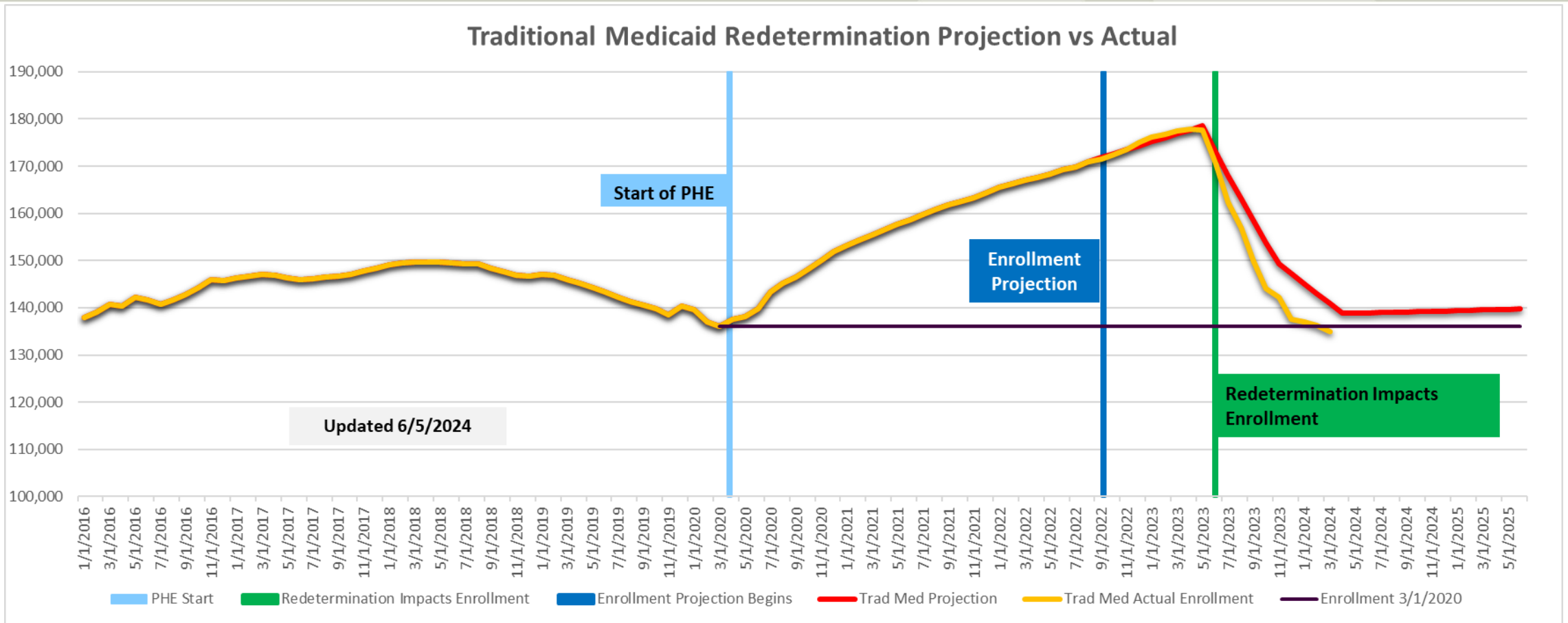
- **Medicaid Expansion enrollment was declining prior to the PHE and was 86,788 in March 2020.**
- **Enrollment as of March 2024 as 82,940.** This compares to the Department’s projection that enrollment would be 88,572 at the end of the redetermination process. **This equates to a difference of 5,632 (6.3%) and does not consider potential “bounce back”.**
- **Current enrollment is 3,848 (4.4%) less than at the beginning of the PHE.**

Other public assistance programs (including SNAP, TANF, and LIHEAP) have also seen a decline in enrollment as compared to pre-pandemic levels.

