



HB 872: Behavioral Health and Developmental Disabilities Alternative Settings Design Study and Implementation Planning

Executive Overview

Prepared for the Interim Budget Committee: Section B Meeting

September 12, 2023

DPHHS' Theory of Change – now is the time to advance a modernized behavioral health (BH) and developmental disabilities (DD) setting

If we know that...

State-run facilities are aged, expensive to maintain, isolated and have outdated design that is not patient-centric.

MSH was cited for health and safety issues, and isolation from population centers hinders workforce retention.

Access to acute behavioral health care is limited across the state with more long-term stays than desired in state-run facilities

Limited access presents challenges to achieving the Quadruple Aim

Then we must create pathways to modernize by...

Identifying the appropriate location and service mix to improve access to acute behavioral health care programs in appropriate settings based on clinical needs and best practice.

Assessing health care real estate across the state to identify opportunities to develop alternative settings to MSH for appropriate patient populations.

Identifying capital needs and operating models capable of improving quality and sustaining or reducing cost through state-run or public/private partnerships.

Performing an assessment that is transparent to legislators and stakeholders and solicits public input throughout the process.

So that...

Montana citizens have access to a behavioral health care continuum that includes localized acute-care that offers high quality care in modern, operationally and financially sustainable patient-centric settings.

Recap: Guiding principles as we embark on a comprehensive design study and strategic implementation planning process

- 1 We will identify opportunities to **improve access to care** based on clinical needs, in the least restrictive setting possible, at new and dispersed geographic locations given population density, workforce, and cost related challenges.
- 2 Determine **patient-centric care settings** for those who actively seek and receive care at Montana State Hospital, being mindful of care needs for involuntary and civil committed populations who have specialized care needs. Note, there is no plan to close Montana State Hospital.
- 3 Develop a plan for a **modernized acute and sub-acute behavioral care system that addresses the Quadruple Aim** – improved population health, enhanced patient experience, reduced avoidable cost of care, and improved provider satisfaction.
- 4 Establish a **sustainable and high-performing care model** that holistically considers clinician location, patient access, workforce availability and financing. Good stewardship of scarce and ever-changing resources is critical to building a viable statewide care network.
 - **Note** - Understanding what is sustainable will require partnership within the behavioral health continuum, and cross-sector partners like law enforcement, housing networks, public guardianship and protective services, etc. to go “beyond the walls” of a setting.
- 5 Focus on **transparency and stakeholder inclusion**; with interested stakeholders, patients and families, legislators and potential partners to ensure that the plan will address gaps in access to a modern and accessible care network.
- 6 Be **prompt and expedient** in planning, identifying “low-hanging fruit” where possible knowing there are present-day challenges for patients and staff in state-run settings.
- 7 Utilize **fact-based and data-driven** information inform recommendations.

Summary of the Design Study and Implementation Plan Process

Step 1: Initial Planning Phase and Site Visits

Clarified timelines and governance structure, gathered public and state-data, conducted site visits and engaged state-run facility staff at four sites.

Step 2: State Market Assessment and Service Strategy Development: What services are needed and in which locations?

Analyze program/service demand, gaps to drive settings and program development / service line strategy designed to serve future and prospective patients closer to home and adjust continuum flow across the state.

Step 3: Build vs. Buy Analysis : Design the physical setting, project initial and ongoing costs and determine if more efficient to build vs. Buy?

Determine facility development opportunities and costs associated with existing or newly built health care settings or facilities maximizing functionality and managing cost (public, private, public/private partners).

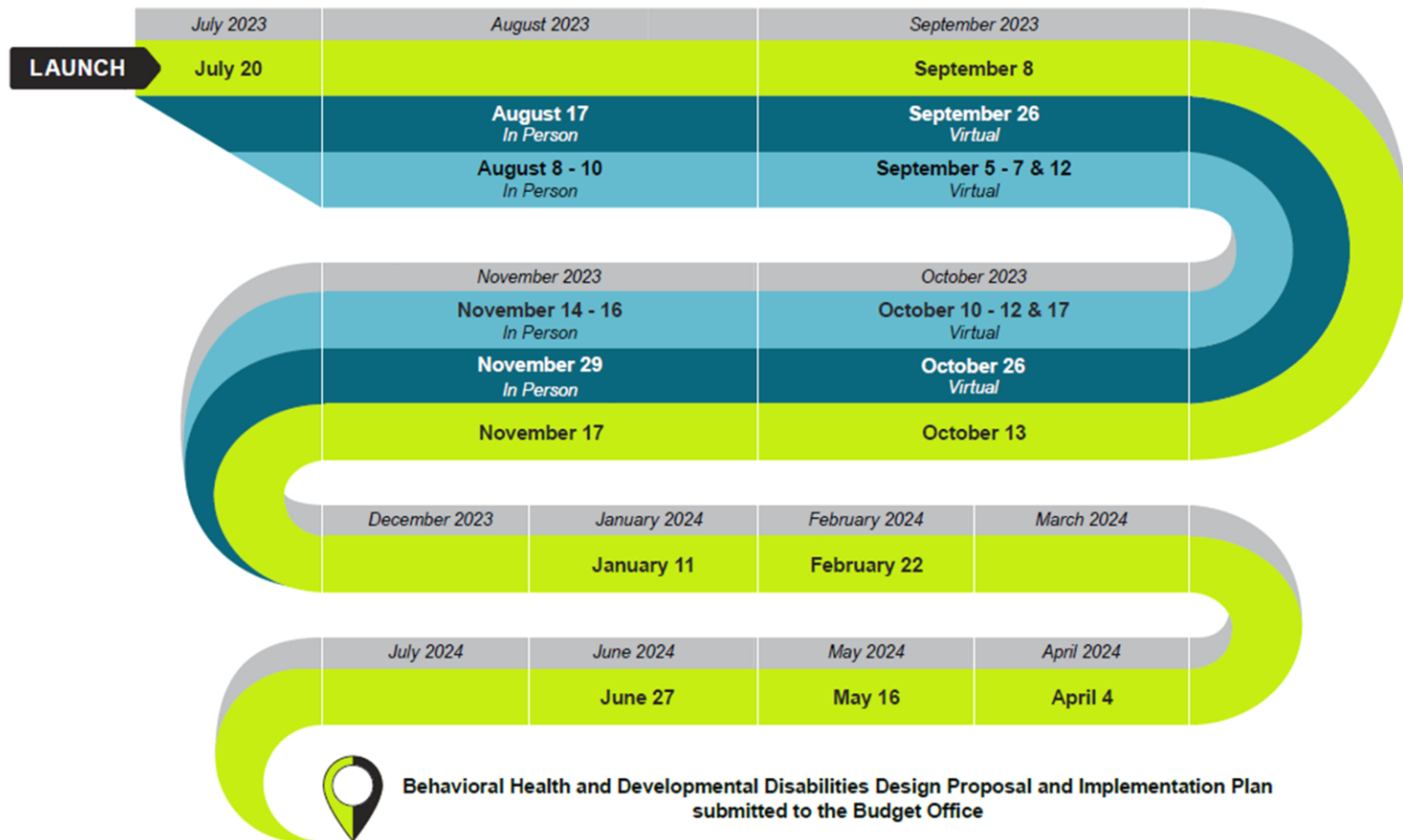
Throughout: Stakeholder Engagement Planning with external partners and getting subject matter input.

Develop and implement a plan using both a steering committee and topic-focused sub-committees with <100 stakeholders to promote interdisciplinary thinking and consensus building.

**March
2024**

Target Outcome: DPHHS Releases Report with a Recommended Alternate Settings Strategy and Strategic Implementation Plan

DPHHS is extensively engaging stakeholders throughout the Alternative Settings design and strategic planning process



MEETING LEGEND

- BHSFG Commission
- Behavioral Health and Developmental Disabilities Steering Committee
- Behavioral Health and Developmental Disabilities Subcommittees (Continuum of Care, Access, Workforce)