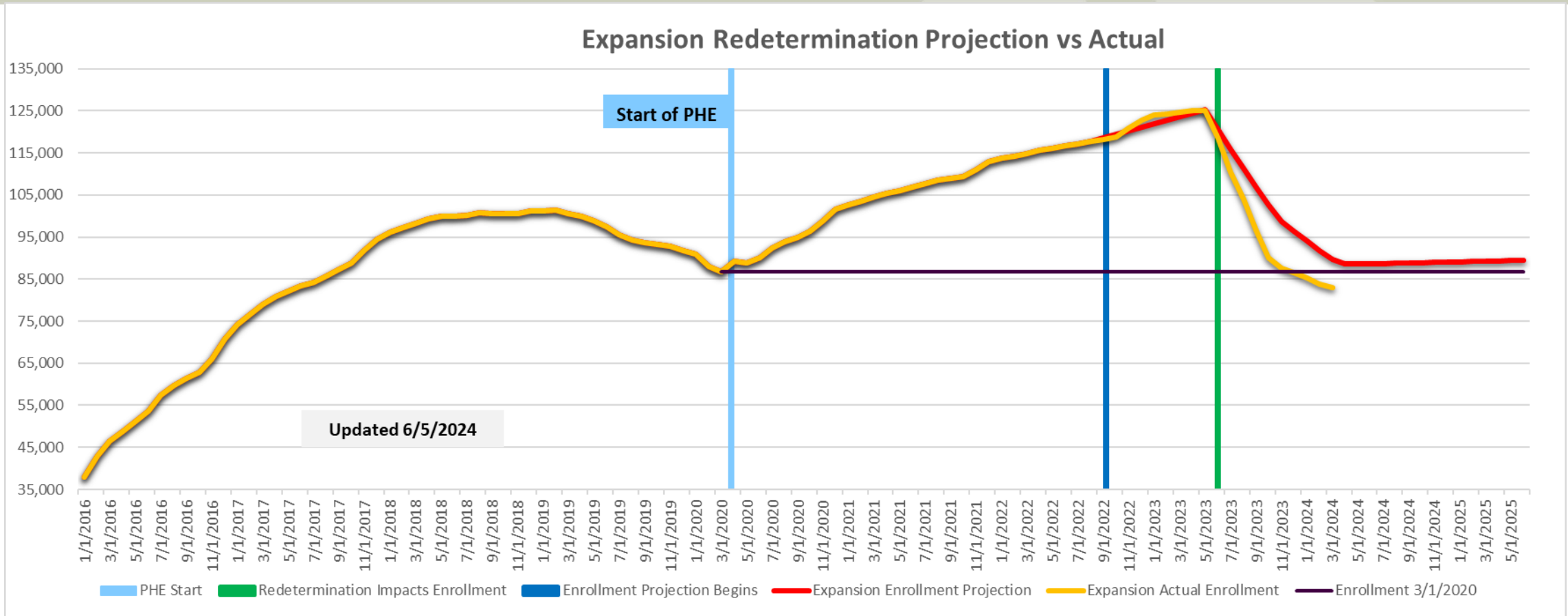
Figures above represent March 2024 data and will continue to change as DPHHS completes all pending cases.



Impact of Redeterminations on Forecasting (cont.)



Impact of Redeterminations on Forecasting (cont.)



Medicaid Provider Rate Adjustments

Charlie Brereton, DPHHS Director



DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES

Medicaid Provider Rate Adjustments

- The Legislature approved \$135 million for Medicaid provider rate increases in SFY24 and \$204 million in SFY25, for a total of \$339 million in provider rate increases over the biennium.
- The Department is working towards filing all required State Plan Amendments and administrative rule updates necessary to implement rate increases for SFY25.
- Rates that were part of the Guidehouse Provider Rate Study will be brought to the identified benchmark effective July 1, 2024. On average, this will result in rate increases of 7% as compared to current SFY24 rates.
 - Non-studied providers will receive an additional 4% rate increase in SFY25.
- **All rate increases will be implemented into the Medicaid claims payment system on July 1, avoiding the need for any later (or retroactive) payment adjustments.**



TANF Pathways and SNAP E&T Update

Charlie Brereton, DPHHS Director

Jessie Counts, Human Services Executive Director



DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES

TANF Pathways and SNAP E&T Update

Background

RFP Dates

- **RFP Posted:** October 24, 2023
- **RFP Close:** December 11, 2023
- **Notice of Intent to Award to Maximus:** January 29, 2024
- **Contract Start:** February 23, 2024
- **New Contractor Ready for Clients:** April 1, 2024

Key Components of RFP

- Single statewide provider for TANF Pathways, SNAP E&T and Refugee Support Services
- Pay-for-Performance contract structure
- Emphasis on desired outcomes rather than prescribing details of how work must be done
- Aligning expansion of SNAP E&T with ability to meet 50/50 needs
- Providing *all* Montanans with comparable levels of service, regardless of physical location



TANF Pathways and SNAP E&T Update (cont.)

Current State of Transition

Key Dates

- "Warm Handoff Client" transitions occurred April 22- May 6, 2024
- Full caseload transition occurred by May 6, 2024
- Full referral transition occurred by May 6, 2024
- Previous provider contracts end June 30, 2024

Transition Milestones as of June 15, 2024

- 91% of Maximus staff positions have been filled
- 21 Service Locations with identified space and case managers: 9 locations with previous providers, 5 DLI locations, 2 OPA locations, 4 public library locations, 1 college location
- Call Center fully operational; 299 calls answered in May 2024
- Executed subcontracts with: Community Action Partnership of Northwest Montana, HRDC 6, HRDC 7, Seattle Jobs Initiative, CAEL, and several space-only contracts
- Subcontract negotiations re: Business Services continue with DLI



Summer EBT

Charlie Brereton, DPHHS Director

Jessie Counts, Human Services Executive Director



DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES

Summer EBT Update

The federal Consolidated Appropriations Act, 2023 authorized a permanent, nationwide Summer Electronic Benefit Transfer (Summer EBT) Program beginning in 2024. The intent of this program is to provide additional nutrition assistance to low-income children during the summer when school is closed.

- The program requires collaboration between DPHHS and OPI. DPHHS is the lead agency.
- Benefits paid to families are 100% Federal funds; administration is 50% Federal/50% State.
- Summer 2024 Benefit Amount: \$40 per child per month / \$120 per child
- This is a separate program from SNAP, WIC, and National School Lunch Program (NSLP). Administrative funding cannot be used across programs.
- DPHHS and OPI have a history of working together on the implementation and administration of similar programs including direct certification for NSLP children and Pandemic EBT.



Summer EBT Update (cont.)

Program Overview

- Many children do not have access to traditional summer feeding programs due to location (rural areas), lack of transportation for children during the workday, or complex nutrition needs of children.
- Eligibility is based on direct certification from public assistance programs or participation in NSLP and enrollment in Montana schools during the school year. Community Eligibility Provision (CEP) students are not directly certified and need to apply for benefits.
- One card will be issued per household. The card may contain benefits for multiple children in the household.
- Cards will be issued by mail with client education materials and information about how and where to use benefits.
- Unused benefits will expunge after 122 days (approximately 4 months).
- Benefit usage will follow SNAP program rules. Benefits can only be used for eligible items and at participating retailers. **This is not a cash benefit.**

Timeline / Milestones

- Montana announced its intent to participate in November 2023; one of the first states to formally announce intent to participate.
- Montana submitted its initial Plan for Operations and Management (POM) to USDA/FNS on February 14, 2024.
- Montana had a significant barrier to operations due to inability of our current EBT vendor to provide a solution to meet the settlement requirements of the new Summer EBT program.
- DPHHS leadership worked to secure a new vendor for EBT transaction processing (using exigent procurement authority) for Summer EBT 2024 and 2025.
- Due to the circumstances requiring a new vendor, Summer 2024 requires several waivers to allow for benefits distribution at the end of summer (rather than the beginning).
- Summer 2025 will follow all CFR requirements.
- Montana submitted a revised POM on May 3, 2024, and received final approval on May 10, 2024.



Transition Readiness Toolkit for Vocational Rehabilitation

Charlie Brereton, DPHHS Director

*Chanda Hermanson, Disability Employment and Transitions
Division Administrator*

Background

- The Rehabilitation Act as amended by the Workforce Innovation and Opportunity Act (WIOA) requires vocational rehabilitation agencies to set aside at least 15% of their federal funds to provide Pre-Employment Transition Services (Pre-ETS) to students with disabilities who are potentially eligible for vocational rehabilitation services.
- Pre-ETS activities are those that provide an early start at job exploration to assist with transitioning from high school to postsecondary education or employment. The allowable activities include Job Exploration Counseling, Work-Based Learning Experiences, Counseling on Post-Secondary Programs, Workplace Readiness Training, and Instruction in Self-Advocacy
- Montana Vocational Rehabilitation and Blind Services has eight Pre-ETS Specialists across the state that directly provide these services and coordinate with local education agencies and other organizations to deliver Pre-ETS.