Engagement Timeline and Next Steps

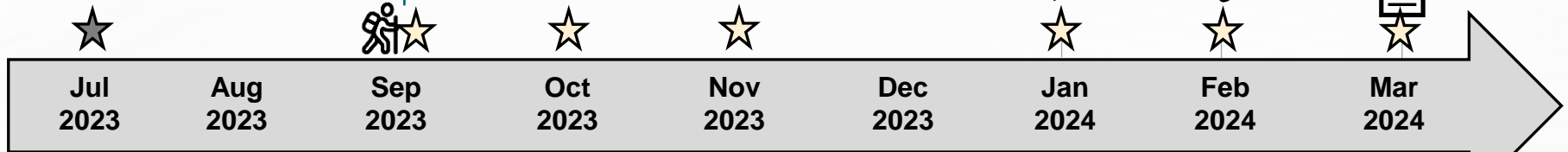
WE ARE
HERE

Commission for
BHSFG Kick Off

Guidehouse Submits
Draft Report

DPHHS Proposed Revisions;
Stakeholder Feedback Opens

Final
Report



Design Study to Identify Setting(s) Framework

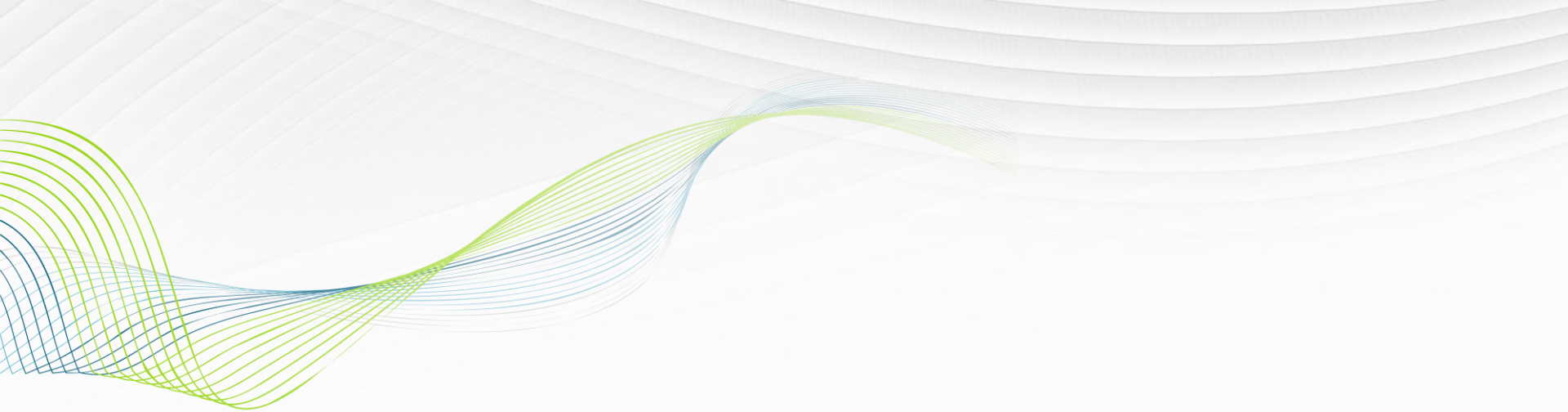
Build vs. Buy Analysis

Implementation Planning Activities (FKA: Prospective Partner
Identification and Engagement)

Strategic Communications and Legislative Engagement

Coordinated Program and Project Management

★ Denotes HB 872 / BHSFG Commission Meeting Occurrence



Appendix: Stakeholder Engagement Summary

Engagement Calendar Overview

August						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

September						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12*	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

October						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17*	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

November						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

Stakeholder Meeting Dates





Steering Committee Meeting Dates *(all dates are in 2023)*

Meeting	Date	Modality
Meeting #1	August 17	In-Person
Meeting #2	September 26	Remote
Meeting #3	October 26	Remote
Meeting #4	November 29	In-Person

Subcommittee Meeting Dates

Meeting	Date	Modality
Meeting Series #1	August 8 – 10	In-Person
Meeting Series #2	September 5 – 7 & 12	Remote
Meeting Series #3	October 10 – 12 & 17	Remote
Meeting Series #4	November 14 -- 16	In-Person

Calendar Key

	Steering Committee Meeting		In-Person Meeting
	Subcommittee Meeting		Completed

*Freestanding Statewide Workforce Subcommittee Meeting