Rationale

- Montana has been providing Pre-ETS for almost a decade but there is little evidence supporting the best approaches to service delivery.
- Despite strong interest in assessing the effectiveness of Pre-ETS the complexities of measuring short-term outcomes has limited Montana's VR agency from systematically evaluating their services to date.



Solution

- Montana is one of six states that is beginning to assess the effectiveness of Pre-ETS to students with disabilities through the Rehabilitation Services Administration's grant-funded Human Services Transition Readiness Toolkit.
- The project supports accessible pre and post-test surveys to students to help DPHHS gather and analyze results and impact.
- Benefits of implementation include:
 - increased accuracy in recording Pre-ETS services
 - data-driven decision making
 - individual growth resulting from services
 - program evaluation data on effectiveness of services
 - greater collaboration between transition agencies with shared outcomes and measures

Early Childhood and Family Support Division Update

Charlie Brereton, DPHHS Director

Jessie Counts, Human Services Executive Director



DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES

Best Beginnings Child Care Subsidy

		Center	
		Infant/Toddler	\$45
		Preschool	\$40
		School Age	\$40
BBS Rates through 2/29/24		Group	
		Infant/Toddler	\$35
		Preschool	\$35
		School Age	\$33
		Family	
		Infant/Toddler	\$35
		Preschool	\$35
		School Age	\$30

		Center	
		Infant/Toddler	\$58
		Preschool	\$55
		School Age	\$50
BBS Rates 3/1/24		Group	
		Infant/Toddler	\$48
		Preschool	\$45
		School Age	\$45
		Family	
		Infant/Toddler	\$45
		Preschool	\$40
		School Age	\$40



Child Care Resource and Referral (CCR&R) Update

Three RFPs scheduled for new contracts to begin 10/1/24.

- Provider Business Supports
 - Posted June 14, 2024
- Provider Services (Program Support/Regulatory)
 - Posting TBD (RFP with DOA for review and posting)
- Family Supports (Best Beginnings Subsidy)
 - Posted June 19, 2024

DPHHS is currently unable to further discuss the RFPs due to State of Montana procurement policies and rules.



Part C/Family Education Support (FES) Procurement

- Part C and FES services were procured through separate competitive RFPs.
- Market rates from the Guidehouse Rate Study were used in both Part C and FES RFPs.
- DPHHS is leveraging certain federal funds to increase rates for year one of the contracts. Funding for future years is contingent upon approval of additional General Fund by the 2025 Legislature.
- Part C contracts with providers will begin 7/1/24. Benchmark, a current Part C provider, has expanded services to include counties previously covered by Child Development Center because of the independent, competitive procurement process. All other counties will be served by the same provider from the last contract cycle.
- FES service areas are currently being negotiated. Contract extensions will be effectuated if final service agreements cannot be reached by 7/1/24 to ensure coverage during the transition to new contracts.



Bright Futures Preschool Development B-5 Grant



3-YEAR GRANT
(CALENDAR YEARS
2023-2025)



24 STATES ARE
FUNDED



FEDERAL SHARE :
\$8 MILLION
STATE MATCH:
\$2.4 MILLION



FOCUS IS ON
STRENGTHENING
THE MONTANA
EARLY CHILDHOOD
SYSTEM



Bright Futures Preschool Development B-5 Grant Expected Outcomes

- Montana's families with young children have increased access to, and participation in, high quality early care and education across a mixed delivery system.
- Montana's early childhood workforce is confident and effective, due to enhanced ECE professional development.
- The early childhood system is coordinated to support effective family assessment, system navigation, care coordination, and use of data.
- Montana's families are engaged and valued as partners in the early childhood system.
- Montana's communities make early childhood a priority, and act to support children's health, learning, and well-being.
- Montana's early childhood system is structured to support policy alignment, strategic financing, continuous improvement, and accountability.



Universally Offered Home Visiting Pilot Update

- As a result of a competitive procurement process, contract negotiations are currently occurring with providers to implement a Universally Offered Home Visiting Pilot in Montana.
- This project is funded from the Preschool Development B-5 Grant.
- This is a voluntary service offered to families in funded communities (locations TBD).
- Time limited service designed by local communities to provide a limited number of home visits to families with new babies which could include referrals to services or evidence-based home visiting.
- Data collected from the pilot will be used to evaluate effectiveness of the model.



Existing MIECHV Contracts

- 4% rate increase from 2023 Legislature added to existing MIECHV contracts through amendments to current contracts.
- Federal program reauthorization increased the federal base grant as of 9/30/23. States were not required to increase the state match to receive the additional federal funds for the first year.
 - The increase in federal funds is being used to continue activities that were previously supported through ARPA funding (affiliate fees, workforce retention payments, reflective supervision training)
- DPHHS has contracted with University of Montana to complete a model program review of current MIECHV-funded/evidence-based models in Montana. Preliminary results, including an assessment of how these models support fatherhood, will be available January 2025.
- Current evidence-based models funded in Montana include:
 - Nurse/Family Partnerships
 - Parents as Teachers (PAT)
 - Family Spirit
 - SafeCare Augmented



HB 872: Behavioral Health System for Future Generations (BHSFG) Update

Charlie Brereton, DPHHS Director

HB 872: Behavioral Health System for Future Generations Update

Commission Milestones

Past	Key Milestones
July 20, 2023	Meeting #1 Focus: Commission establishment, public comment, priorities, focus areas, and meeting cadence.
September 8, 2023	Meeting #2 Focus: Civil and forensic commitments with panels consisting of Judges, County Attorneys, Sheriffs, Jail Commanders, and family members.
October 13, 2023	Meeting #3 Focus: Comprehensive statewide crisis system with panels consisting of elements of the crisis now model including someone to call, someone to respond, and somewhere to go in crisis situations.
November 30, 2023 December 1, 2023	Meeting #4 Focus: Developmental disabilities and co-occurring populations systems with panels consisting of providers of early childhood services, adult DD and behavioral health services, and crisis/acute services for both children and adults.

HB 872: Behavioral Health System for Future Generations Update (cont.)

Commission Milestones

Past	Key Milestones
January 11, 2024 January 12, 2024	Meeting #5 Focus: Children’s mental health system and family and caretaker supports with panels consisting of providers dealing with the system of care, prevention, the continuum of care, and those with lived experience in caretaker support.
March 5, 2024	Meeting #6 Focus: Tribal Health and Urban Indian Health Centers.
March 28, 2024 March 29, 2024	Meeting #7 Focus: Adult mental health system and workforce development with panels consisting of providers of preventative services, treatment services, those with lived experiences, shelter providers, and two panels on behavioral health workforce issues.
April 22, 2024 April 23, 2024	Meeting #8 Focus: A presentation of the final reports on the behavioral health and developmental disabilities alternative settings projects and an initial presentation of the BHSFG recommendations/commission discussion.
May 20, 2024	Meeting #9 Focus: Presentation of a draft BHSFG report and recommendations/commission discussion.

HB 872: Behavioral Health System for Future Generations Update (cont.)

Commission Milestones

Future		Upcoming Commission Meetings
July 1, 2024	Commission submits a report on its final recommendations to OBPP and LFD; within 60 days, the Commission will present to the following legislative committees who shall meet jointly: <ul style="list-style-type: none">• Legislative Finance Committee;• Health and Human Services Interim Budget Committee• Children, Families, Health, and Human Services Interim Committee	
July 23, 2024	Joint Legislative Meeting	
Fall 2024 (estimated)	Governor approves and finalizes all Commission recommendations with changes, as required.	



HB 872: Behavioral Health System for Future Generations Update (cont.)

NTI	Launch Date	Funding	Description
Court Ordered Evaluations (COEs)	3/8/24	\$7.5M	Expand access to community-based COE and/or stabilization services
Residential Bed Capacity	2/5/24	\$15.8M	Increase bed capacity of residential services providers
Crisis Response	5/31/24	\$7.5M	Fund existing MCR providers and expand crisis receiving and stabilization services
Crisis Curriculum	TBD	\$500K	Expand access to crisis response training/curriculum through university partner
DD Workforce	4/19/24	\$600K	Support DD health care workforce training and help DSPs obtain certification
Family Peer Supports	TBD	\$700K	Expand access to Family Peer Support services
Fair Market Rent (FMR)	TBD	\$1M	Reassess Fair Market Rent values across Montana to ensure access to low-income housing
Naloxone and Fentanyl Test Strips	TBD	\$400K	Increase access to naloxone and fentanyl test strips by placing 24 “kiosks” across Montana
OT and PA Workforce Programs	TBD	\$3.2M	Fund MUS costs associated with launching OT and PA programs
Tribal and UIOs	TBD	\$6.5M	Increase capacity to meet the tailored BH and DD needs of tribal populations

Conclusion



DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES