

# Department Updates

## Interim Budget Committee

### Section B

September 13, 2023



DEPARTMENT OF  
**PUBLIC HEALTH &  
HUMAN SERVICES**

# Agenda

- Organizational Highlights
- HB 190: DPHHS Annual Plan
- Agency Financial Update
  - SFY23 End
  - Contingency utilization
  - ARPA Funding
- HB 2: Medicaid Provider Rate Adjustments
- Medicaid Redeterminations
  - Overview
  - Impact on Forecasting
- Comprehensive School and Community Treatment (CSCT) Update
- Preliminary Updates
  - HB 5: Long-Range Building and Planning
  - HB 10: Long-Range IT Projects
- Healthcare Facilities Division (HFD) Update
  - Status of Reform Initiatives
  - Contracting Expenditures
- HB 872 Update
- Conclusion



# Executive Updates

*Charlie Brereton, DPHHS Director*  
*Kim Aiken, DPHHS CFO*

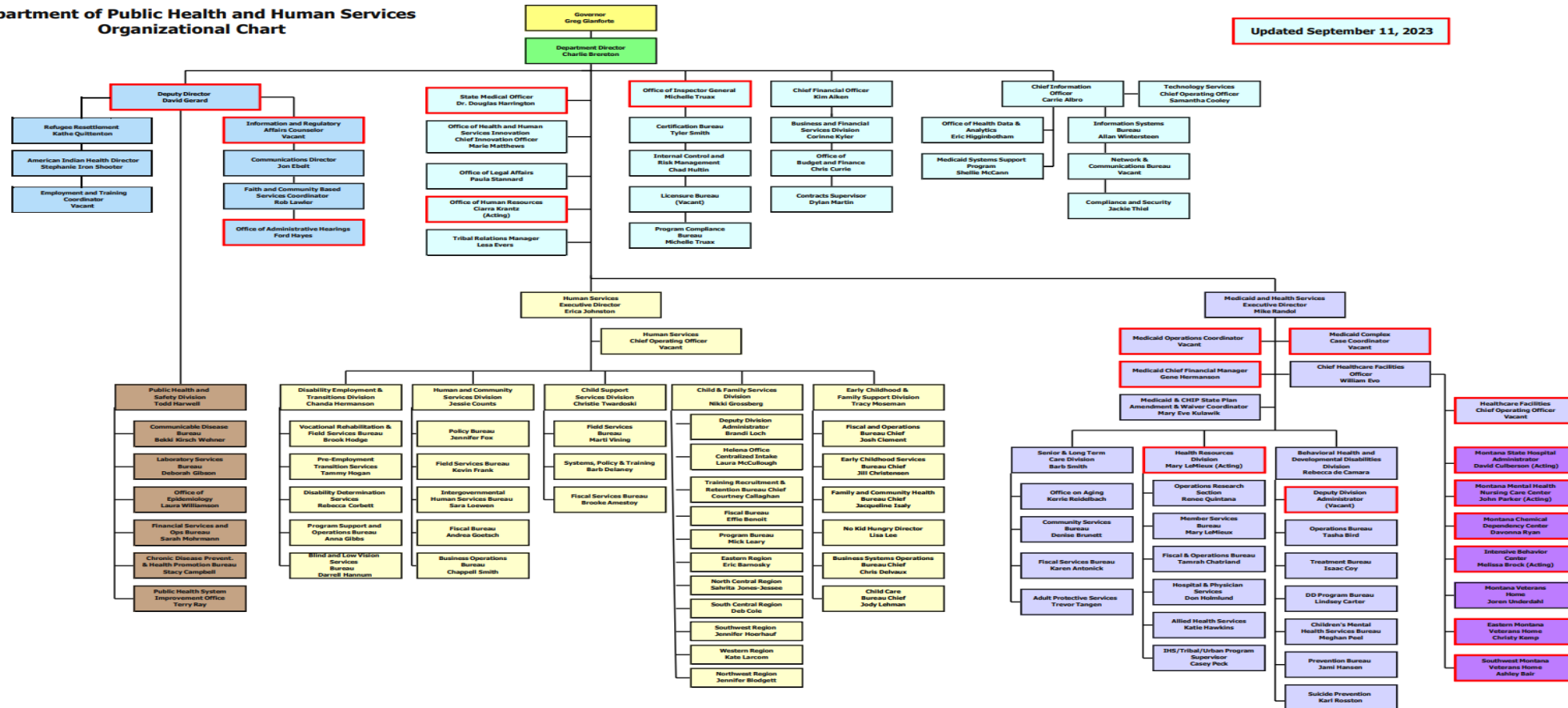


DEPARTMENT OF  
PUBLIC HEALTH &  
HUMAN SERVICES

# Organizational Highlights

## Department of Public Health and Human Services Organizational Chart

Updated September 11, 2023



DEPARTMENT OF  
PUBLIC HEALTH &  
HUMAN SERVICES

# HB 190: DPHHS Annual Plan

As required under HB 190, DPHHS published an Annual Plan on September 1, 2023. The Plan will be updated no later than September 1 every year and includes:

- Description of the functions and divisions of the Department, including a discussion of its priorities;
- Initiatives of the Department that reflect the benefits and outcomes the Department expects to achieve; and
- Specific and measurable performance metrics for each initiative, including the preferred outcomes and outputs with respect to each initiative

The DPHHS Strategic Plan is publicly available at <https://dphhs.mt.gov>.



# HB 190: DPHHS Annual Plan (cont.)

## #1: Strengthen and Stabilize Montana's Health Care Delivery System

Initiatives	Performance Metrics
<p>Implement Medicaid provider rate adjustments to better align reimbursement rates with the true cost of providing physical and behavioral health care services to over 300,000 low-income Montanans.</p> <p>In coordination with the Behavioral Health System for Future Generations (BHSFG) Commission, develop strategic plans with implementation recommendations to reform Montana's behavioral health and developmental disabilities service delivery systems.</p> <p>Establish a pathway to U.S. Centers for Medicare and Medicaid Services (CMS) recertification of the Montana State Hospital.</p> <p>Develop a singular value-based payment Medicaid Primary Care Delivery Model.</p> <p>Continuously address Healthcare Facilities Division vacancies, including through the implementation of recruitment and retention strategies, with an emphasis on reducing contract staff utilization.</p> <p>Increase in-state access to services for children with high-acuity needs.</p>	<ul style="list-style-type: none"><li>• 100% approval of CMS State Plan and waiver amendments to implement provider rate adjustments by EOY 2023.</li><li>• Increase access by 5% for Behavioral Health, Primary Care, and Developmental Disabilities services.</li><li>• Launch BHSFG Commission and secure governor's approval of at least 2 Commission-recommended initiatives by CYE23.</li><li>• At least 8 BHSFG Commission meetings scheduled and held through end of SFY24.</li><li>• Complete 75% of HB 5 capital improvement projects for CMS recertification of MSH by end of SFY24.</li><li>• Achieve 75% of required MSH CMS recertification activities by September 2024, and 100% by December 2024.</li><li>• Reduce traveler costs by 10% for HFD and increase state HFD FTE by 5%.</li><li>• 100% completion of the Behavioral Health and Developmental Disabilities Alternative Settings Design Proposal and Implementation Plan, and presentation to the BHSFG Commission, by May 1, 2024.</li><li>• 5% reduction in out-of-state placement of children with complex physical and behavioral health needs.</li></ul>



# HB 190: DPHHS Annual Plan (cont.)

## #2: Drive Independence and Accountability through Public Assistance Programs

Initiatives	Performance Metrics
<p>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.</p> <p>Conduct a timely and accurate redetermination of eligibility for all Montana Medicaid and Healthy Montana Kids (HMK) members.</p> <p>Increase opportunities for non-custodial parents engaged in child support services to improve economic stability for themselves and their children.</p> <p>Increase access to quality childcare for working families.</p> <p>Increase opportunities for older youth in foster care to obtain skills necessary for economic stability as adults.</p>	<ul style="list-style-type: none"><li>• 25% reduction in Public Assistance Helpline (PAHL) wait times.</li><li>• 100% completion of Medicaid and HMK eligibility redeterminations.</li><li>• Execution of at least one new performance-based contract for statewide SNAP and TANF employment and training services provision.</li><li>• 25% increase in referrals of non-custodial parents engaged in child support services to employment and training services.</li><li>• 5% increase in the number of licensed childcare providers participating in the Best Beginnings Scholarship program.</li><li>• 50% increase in the number of foster youths aged 14 and older participating in vocational rehabilitation services.</li></ul>



# HB 190: DPHHS Annual Plan (cont.)

## #3: Increase Data Analytics Capacity for Performance Measurement & Decision-making

Initiatives	Performance Metrics
Establish and integrate an Office of Research and Performance Analysis (ORPA) to catalyze the strategic use of data and analytics, including for resource allocation, program evaluation and performance measurement, and operational decision-making.	<ul style="list-style-type: none"><li>• Complete data assets inventory and implement ongoing maintenance.<ul style="list-style-type: none"><li>○ 100% of data cataloged by end of SFY24.</li><li>○ 50% of data elements assessed and documented by population/customer, program impact, limitation, and gap by end of SFY24.</li></ul></li><li>• Complete data methodology design.<ul style="list-style-type: none"><li>○ 100% completion of detailed project timeline encompassing key milestones from the initial data collection phase to the final stages of analysis and reporting by end of SFY24.</li><li>○ 100% completion of data methodology design, including management tools and data analysis standards by end of SFY24.</li></ul></li><li>• Develop data use strategy (i.e., development of a data collection and utilization plan).<ul style="list-style-type: none"><li>○ 100% identification of measures of key performance indicators by end of SFY24.</li></ul></li><li>• Develop use case modeling for metrics and outcomes related to self-sufficiency and population health.<ul style="list-style-type: none"><li>○ Implement at least 4 use cases with outcome measures for success (at least 2 for independence and 2 for population health) by end of SFY24.</li></ul></li><li>• Hold at least 2 meetings of the new Data Governance Committee by end of SFY24.</li></ul>





# Agency Financial Update

- **State Fiscal Year 2023 End**
  - Summary – All HB 2

Fund Type	2023 Beginning Budget	2023 Current Budget	2023	
			Expenditures YTD	2023 Remain
01	\$632,971,436	\$ 569,132,138	\$567,722,779	\$1,409,359
02	\$235,044,078	\$ 230,536,834	\$216,766,244	\$13,770,589
03	\$2,215,013,524	\$ 2,216,315,592	\$2,153,502,930	\$62,812,661
<b>Grand Total</b>	<b>\$3,083,029,038</b>	<b>\$ 3,015,984,564</b>	<b>\$2,937,991,954</b>	<b>\$77,992,610</b>

- Funds normalized to remove frozen and unspent lump sum appropriation.
- **Remaining GF (01) balance is comprised of 160 different appropriations.**

- Summary – All Medicaid (Traditional and Expansion)

Fund Type	2023 Beginning Budget	2023 Current Budget	2023	
			Expenditures YTD	2023 Remain
01	\$364,272,381	\$ 312,882,960	\$312,534,595	\$348,365
02	\$158,679,737	\$ 158,143,680	\$153,202,610	\$4,941,070
03	\$1,597,866,209	\$ 1,597,479,672	\$1,567,590,216	\$29,889,456
<b>Grand Total</b>	<b>\$2,120,818,327</b>	<b>\$ 2,068,506,312</b>	<b>\$2,033,327,421</b>	<b>\$35,178,890</b>



# Agency Financial Update (cont.)

- **State Fiscal Year 2023 End**
  - Summary – Facilities

Fund TYPE	FY 2023 HB2 Base	Contingency Addition	Other Program Transfer	FY 2023 HB 2 End	HB 835	Facility End Budget	Total Additional Funding
General Fund	\$62,675,864	\$7,004,204	\$3,447,810	\$73,127,878	\$43,000,000	\$116,127,878	\$53,452,014
State Special	\$18,314,749	\$-	(\$506,745)	\$17,808,004		\$17,808,004	(\$506,745)
Federal Fund	\$10,397,705	\$-	\$879,171	\$11,276,876		\$11,276,876	\$879,171
	\$91,388,318	\$7,004,204	\$3,820,236	\$102,212,758	\$43,000,000	\$145,212,758	\$53,824,440

- Summary of all facilities includes additions of \$53.8 million in funding from other sources including HB 835, HB 2 FMAP Contingency, and program transfers from the prevention and treatment funding in BHDD.



# Agency Financial Update (cont.)

## Contingency

### 2021 HB 2 Contingency and 2023 HB 835 Contingency

Black Box Contingency Funding	
FY 2023 Begin	\$ 8,674,967
MCDC	\$ (1,295,000)
MSH	\$ (3,709,204)
IBC	\$ (1,280,123)
Contracted Services	\$ (2,000,000)
Medicaid Year End	\$ (390,631)
<b>Remaining</b>	<b>\$ 9</b>

- \$8,674,967 of the \$16,676,602 of the 1<sup>st</sup> quarter FMAP savings established in SFY2022 by the 2021 Legislature remained for use in SFY 2023.
- Memos regarding both 2021 HB2 and 2023 HB 835 (per HB 424) were provided to the LFD on September 1, 2023.
- The \$56,500,000 in general fund appropriation (recorded in a state special transfer fund per HB 835 language) was utilized primarily to cover contracted staffing shortfalls in the facilities and projected overages in Medicaid.
- The \$165,000,000 in federal dollars was utilized primarily to cover insufficient federal authority in both Medicaid Traditional and Expansion. Primary reason for the overrun is the federal requirement that clients could not be disenrolled during the PHE.

Category	Detail	Appropriation	Expense	Remain
<b>General Fund</b>				
Facility	IBC	\$ 1,900,000	\$ 1,900,000	\$ -
Facility	MMHNCC	\$ 1,900,000	\$ 1,900,000	\$ -
Facility	MSH	\$ 39,200,000	\$ 39,200,000	\$ -
Medicaid	BuyIn	\$ 251,194	\$ 251,194	\$ -
Medicaid	Dental	\$ 408,752	\$ 408,752	\$ -
Medicaid	Inpatient	\$ 5,875,490	\$ 5,585,300	\$ 290,190
Medicaid	Physician	\$ 6,464,564	\$ 6,464,564	\$ -
Expansion	Inpatient	\$ 500,000	\$ 499,318	\$ 682
<b>Subtotal</b>		<b>\$ 56,500,000</b>	<b>\$ 56,209,128</b>	<b>\$ 290,872</b>
<b>State Special</b>				
Medicaid	Medicaid	\$ 2,500,000	\$ 2,500,000	\$ -
Medicaid	Medicaid	\$ 1,500,000	\$ 1,500,000	\$ -
<b>Subtotal</b>		<b>\$ 4,000,000</b>	<b>\$ 4,000,000</b>	<b>\$ -</b>
<b>Federal Special</b>				
Medicaid	Physician	\$ 4,775,892	\$ 4,775,892	\$ -
Medicaid	Pharmacy	\$ 2,891,313	\$ 2,891,313	\$ -
Medicaid	Outpatient	\$ 5,220,161	\$ 5,220,161	\$ -
Medicaid	Inpatient	\$ 11,987,213	\$ 11,287,213	\$ 700,000
Medicaid	Dental	\$ 4,775,892	\$ 4,775,892	\$ -
Medicaid	Buyin	\$ 349,530	\$ 349,530	\$ -
Expansion	Transportation	\$ 2,021,099	\$ 2,021,099	\$ -
Expansion	Physician	\$ 21,495,152	\$ 21,495,152	\$ -
Expansion	Pharmacy	\$ 28,173,038	\$ 25,460,413	\$ 2,712,625
Expansion	Lab	\$ 4,314,156	\$ 4,314,156	\$ -
Expansion	Inpatient	\$ 36,247,957	\$ 36,247,957	\$ -
Expansion	IHS	\$ 35,000,000	\$ 29,243,488	\$ 5,756,512
Expansion	DME	\$ 3,790,749	\$ 3,790,749	\$ -
Expansion	Dental	\$ 3,957,849	\$ 3,957,849	\$ -
<b>Subtotal</b>		<b>\$ 165,000,000</b>	<b>\$ 155,830,863</b>	<b>\$ 9,460,009</b>



# Agency Financial Update (cont.)

## 6.2% and 5% (step down) Enhanced FMAP Savings Return

- As part of requirements set forth by MCA and the 2021 Legislature's intent language in HB2, **the Department returned \$64,109,335 in general fund to the state fund balance in SFY2023.**
- The \$64,109,335 was generated from enhanced FMAP savings of 6.2% for the first three quarters of SFY 2023 and 5% in the final quarter of SFY2023. The federal dollars associated with the higher FMAP were generated from budget amendment authority.
- In addition, state special authority (no revenue associated) was returned.

Years	Fund	Total
2023	01100	(\$64,109,335)
	02034	(\$252,176)
	02053	(\$202,056)
	02477	(\$598,289)
	02772	(\$1,514,519)
	02990	(\$219,165)
2023 Total		(\$66,895,540)



# Agency Financial Update (cont.)

## ARPA/Other COVID Funding

- Approximately \$420 million was appropriated via HB 632.
- Of the \$420 million appropriated, the Department has recorded \$132 million as excess appropriation. The federal award did not match the anticipated appropriation.
- As of 09/08/2023 the Department has expended 91% of its ARPA allocations.
- 85% of the appropriations have a Period of Performance (PoP) of 09/30/2023 or later.
- 61% of CARES II funds have been expended.
- 89% of CARES II funds have a PoP of 09/30/23 or later.

ARPA/CARES Funding Summary Table - Period of Performance End Date							
09/13/2023 - IBC							
Funding Type				Funding Type			
ARPA				CARES II			
Values				Values			
Period of Performance End	Sum of Received	Sum of Awarded	Sum of Paid	Period of Performance End	Sum of Received	Sum of Awarded	Sum of Paid
Excess	\$132,751,705			Excess	\$105,226,707		
8/30/2021	\$28,100,000	\$24,790,875	\$24,790,875	9/30/2021	\$13,399,427	\$13,379,591	\$13,379,591
9/30/2021	\$1,176,997	\$1,200,488	\$641,942	5/31/2022	\$2,859,649	\$2,859,649	\$683,334
9/29/2022	\$585,069	\$585,069	\$278,352	6/30/2022	\$616,112	\$616,112	\$616,112
9/30/2022	\$4,433,901	\$2,905,013	\$2,905,013	9/30/2022	\$1,668,036	\$1,668,036	\$1,524,562
6/30/2023	\$7,250,870	\$4,000,000	\$2,976,866	7/31/2023	\$60,000	\$60,000	\$60,000
9/30/2023	\$6,807,574	\$2,163,348	\$2,163,348	9/30/2023	\$29,103,359	\$21,096,385	\$20,736,333
1/31/2024	\$2,000,000	\$2,184,015	\$1,278,036	3/14/2024	\$9,062,134	\$9,062,134	\$5,314,562
6/30/2024	\$56,179,203	\$22,110,938	\$16,532,783	5/31/2024	\$32,865,516	\$32,865,516	\$14,611,036
7/31/2024	\$107,844,629	\$97,099,941	\$88,471,636	6/30/2024	\$30,430,644	\$30,430,644	\$14,349,074
9/30/2024	\$34,144,945	\$31,954,347	\$31,953,721	7/31/2024	\$61,767,133	\$61,767,133	\$34,833,370
6/30/2025	\$8,402,115	\$7,082,553	\$6,823,375	9/30/2024	\$2,978,840	\$1,720,815	\$1,720,115
9/30/2025	\$15,292,067	\$3,578,589	\$2,370,297	Grand Total	\$290,037,557	\$175,526,015	\$107,828,089
12/31/2026	\$21,750,000	\$20,514,945	\$18,937,976				
Grand Total	\$426,719,075	\$220,170,121	\$200,124,220				

# HB 2: Medicaid Provider Rate Adjustments

The Legislature approved increases of **\$135M/FY24** and **\$204M/FY25**, for a **total of \$339M over biennium**.

- Most of this funding is being allocated to rate increases for services that were part of the Guidehouse rate study. On average, these base rates received an increase of 17.8% in FY24.
- Non-studied providers received a 4% rate increase in FY24.
- A series of administrative rule updates for the proposed rate increases were filed with the Secretary of State in late June and early July, **the earliest filing dates after HB 2 was signed**.
- Public hearings on these administrative rules occurred in late July and early August.
- **Final rules were published on September 8**. Rate updates were implemented in the MMIS on the same date with a **retro-effective date of July 1**.
- **Information on claim adjustments for services rendered July 1-September 8 has been sent to providers**.
- The process of claim adjustments is starting this week. This process is expected to take several months due to the limited number of adjustments the claims system can process each week. **Approximately 400,000 claims are expected to be adjusted for additional payments to providers of approx. \$10M.**





# Medicaid Redeterminations

- Beginning in April 2023, DPHHS began the federally-directed Medicaid redetermination process for over 330k Montanans enrolled in Medicaid. **As of August 2023, the redetermination process has begun for about 45% of individuals covered by Medicaid.** The progress is being tracked on a public-facing dashboard.
- Cases were distributed over a 10-month period using a population-based approach.
  - Cases most likely to be ineligible and income-based cases were the focus for the first three redetermination cycles starting in April, May, and June.
  - Traditional Medicaid cases began to be processed in the fourth month (July).
  - **The redetermination process is largely dependent on recipients returning requested information to HCSD timely.**
- In February 2023, DPHHS submitted its distribution plan to the U.S. Centers for Medicare and Medicaid Services (CMS) for consideration; **the plan was subsequently approved by CMS with no requested changes.**



# Medicaid Redeterminations (cont.)

- The Department's preparation activities included:
  - **System readiness:** improving and testing autorenewal and ex parte processes, testing logic to "turn on" redeterminations, updating rules that had been modified since March 2020.
  - **Capacity readiness:** onboarding staff augmentation vendor, training new state staff in Medicaid programs, providing refresher training for all staff.
  - **Client preparedness:** outreach for updated contact information, development of new client correspondence, partnership with Cover Montana on correspondence and role definition.
  - **Partner preparedness:** working with tribal organizations that process Medicaid and IHS, webinars for provider networks, website updates and communications designed for specific provider groups and populations.





# Medicaid Redeterminations (cont.)

- To improve customer service and prevent a gap in coverage for those who remain eligible, DPHHS is also currently implementing or developing strategies in the following areas:
  - Launching a public service announcement campaign through radio and media.
  - Addressing bottlenecks in our phone system by providing tiered layers of support.
  - Responding to client needs in office lobbies by suspending telework for Client Service Coordinators across the Offices of Public Assistance (effective 9/5) during this period of great demand.
  - Improving functionality of the eligibility rules engine by automating some actions.
- As part of its phasal redetermination approach, DPHHS is beginning to assess the eligibility of special populations (including aged, blind, and disabled).
  - Collaboration with Medicaid programs focused on populations with case managers and populations in nursing homes.
  - Dedicated “branches” on the Public Assistance Helpline for specialty populations.
- Ex parte (auto renewal) rate has **steadily increased** over the past three months; procedural enrollment rate **decreased** from July to August, in accordance with Department predictions.



# Improving our Public Assistance Helpline

The Public Assistance Helpline (PAHL) handles calls for all public assistance programs. The Medicaid redetermination process has increased call volume and average wait times. Some public assistance programs require telephonic interviews and others (Medicaid/Low-Income Home Energy Assistance Program) do not. **DPHHS is implementing several strategies to continuously improve customer service on the PAHL:**

- Created separate queue for SNAP/TANF clients who require the ability to conduct a telephonic interview.
  - Shifted to only allow scheduled call-backs for SNAP/TANF.
- Changed call-back structure to offer a range of time rather than a specific call-back time.
- Updated the recorded messages to inform clients of non-telephonic options for submitting materials.
- In partnership with SITSD, creating a triage function for incoming Medicaid calls; all calls will be answered by a person who can triage the questions. Issues that can be fully resolved in under 10 minutes will be immediately addressed (Tier 1 Support). All other issues will be transferred to a Client Service Coordinator for full resolution (Tier 2 Support).
- Expanding call center operations beyond the current 7am to 6pm M-F.



# Improving our PAHL (cont.)

- Continuous Staffing Enhancements
  - **DPHHS's current CSC vacancy rate is less than 3%.**
  - In preparation for the redetermination process, DPHHS awarded a contract to Public Consulting Group for a variety of support activities, including staffing a separate, non-PAHL call center for the MAGI-only population which has **answered calls in less than 2 minutes on average.**
  - Additionally, DPHHS has:
    - Gradually shifted MAGI-only call center staff to support the PAHL (+5 as of 9/8; +10 as of 9/13; transition of remaining staff will be phasal)
    - Absorbed SITSD's ARPA call center staff (4 FTE)
    - Directed PCG to hire an additional 22 staff (onboarding this week)
    - Hired 33 more CSCs (began training on 9/11)
    - Reassigned 2 Deloitte/CHIMES Help Desk staff to support Tier 1 response as "lead workers"



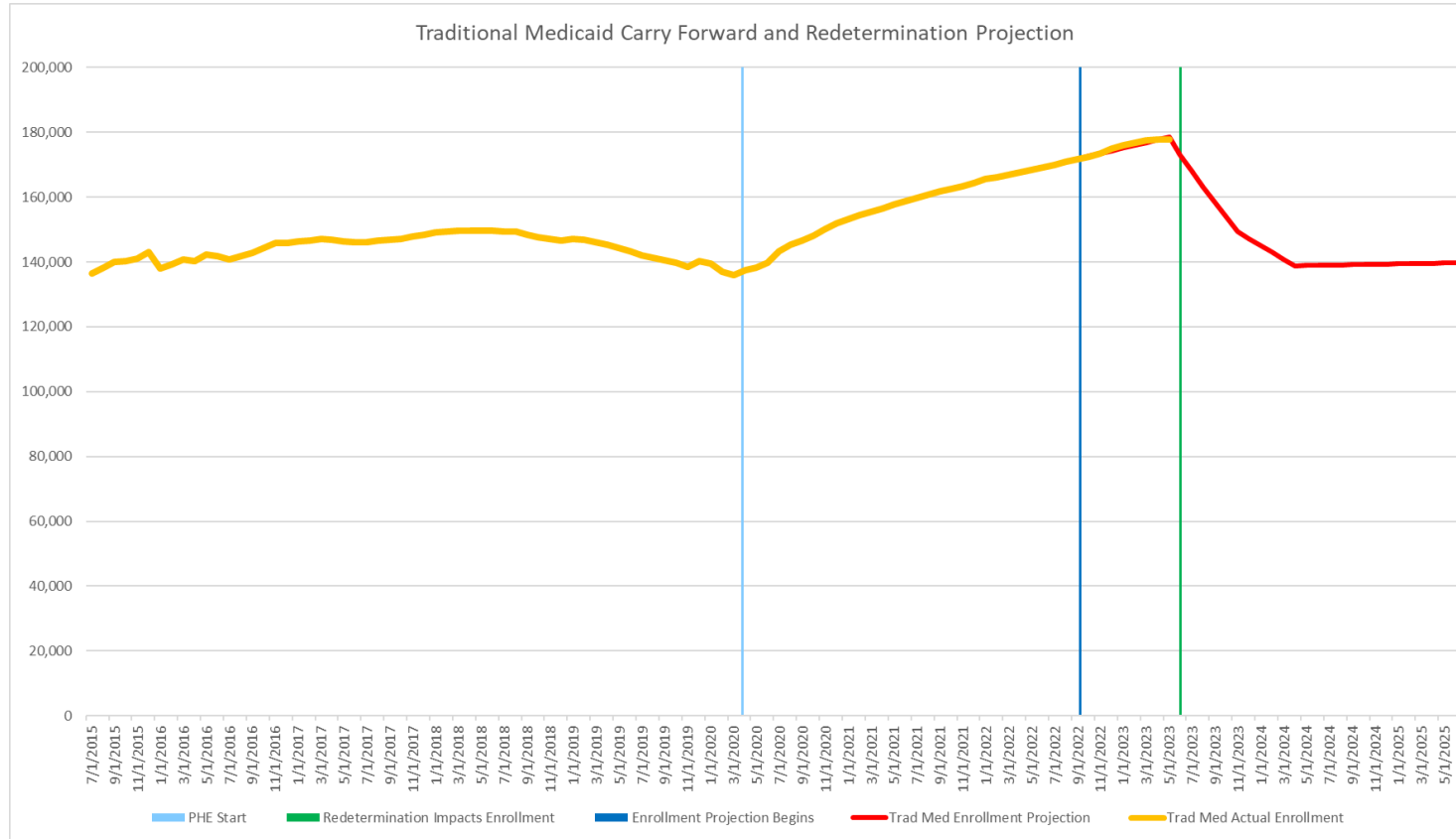
# Impact of Redeterminations on Forecasting

The Department utilized the following assumptions regarding redetermination when building the Medicaid budget for the 2025 biennium:

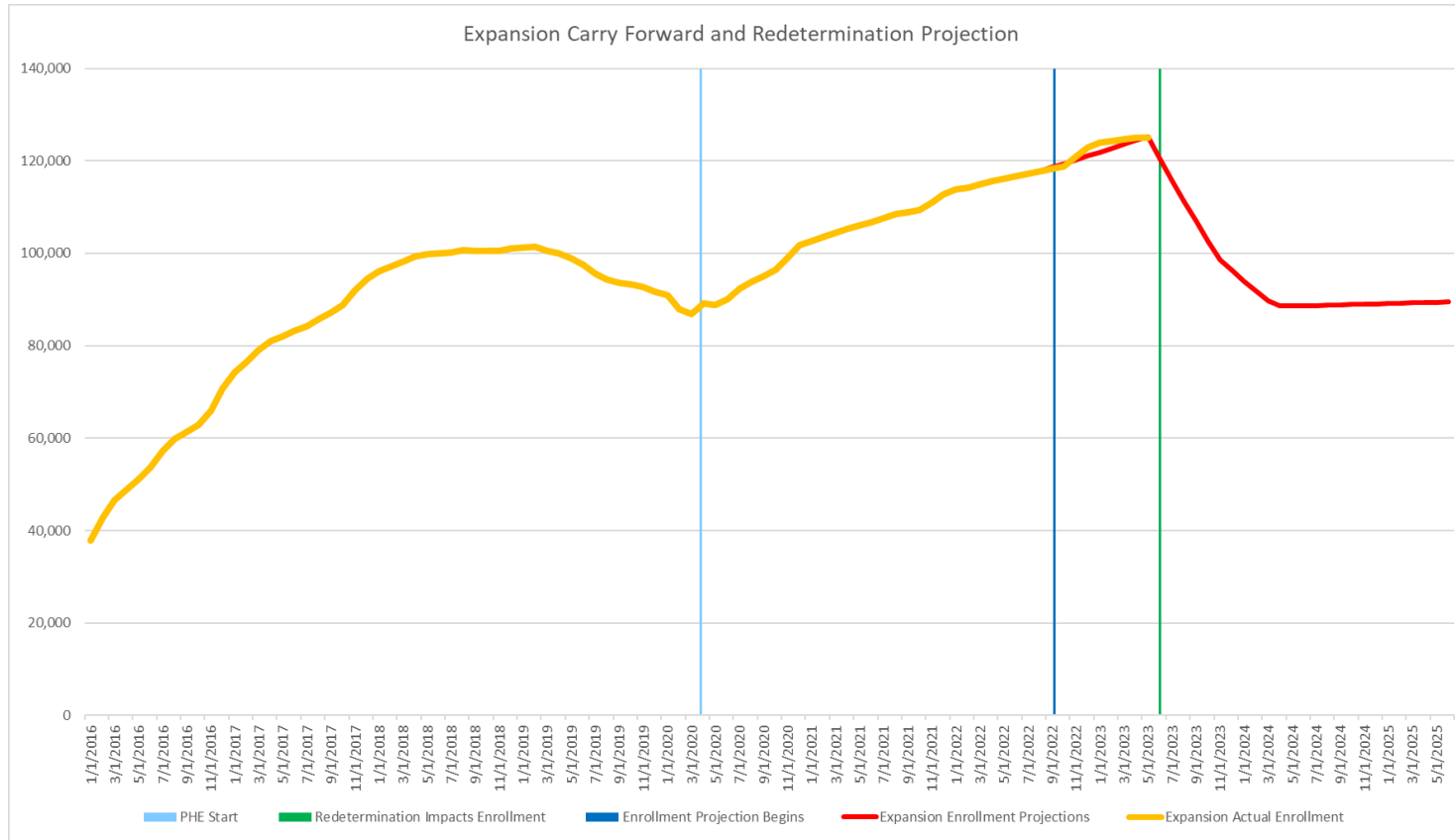
- Assumed 70% of ineligible members would be disenrolled in the first 6 months of the redetermination process, with the remaining ineligible members disenrolled within 12 months.
  - The assumption of 70% disenrollment is equalized across the first 6 months and the final 30% across the remaining months. **Comparison to actual disenrollment will be incomplete until the first 6 months with a 90-day look back is complete (in March 2024 data through December 2023 will be complete).**
- The projected enrollment utilized for 2025 biennial budget projections assumed a drop in member months of 14.6% for Traditional Medicaid and a drop of 19.3% for Expansion Medicaid in SFY 2024, and a corresponding drop of 6.3% and 8.8% respectively in SFY 2025.



# Impact of Redeterminations on Forecasting (cont.)



# Impact of Redeterminations on Forecasting (cont.)



# Comprehensive School and Community Treatment – Transition Update

- With the passage of HB 2 and HB 872, DPHHS and the Office of Public Instruction (OPI) worked collaboratively to transition the fiscal administration of the Comprehensive School and Community Treatment (CSCT) program from OPI to DPHHS.
- OPI shared their desk level procedures, forms, user manuals, and spreadsheets to support consistency and trained DPHHS fiscal staff.
- The transition required a new Memorandum of Understanding between participating school districts and DPHHS. To date, DPHHS has received 45 executed MOUs and anticipates receiving at least 4 more based on recent claims activity.
- DPHHS hosted several training opportunities for school districts and published numerous reference documents. These trainings and guides can be found at: <https://dphhs.mt.gov/BHDD/cmb/ComprehensiveSchoolandCommunityTreatmentCSCT>
- **CSCT IGT Process successfully transferred to DPHHS July 1, 2023.**



# Comprehensive School and Community Treatment

CSCT Intergovernmental Transition (IGT) Process Transitioning to DPHHS

Effective Date July 1, 2023

With the passage of legislation to transition the Comprehensive School and Community Treatment (CSCT) intergovernmental transition (IGT) process to DPHHS, the Office of Public Instruction (OPI) and DPHHS are working together on this process. DPHHS and the OPI would like to see school districts that the transition from the OPI to DPHHS will be seamless and collaborative. Below are some highlights and resources.

## What Will Stay the Same

### IGT Process

CSCT will continue to use the same IGT process approved by CMS and effective since October 1, 2021.

### Timeline

The timeline when school districts can access their statements and when payments are due will remain the same. ([The timeline for school districts is available online.](#))

### CSCT Program

Program rules and requirements that became effective October 1, 2021, will remain the same. CMHB will continue to oversee the programmatic, enrollment, and claims aspects in addition to the IGT process.

### AccessGov/Engagement Builder Website

DPHHS will continue to utilize the AccessGov/Engagement Builder platform implemented by the OPI. School districts will still be able to:

- o Download state match [statement](#)
- o Download certification [form](#)
- o Upload PDF of signed certification form

### Payment Options

School districts will continue to have several payment options:

- o Mail in a paper check
- o Online via electronic check
- o Online via credit/debit card

## What Changes to Expect

**New MOU:** With the transition of the IGT process to DPHHS, a new signed MOU between DPHHS and the school district is necessary for claims to be released once the match has been met in full by the date the MOU is a CMS requirement.

**Submission of Non-Federal State Match:** DPHHS is not able to accept images of checks still coming via the mail as record of payment. In order, for claims to be released, the match payment must be received in full by the due date.

**Online Payment:** For school districts choosing to pay the state match online, DPHHS will be utilizing Pay2ang Online Payment Portal.

**IGT Questions:** In addition to programmatic questions, all questions on IGT statements, certification forms, or match payments will now be directed to DPHHS.

## Timeline of Changes

**IGT Process** transferred to DPHHS July 1, 2023.

### New MOUs

**DPHHS has received 42 MOUs to date.** School districts can continue to submit MOUs to the CSCT Medicaid Program Office. There is no penalty for submitting the MOU after the initial due date of August 11, 2023.

Please email a PDF of the signed MOU to:  
Christine White  
CSCT Medicaid Program Office  
[chwwhite@mt.gov](mailto:chwwhite@mt.gov)

## CSCT Resources

### Children's Mental Health Bureau (CMHB) CSCT Webpage

The [CSCT Webpage](#) provides CSCT-related resources, timelines, and other documents.

### Children's Mental Health Medicaid Services Provider Manual [Manuals and Guides \(mt.gov\)](#)

**Administrative Rules of Montana to reference:**  
[ARM 37.87.1803](#) Reimbursement

### OPI Access Gov Training Information

[OPI CSCT Access Gov Training Video](#)  
[OPI CSCT Access Gov Manual](#)

DEPARTMENT OF  
PUBLIC HEALTH &  
HUMAN SERVICES

## Questions?

### DPHHS CMHB - Program Questions

Christine White  
CSCT Medicaid Program Officer  
406-444-5161  
[chwwhite@mt.gov](mailto:chwwhite@mt.gov)

Renee Huffman  
Medicaid Program Supervisor  
406-444-7054  
[rthuffman@mt.gov](mailto:rthuffman@mt.gov)

### Office of Public Instruction - School Accounting Questions

Jay Phillips  
OPI Chief Financial Officer  
406-444-4523  
[jphillips3@gmt.gov](mailto:jphillips3@gmt.gov)

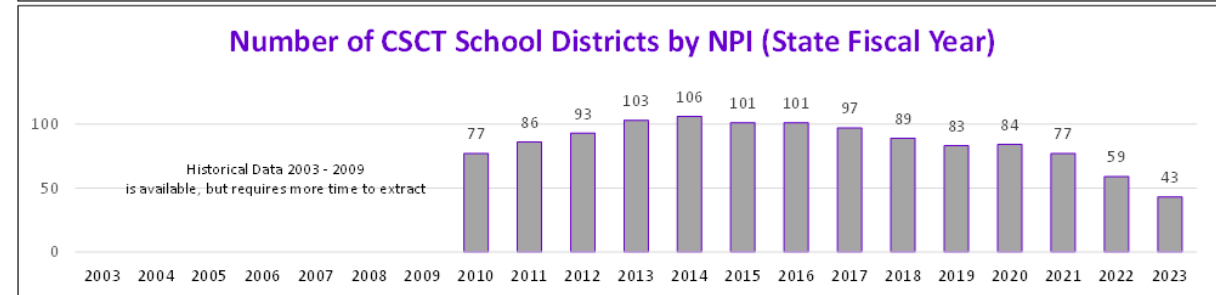
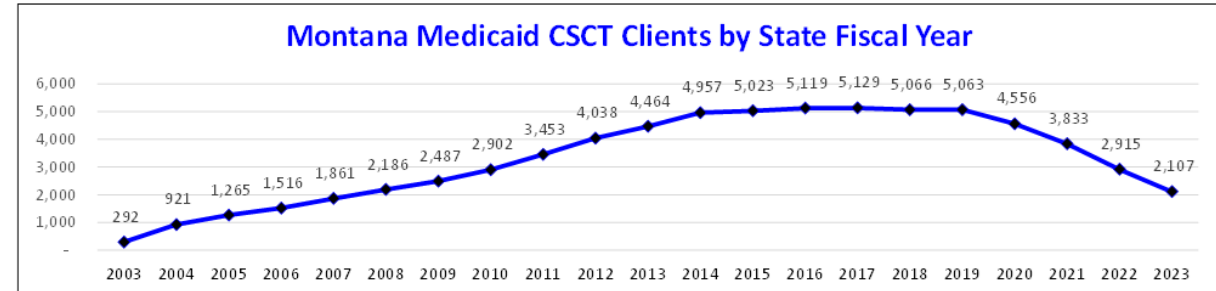
6/9/2023

- A public facing transition document (left) was created as reference and source of truth throughout the transition. The document was distributed widely and published on the Children's Mental Health Website. The document clearly defines components which would change with transition, components that would remain the same, timelines, and a comprehensive resource guide.
- DPHHS also provided training through online webinars directed at school business officers. Two training webinars were conducted in June 2023, with a third anticipated for Fall 2023.
- DPHHS shared training opportunities and reference documents with members of the School Administrators of Montana, Montana Association of School Business Officials, Mental Health Centers, and the Office of Public Instruction.
- One on one support was provided to school districts as needed throughout the process to support successful transition.



# Comprehensive School and Community Treatment – Transition Update (cont.)

- Historical data shows that CSCT reached a peak between SFY14-16 with a steady trend downward after SFY16.
- Downward trend is multi-faceted and can be attributed to:
  - Decline and exit of a large CSCT Provider
  - Workforce shortages in the field of Behavioral Health
  - Alternative BH delivery models:
    - Increased FQHC / School District Partnerships
    - School-based Outpatient Therapy (S-BOT)
    - Licensed Clinician as School District Employee
  - Implementation of IGT Process in January 2022
  - Conversion of rate methodology from 15-min Unit to Daily Rate
- DPHHS is committed to increasing access to behavioral health services and will continue to support CSCT and explore other models of service delivery.



CSCT Partial Year Data	Youth Served	School Districts	Expenditures
SFY23 (as of 8/21/23)	2,107	43	\$15,870,543
SFY22 (as of 8/21/22)	2,841	57	\$20,315,864



# HB 5 Update – Long-Range Building Appropriation

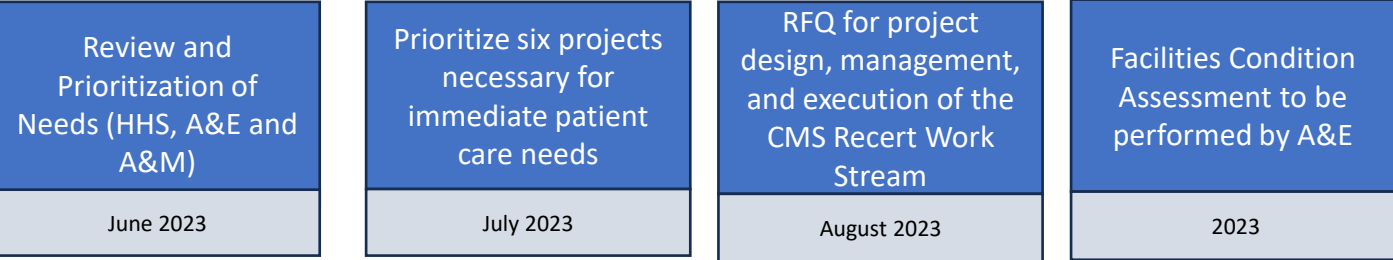
Funding in HB5 will support efforts for the Montana State Hospital (MSH) to obtain Centers for Medicare and Medicaid Services (CMS) recertification; to close MSH's geriatric psychiatry unit (Spratt); and provide supplemental funding required to meet the objectives of projects initiated and approved in previous biennia. **DPHHS received a total of \$35,245,039 in HB5 funding during the 2023 Legislative Session.**

Facility	Type	Project	Appropriated Funds
Montana State Hospital	New	Compliance – Recertification and Deferred Maintenance	\$15,903,000
Montana State Hospital	Supplemental	Wastewater Treatment	\$1,400,000
Montana State Hospital	Supplemental	Hospital Roof	\$800,000
Montana Mental Health Nursing Care Center	New	Key Card Entry System	\$125,000
Montana Mental Health Nursing Care Center	New	Heated Storage Unit	\$360,000
Montana Mental Health Nursing Care Center	Supplemental	Roof Replacement	\$1,500,000
Montana Veteran's Home	Supplemental	Roof Replacement	\$1,600,000
Montana Veteran's Home	Supplemental	Courtyard Improvements	\$517,000
Montana Veteran's Home	Supplemental	Flooring	\$367,000
Montana Veteran's Home	Supplemental	ARPA HVAC	\$423,039
SW Montana Veteran's Home	Supplemental	Cottage Connectors	\$5,250,000
Montana State Lab	Supplemental	State Health Lab Renovation	\$7,000,000



# HB 5 Update – Montana State Hospital

The \$15.9 million approved for MSH upgrades is comprised of 21 identified significant physical plant deficiencies that need to be repaired prior to a CMS certification survey.



- In July, the teams prioritized six projects based on immediate patient care needs and on potential lead time to design, bid and complete the work.
- On August 2nd, A&E issued a request for qualifications (RFQ) for architectural/engineering design services. The RFQ closed on August 24th with 6 responses.
- A&E will be creating a Facilities Condition Assessment for MSH. This will be used as a master plan going forward to track, address issues, and allocate funding at each legislative session.

Priority	Project	Total Cost
1	Restore Nurse Call System to Fully Operational Status	\$ 800,000
1	Baseline Statement of Conditions (SOC) by Healthcare A/E	\$ 75,000
1	Fix Sally Port Relays to Make Operable	\$ 3,000
1	Replace Sliding Sally Port Doors	\$ 35,000
1	Address Ligature Risks and Replace Bumper Guards	\$ 1,500,000
1	Replacement of Fire Doors	\$ 120,000
	Provide Fencing around Facilities out to Muster Points	\$ 180,000
	HVAC Repair/Replacement	\$ 1,560,000
	Med Clinic Upgrade	\$ 250,000
	Various Demolition	\$ 200,000
	Loading Dock Replacement	\$ 150,000
	Kitchen Upgrade	\$ 150,000
	Standardize Restraint Bed Type	\$ 60,000
	Replacement of Spraying Faucets	\$ 10,000
	Automated Medication Dispensing Carts	\$ 372,000
	Regular Air Quality/Industrial Hygiene Air Sampling Support	\$ 84,000
	Replacement of Metal Detectors	\$ 10,000
	Redundant System for Emergency Supply Water Treatment Backup	\$ 200,000
	Mobile Water Tank for Fire Projection Back-up	\$ 144,000
	Water Main	\$ 10,000,000
	Total	\$ 15,903,000

# HB 10 Update

## Long-range Information Technology (LRIT) Project Portfolio Management



Establish a strong foundation to ensure the successful delivery of LRIT projects



Determine procurement approach and obtain prior approvals (i.e., DPHHS, OBPP, Federal, SITSD)



- Projects are centrally managed with standardized project management tools and ways of working.
- Timing of “entry and exit” for each activity above will vary by project.
- We are conducting standardized HB10 team training centered on pre-planning activities and procurement best practices.
- Defining and documenting a project's objectives, scope, and expected outcomes are an essential planning deliverable.
- Key Performance Indicators (KPIs) will focus on output and outcome-based measures and follow SMART criteria (Specific, Measurable, Achievable, Relevant, and Time-bound).
- Project health indicators and assessments will comply with state IT and legislative reporting standards.



# HB 10 Update (Cont.)

## Sample Project Data Sheet - Comprehensive Child Welfare Information System

### Project Description

This project is to build of a Comprehensive Child Welfare Information Systems (CCWIS) to replace the legacy child systems currently in use (CAPS and MFSIS). The team will select a vendor who can supply a solution that has already been proven successful in the marketplace, where ease of use is a primary factor. There may be an incremental innovation approach that follows CCWIS modularity bring early ROI and to allow for maximum federal funding each year based on project phase, depending on vendor responses to the RFP.

Phase I scope is to build a team and select vendors for System Integration (SI) and Organizational Change Management (OCM) to achieve a modular implementation of a new system aligned with Administration for Children & Families' requirements. Foundational work around business process blueprint, reports inventory and data dictionary for current solution will be key to implementation.

### Project Authority

Executive Sponsor	Erica Johnston
Division Sponsor	Nikki Grossberg
Bureau Representatives	Rachelle Weiss
Project Manager	Roz Watson

### Long Range Milestones

Procurement Completion	12/31/2024
DDI Completion	06/30/2027

### Project Funding

Total Project	\$30,000,000
LRIT	\$25,075,762
General Fund:	\$12,537,881
Federal Special:	\$12,537,881
M&O Annual	\$3,052,100

### Decision Points

1. Procurement Type – RFP's for SI and OCM
2. Cloud-based COTS or CRM Platform Solution Selection

### Resourcing

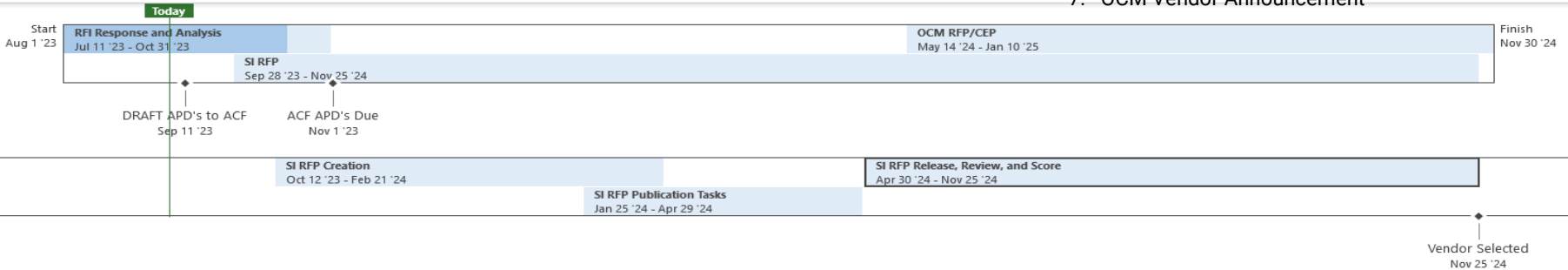
Procurement project will require resources for writing the SI RFP and OCM RFP: Core project team may consist of 1 Bureau Chief, 1 BA Lead, 1 Data Lead (BA), 1 Field SME and 1 SMB PM.

### Planning and Procurement Milestones

1. SI RFI Release – July 2023 (complete)
2. SI Draft RFP Approval
3. SI RFP Release
4. SI Vendor Announcement
5. OCM Draft RFP Approval
6. OCM RFP Release
7. OCM Vendor Announcement

### Top Risks & Mitigation

1. US success rates of CCWIS Compliance are low. Mitigation: *Complete State interviews and vendor demos Sept-Oct.*
2. Interpretation of Modularity has posed a risk to federal compliance. Critical Success Factors (CSFs): *RFI responses should point to CCWIS-compliant modular architecture.*
3. Nationally, attrition for project staff is a challenge for multi-year projects of this nature.
4. Critical Success Factors (CSFs): *Build a successful project support structure, staffing plan and OCM contract that includes succession planning and employee engagement.*



# HB 10 Update (Cont.)

## High Level Overview of Projects in Motion

### Electronic Visit Verification (EVV) System Implementation

- Provider training has been delivered and user acceptance testing is in progress.
- Production deployment is scheduled for 09/18/2023.

### Electronic Health Records (EHR) and Billing System Replacement

- We are in the planning phase of this project with an emphasis on assessing the current state of healthcare processes, systems, and workflows across the facilities.
- This comprehensive assessment aims to validate the project's scope, confirm the EHR and Billing system(s) requirements, and establish a path forward for the selection and procurement of the vendor and solution.

### Comprehensive Child Welfare Information System (CCWIS) Replacement

- CFSD is actively collaborating with the ACF Children's Bureau Division of State Systems during the HB10 project planning stages to ensure alignment with federal CCWIS and APD requirements.
- The team conducted a Request for Information (RFI) to elicit responses from prospective suppliers to streamline the selection process by identifying vendors with a solid track record in implementing state CCWIS solutions. We received responses from 27 vendors.

### Montana Child Support Enforcement Automated System (SEARCHS) Replacement

- The Child Support Services Division (CSSD) must follow specific policies and procedures mandated by the Administration for Children and Families (ACF) to receive funding approval to plan, design, develop, implement, and operate automated child support systems.
- CSSD is in project pre-planning to research and ensure all requirements are known and understood before initiating the process with ACF/OCSS.

### Electronic Benefits Transfer System (EBTS) System Replacement

- The EBT replacement project is in the "prior approval" process.
- The RFP has been developed with fully vetted system requirements and is undergoing federal review and approval.
- The Department anticipates the RFP will go live for vendor bid and selection by November 2023.

### Pharmacy Benefit Management System (PBMS) System Replacement

- Participating in a NASPO Value Point Multistate Pharmacy Benefits Management procurement.
- Solicitation will be released in late fall 2023, and evaluations will begin in January 2024. The team meets weekly to finalize requirements and scope.
- Will select a vendor from the master awards list in fall 2024 and kick off the system replacement project in January 2025.

### HB10 Projects Not Started

- Supplemental Nutrition Assistance Program (SNAP) Employment & Training Enterprise Solution
- Medicaid Enterprise Systems Integration Platform
- Interoperability and Patient Access - Integration
- Interoperability and Patient Access - Mobile





# HB 10 Update (cont.)

## Funding Request and Approval Detail

<i>Fund Detail</i>					
	General Fund	State Special	Federal	LRIT	
<b>FY2025B HB10 Request</b>	<i>01100</i>	<i>02xxx</i>	<i>03xxx</i>	<i>05xxx</i>	<b>Total</b>
Montana Child Support Enforcement Automated System (SEARCHS)		\$ 6,304,200	\$ 20,803,860	\$ 4,412,940	\$ 31,521,000
<sup>1</sup> Comprehensive Child Welfare Information System, CCWIS, Replacement			\$ 12,537,881	\$ 12,537,881	\$ 25,075,762
<sup>2</sup> Electronic Health Records and Billing - State Facilities		\$ 2,321,690	\$ 285,614	\$ 25,000,000	\$ 27,607,304
Medicaid Enterprise Systems Integrator			\$ 27,500,517	\$ 3,055,613	\$ 30,556,130
Electronic Visit Verification			\$ 2,340,000	\$ 260,000	\$ 2,600,000
Pharmacy Benefit Management System			\$ 8,100,000	\$ 900,000	\$ 9,000,000
Interoperability and Patient Access Integration			\$ 3,150,000	\$ 350,000	\$ 3,500,000
Interoperability and Patient Access - Mobile Engagement			\$ 3,375,000	\$ 375,000	\$ 3,750,000
<sup>3</sup> SNAP Employment and Training/Enterprise Solution Deployment			\$ 1,400,000	\$ 1,400,000	\$ 2,800,000
Electronic Benefits Transfer System Replacement			\$ 1,250,000	\$ 1,250,000	\$ 2,500,000
<b>Total</b>	\$ -	\$ 8,625,890	\$ 80,742,872	\$ 49,541,434	<b>\$ 138,910,196</b>



# Reforming our State-run Healthcare Facilities

*Will Evo, Chief Healthcare Facilities Officer  
Alvarez & Marsal*



DEPARTMENT OF  
PUBLIC HEALTH &  
HUMAN SERVICES



# Division Overview – MT Regional Health System

*The Healthcare Facility Division's "north star" is a regional health system approach to support Montana's most vulnerable populations. Additional background context on the Healthcare Facilities Division (HFD) is provided below.*

## Background

HFD was created in the 2023 Biennium to allow for more focus and centralized support to the facilities and is currently the newest Division within DPHHS. HFD manages seven healthcare facilities across the Montana region, each serving populations with unique needs and challenges. HFD has 817 FTEs working across Montana.

## Our Vision

A high quality, person-centered "system of care" in service of individuals living with mental illness, intellectual and developmental disabilities, aging related health conditions, and substance use disorders.

## What We're Doing

These facilities are Montana's safety net and play a critical role for all healthcare providers statewide. We are reforming the facilities to establish a regional health system, restructuring performance consistent with modern quality standards, and better meeting the needs of vulnerable Montanans.



- 1 MT State Hospital | Inpatient Psychiatric Hospital | Warm Springs
- 2 MT Mental Health Nursing Care Center | Long-Term Care (BH) | Lewistown
- 3 Intensive Behavior Center | I/DD Intermediate Care Facility | Boulder
- 4 MT Chemical Dependency Center | SUD Treatment Center | Butte
- 5 MT Veterans Home | Long-Term Care | Columbia Falls
- 6 Southwestern MT Veterans Home | Long-Term Care | Butte
- 7 Eastern MT Veterans Home | Long-Term Care | Glendive

# Facility Updates | Noted Key Improvements by Facility

*We have seen improvements across all facilities. Noted improvements below are from the period of January 2023 to July 2023.*

## Healthcare Facilities Division (HFD)

- The Healthcare Facilities Division is actively recruiting and planning to staff a Chief Operating Officer, Chief Nursing Officer and Chief Medical Officer for the division by December 2024
- Additional leadership alterations have occurred across healthcare facilities.
- New Crisis Prevention Institute training rollout across state-run facilities

## Montana Chemical Dependency Center (MCDC)

- Facility is fully staffed across direct patient care positions; travel staff spend remained \$0 in July 2023
- Continued collaboration with Office of American Indian Health to increase supports with native population
- In April 2023, the facility held a site visit to All Nations Health Center and Hope Center to discuss cultural accommodations for American-Indian populations.

## Montana State Hospital (MSH)

- Hired interim facility administrator in March 2023 (through December 2024)
- Exploring a new clinical leadership model with a contracted medical director (Traditions Behavioral Health)
- Continuous efforts have been initiated to transform the cultural foundation at the Montana State Hospital
- Architecture & Engineering (A&E) conducted a walkthrough of the Montana State Hospital to review physical infrastructure compliance requirements for CMS certification
- Continuous creation and revision of required policies and procedures to meet federal and state regulations. Fourteen policies have been presented to the Medical Executive Committee; 11 policies have been approved to date

## Eastern Montana Veterans Home (EMVH)

- Eduro Healthcare assumed operations in March 2023

## Intensive Behavior Center (IBC)

- New Director of Nursing was successfully onboarded in March 2023
- 400% increase in community outings over the past year with an average of 5-6 monthly outings for each person residing at IBC.
- Development of a new transition plan built around each person's vision of their good life with embedded tools familiar to the community providers.
- Launched a task force in July to analyze, review learning objectives of each client

## Southwestern Montana Veteran Home (SWMVH)

- New radio advertisements were recorded and played on local radio stations in April 2023
- Construction for "Cottage 5" is close to completion. Connector needed between "Cottage 4" and "Cottage 5"; A&E aims to have this project completed in February 2024.

## Montana Mental Health Nursing Care Center (MMHNCC)

- Met goals for two quality indicators in July 2023, reduction in falls with major injuries and reduction of UTIs
- Training compliance increased to 95% in July 2023 from 84% in January 2023
- Launched a new employee committee to support newly hired staff as they transition into their new role

## Columbia Falls Montana Veterans Home (CFMVH)

- Met goals for four quality indicators in July 2023: fall risk interventions, reduction in UTIs, reduction in anti-anxiety medication; and reduction in medication errors
- New quality indicator on the use of antianxiety medications with patients was 24% in July 2023 compared to 40% in January 2023
- Increased training compliance from 85% in January 2023 to 91% in July 2023



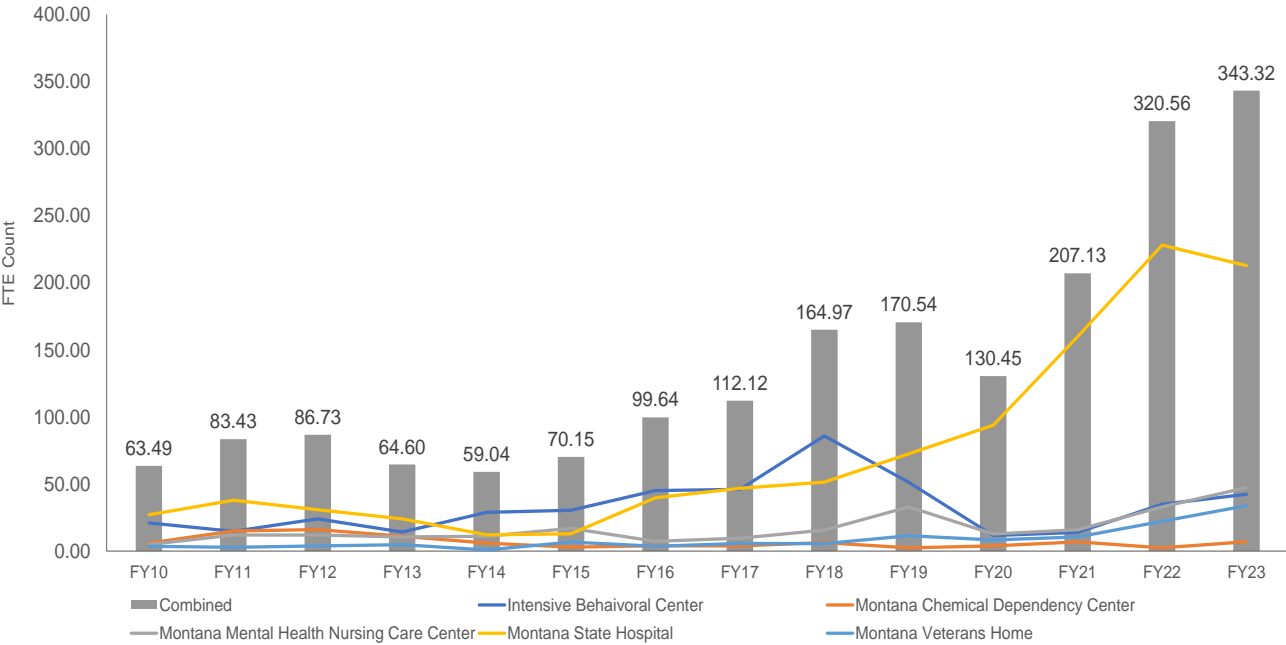
# Staff Turnover and Traveler Spend

The shortage of health care workers, including nurses, is not unique to Montana’s facilities—with health care settings nationwide grappling with staffing shortages, which have been worsened by the COVID-19 pandemic. However, as a frontier state, this shortage and the challenges associated with recruiting for these positions is acutely felt in Montana.

### Key Takeaways and Observations

- **The COVID-19 pandemic has exacerbated the existing health care worker shortage nationwide.** In the last two years of the “Great Resignation,” the healthcare field has lost an estimated 20% of its workforce, including 30% of nurses.<sup>1</sup>
- **The location of Montana’s facilities, cost of living, and housing availability all impact the ability to recruit talent.** A study released by WalletHub in June 2022 showed Montana as the state with the second highest resignation rate over the last year, with a resignation rate of 3.69% from June 2021 to June 2022.<sup>2</sup> Alaska had the highest resignation rate (4.18%) and Wyoming came in third at 3.69%. All three states face similar recruiting challenges as rural states with a large geographic spread.
- **Staff turnover is a cause of even more staff turnover.** When staff leave, it puts more stress and strain on the staff remaining. This causes even more burnout, and leads to additional staff turnover, creating a vicious cycle and a recruitment workload that is difficult for HR departments to keep up with.

Vacancies at Montana State-Run Facilities: FY10 - FY23



Percent (%) Change in Vacancies Over Time (as of June 30<sup>th</sup>, FY11 – FY23)

FY11	FY12	FY13	FY14	FY15	FY16	FY17	FY18	FY19	FY20	FY21	FY22	FY23	FY24 (July)
▲ 31.4%	▲ 4.0%	▼ 25.5%	▼ 8.6%	▲ 18.8%	▲ 42.0%	▲ 12.5%	▲ 47.1%	▲ 3.4%	▼ 23.5%	▲ 58.8%	▲ 54.8%	▲ 7.1%	▼ 2.6%

<sup>1</sup> Source: [Health Leaders Media](#) (March 2022)

<sup>2</sup> Source: [WalletHub](#) (July 2022)



# DPHHS' Recruitment and Retention Task Force

*HFD is launching a recruitment and retention workgroup that is focused on expanding outreach to target colleges and universities, increasing its digital footprint to market open job positions to online job boards, exploring options for nursing teaching site partnerships, improving the efficiency of the interview process, and improving employee retention through coordinated efforts.*

## Task Force Accomplishments

- Finalized communications and logistics for implementation of Hiring and Referral Incentive Program.
- MSH is currently exploring a staffing partnership with HireMilitary to become a licensed job placement site for exiting service members.
- HFD facilities are attempting to become licensed sites for new Department of Labor pilot program, which is focused on job placement for high school graduates.
- Collaborated with Vocational Rehabilitation and Disability Transition Group to establish partnership as well as the Department of Corrections and Temporary Assistance for Needy Families
- Colleges and high schools were identified as targets for each facility.
- Several hiring events and career fairs were attended by each of the facilities: Overall DPHHS Facilities (Montana Tech, Carroll College); MSH (Missoula College Nursing, Butte Career Fair); IBC (Jefferson High School, Butte Central High School, Helena Job Services Center); MMHNCC (MSU-Billings); and MVH (Salish Kootenai College).

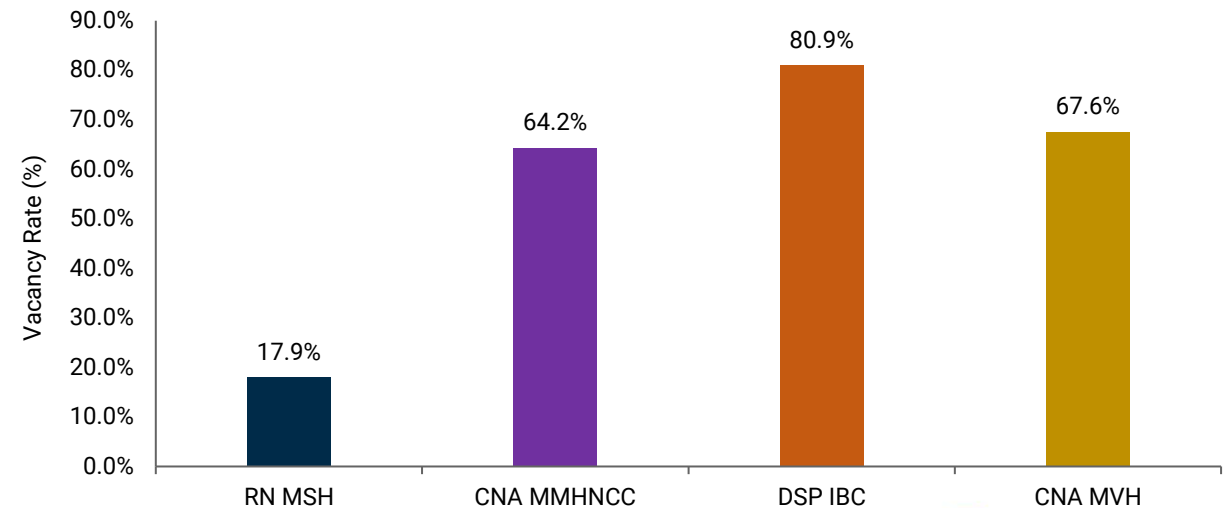
## Task Force Next Steps

- Establish an oversight body to oversee and provide task force accountability.
- Identify resource(s) from the Department of Corrections (DOC) to provide input and share best practices with WFD Task Force.
- Roll out hiring and referral incentive program.

## Task Force Membership

- Will Evo, Chief Healthcare Facilities Officer
- Heidi Greenback, HR Partner
- Kim Aiken, DPHHS Chief Financial Officer
- HFD Facility HR Leads
- Department of Corrections Member (TBD)
- Montana Hospital Association Leadership
- Alvarez & Marsal Support and Executive-Level Input (Contractor / Non-State Member)

Vacancy Rate in Priority Positions by Location, July 2023



DEPARTMENT OF  
PUBLIC HEALTH &  
HUMAN SERVICES

# Workforce Development: Recruitment and Retention Progress to Date

*The goal of this work is to boost recruitment and reduce vacancies at the four facilities with significant vacancies in priority positions: MSH, IBC, MVH, and MMHNCC. MCDC has no direct patient care vacancies; therefore, it is not in scope. EMVH and SWMVH are contractor run and not currently in scope.*

Legend			
Completed	▲	In Progress	—
		Delayed	▼

Workstream Activities to Date			
Task	Further Detail	Status	Next Steps
Establish partnerships with nursing programs to have students conduct rotations at facilities	<ul style="list-style-type: none"> <li>Met with local colleges and universities in Spring 2023. Interested schools were referred to relevant personnel at each facility.</li> </ul>	—	Facilities will restart nursing partnerships when the next academic calendar resumes this fall.
Explore partnerships with Montana Department of Labor to use facilities as sites for CNA apprenticeships	<ul style="list-style-type: none"> <li>Held brainstorming session in Summer with the Department of Labor to explore opportunities.</li> </ul>	▼	Enlist HFD Facilities as sites in upcoming DOL employment pilot program.
Reduce educational barriers for entry level jobs at MMHNCC	<ul style="list-style-type: none"> <li>Reclassified MMHNCC social worker positions as case workers to reduce educational barriers to job acceptance.</li> </ul>	▲	
Identify target universities, colleges, and high schools for each individual facility	<ul style="list-style-type: none"> <li>Colleges and high schools were identified as targets for each facility.</li> <li>Recruitment plans were created for each facility.</li> <li>Flyers, talking points, and "email blurbs" were created and sent to each college and high school for the facilities</li> <li>Several hiring events and career fairs were attended by each of the facilities</li> </ul>	—	Facilities will continue to reach out to schools for hiring events and career fairs when the academic calendar resumes in the fall.
Set up hiring and referral incentives for priority positions	<ul style="list-style-type: none"> <li>Hiring and Referral Incentive program has been officially approved by DOA as of 7/14/2023.</li> <li>Working group has been assembled to work on communications plan, final rollout, marketing campaign and other logistics.</li> </ul>	▲	Rollout Hiring & Referral Incentives Program
Paid Media Campaign to advertise hiring and referral incentive program for qualified direct care positions	<ul style="list-style-type: none"> <li>Asher Agency was contacted to include funding for a paid media campaign regarding the hiring and referral incentive program as an extension of their existing contract.</li> <li>Working group has been assembled to work with Asher Agency on creating content for the upcoming paid media campaign.</li> </ul>	—	Finalize content for the upcoming media campaign and develop communications plan to inform both internal and external stakeholders
Leverage relationships with relevant unions, professional associations and recruitment firms to identify & refer qualified candidates	<ul style="list-style-type: none"> <li>Job postings were shared with Union Reps and professional associations.</li> <li>MSH is currently exploring a staffing partnership with HireMilitary to become a licensed job placement site for exiting service members.</li> <li>HFD facilities are becoming licensed sites for an upcoming Dept of Labor pilot program focused on job placement for high school graduates.</li> </ul>	—	Finalize and release upcoming recruitment RFP. Expand HireMilitary & Department of Labor relationship to all HFD facilities.





# Recruitment and Retention Progress to Date (cont.)

## Legend

Completed ▲ In Progress — Delayed ▼

The goal of this work is to boost recruitment and reduce vacancies at the four facilities with significant vacancies in priority positions: MSH, IBC, MVH, and MMHNCC. MCDC has no direct patient care vacancies; therefore, it is not in scope. EMVH and SWMVH are contractor run and not currently in scope.

Workstream Activities to Date			
Task	Further Detail	Status	Next Steps
Expand online outreach and recruitment presence	<ul style="list-style-type: none"> <li>Online outreach and recruitment presence were expanded by utilizing digital job boards and social media outlets: <ul style="list-style-type: none"> <li>Expanded online recruiting presence including posting openings to online job boards such as Handshake, LinkedIn, and Indeed.</li> <li>Advertised and broadcasted openings for entry level and direct career positions to over 80 colleges and universities through handshake</li> </ul> </li> </ul>	—	Continue to support DPHHS recruitment teams with refreshing job postings.
Developing a process flow for the existing recruitment process and identifying gaps that can be addressed	<ul style="list-style-type: none"> <li>Senior HR Partner provided a high-level outline of the recruitment process in Microsoft Word.</li> <li>Created and delivered a process flow diagram in Visio of the recruitment process with identified gaps and bottlenecks.</li> </ul>	▲	
Conduct new hire survey	<ul style="list-style-type: none"> <li>A new hire survey was sent out in early December, which provided some high-level opportunities for improvement, such as a guide for using the state website and getting more people involved in recruitment.</li> </ul>	▲	
Conduct focus groups with priority positions	<ul style="list-style-type: none"> <li>Focus groups were held at MSH and MMHNCC with staff in high-vacancy positions. These are on hold at IBC and MVH – IBC due to a lack of permanent staff and MVH due to lower vacancy rates.</li> </ul>	▲	
Expand learning and development opportunities for existing staff	<ul style="list-style-type: none"> <li>Implementing CPI Nonviolent Crisis Prevention Training to current staff across all HFD facilities.</li> <li>Providing instructor certification opportunities for direct care staff.</li> </ul>	▲	Finalize CPI contracting, logistics and rollout the new training program.
Create awards or means to recognize, highlight and reward high performing individuals for standout work	<ul style="list-style-type: none"> <li>Each facility has developed employee recognition / appreciation programs: <ul style="list-style-type: none"> <li>MSH, MVH, NCC – Already Implemented Employee of Month Programs.</li> <li>MCDC, IBC – Programs are in development.</li> </ul> </li> </ul>	—	Continue to facilitate and refine employee recognition programs.

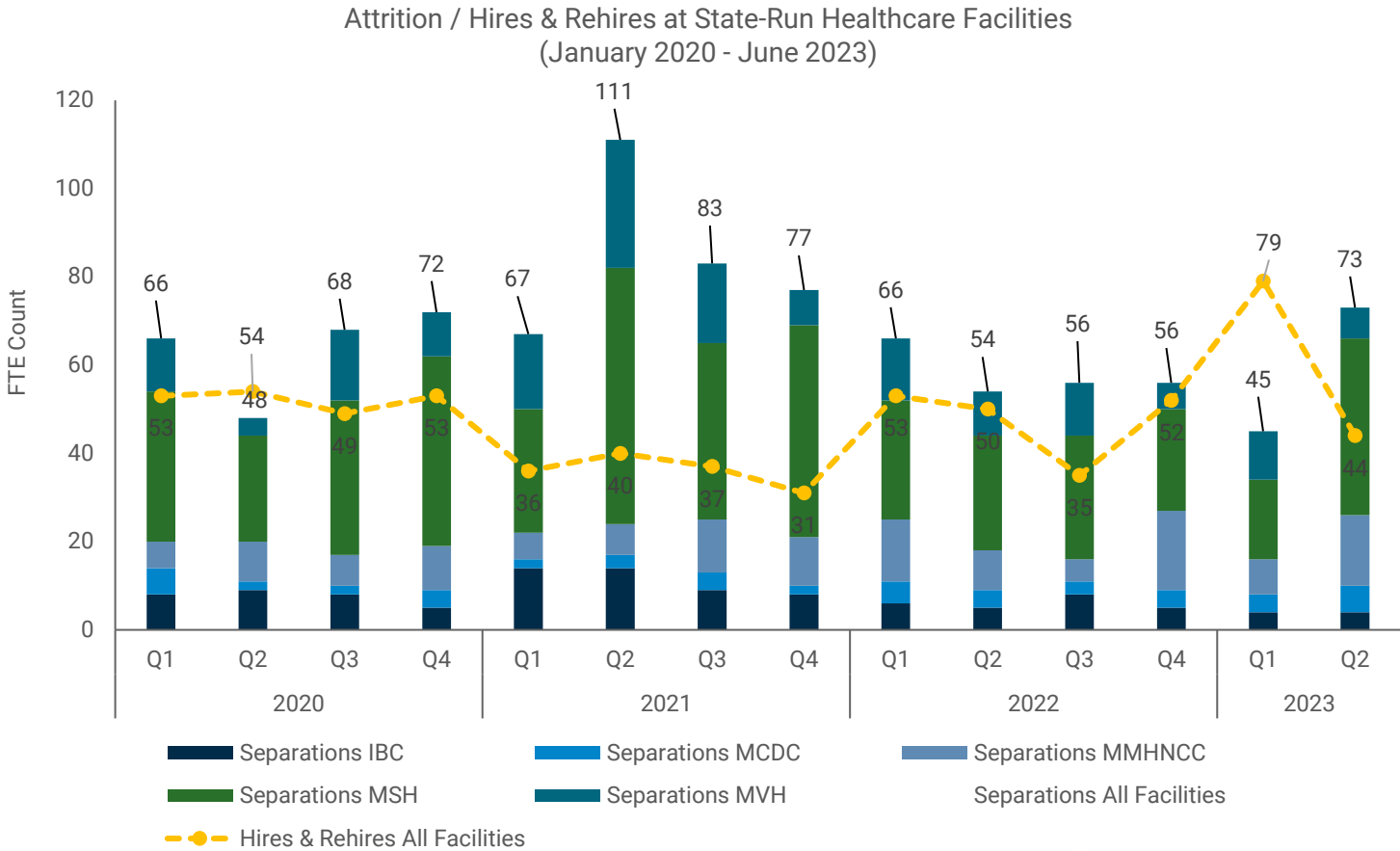


# Hiring and Referral Incentives | Structure and Constraints

While increased recruiting efforts have resulted in net hires / rehires in Q1 2023, retaining talent at the state-run healthcare facilities remains a significant challenge. However, the Division expects to restart its recruiting momentum with the rollout of the upcoming hiring and referral incentive program, bolstering its talent acquisition and retention efforts.

Top 5 Vacancies at State-Run Healthcare Facilities (July 31 <sup>st</sup> )		
Position	# of Vacancies	% of Total Vacancies
Psychiatric Technicians	79	21.6%
Certified Nurse Aide	55	15.0%
Registered Nurse	51	14.0%
Direct Support Professional	36	9.9%
Psychiatric Technicians FMHT	13	3.6%

The Division is working actively on **facility- and organization-wide cultural change and transformation** as a key component of increasing employee satisfaction, moral, and—ultimately—retention.



# Montana State Hospital (MSH)



*Montana State Hospital (MSH) provides inpatient psychiatric treatment for adults with serious mental illness on civil or forensic commitment. MSH is codified in [MCA 53-21-601](#).*

## Background

Opened in 1877 with 13 patients. During the history of the hospital, the peak census reached 1,986 patients in the mid-20th century. Today, the hospital maintains 270 licensed beds, of which 216 are situated on the main campus, and 54 are located at the Galen / F-Wing satellite campus. The main campus contains 174 beds within the hospital while the remaining 42 beds are distributed in several group homes spread about the Warm Springs grounds.

## Purpose

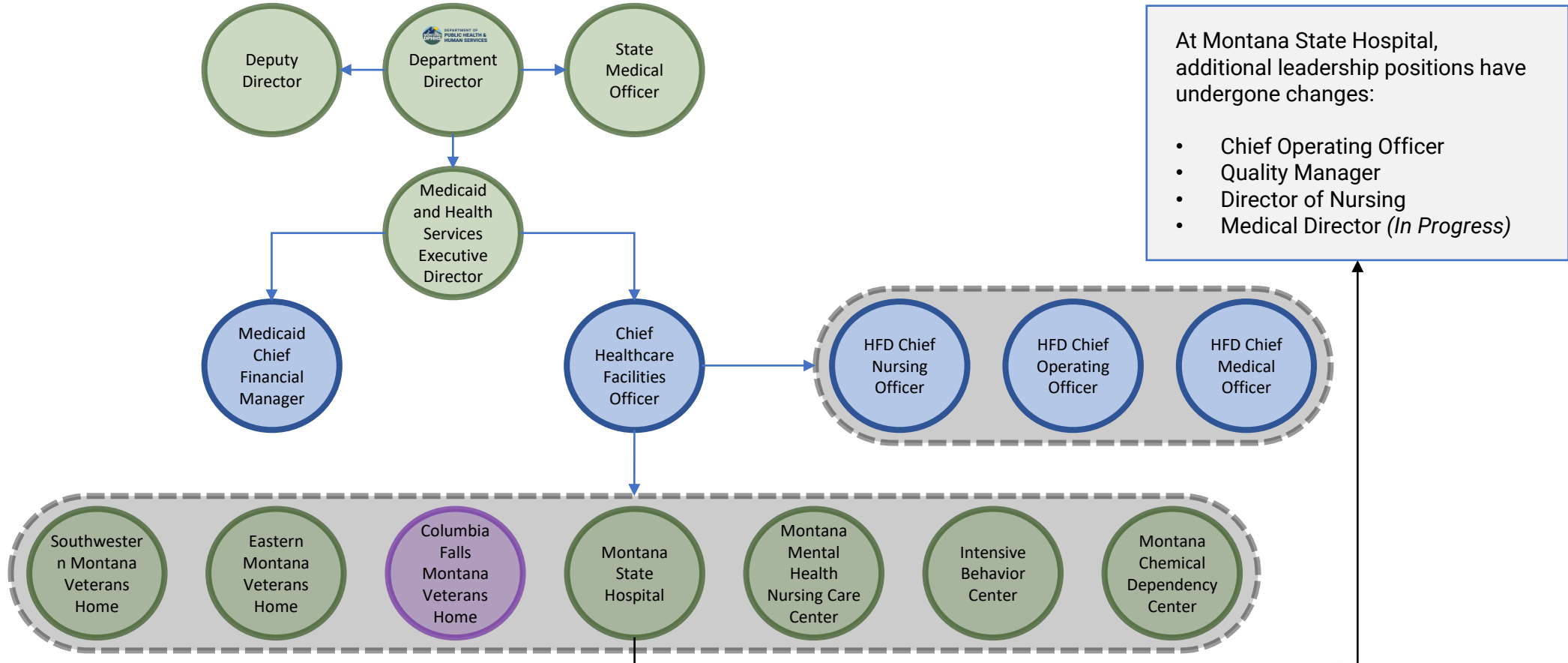
MSH serves Montana via civil commitments, involuntary commitments, emergency detentions, or court ordered placements. The hospital's separate Galen campus also aids the Montana legal system by providing forensic evaluations to the courts of Montana. MSH is the only adult psychiatric hospital in the state. MSH has a staff of licensed addiction counselors in addition to physicians, psychologists, nurses, mental health counselors, and direct care staff.



DEPARTMENT OF  
PUBLIC HEALTH &  
HUMAN SERVICES



# MSH Personnel and Organizational Highlights



At Montana State Hospital, additional leadership positions have undergone changes:

- Chief Operating Officer
- Quality Manager
- Director of Nursing
- Medical Director (*In Progress*)



DEPARTMENT OF  
PUBLIC HEALTH &  
HUMAN SERVICES

# HFD's Leadership Recruitment Updates

*DPHHS Healthcare Facilities Division (HFD) has been actively recruiting for various leadership positions. Below is a snapshot of priority positions pertaining to the Montana State Hospital and HFD.*

Position	Facility	Open/Filled	HFD Next Steps
Facility Administrator	Montana State Hospital	Open [Interim Leadership from David Culberson]	In Process
Chief Operating Officer	Montana State Hospital	Open	In Process
Medical Director	Montana State Hospital	Open	Traditions Behavioral Health
Chief Operating Officer	N/A – HFD	Open	In Process
Chief Nursing Officer	N/A – HFD	Open	In Process
Chief Medical Officer	N/A – HFD	Open	In Process



# MSH Recertification Project Plan (July 2023 – December 2024)

**53% Implemented**  
*Average of CMS  
Initiatives*

#	CMS Workstream / Initiative	7/23	8/23	9/23	10/23	11/23	12/23	1/24	2/24	3/24	4/24	5/24	6/24	7/24	8/24	9/24	10/24	11/24	12/24
1	Governing Body							→	→	→	→	→	→	→	→	→	→	→	→
2	Patient Rights						→	→	→	→	→	→	→	→	→	→	→	→	→
3	Emergency Preparedness							→	→	→	→	→	→	→	→	→	→	→	→
4	QA and PI Program							→	→	→	→	→	→	→	→	→	→	→	→
5	Medical Staff								→	→	→	→	→	→	→	→	→	→	→
6	Nursing								→	→	→	→	→	→	→	→	→	→	→
7	Medical Records							→	→	→	→	→	→	→	→	→	→	→	→
8	Food and Dietetic Services		→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→
9	Utilization Review								→	→	→	→	→	→	→	→	→	→	→
10	Physical Environment																		
11	Infection Prevention and Control							→	→	→	→	→	→	→	→	→	→	→	→
12	Special Medical Record Requirements							→	→	→	→	→	→	→	→	→	→	→	→
13	Foundation of Cultural Transformation																		

## Key Weekly Items / Deliverables

- A. Weekly (Wednesday) CMS-Task Tracker – Updates on assigned tasks
- B. Weekly Updates (Friday) for CMS MSH and MMHNCC
- C. Project Plan (PPT and Excel)
- D. Leadership Calls [with Director Brereton] 2x per Week

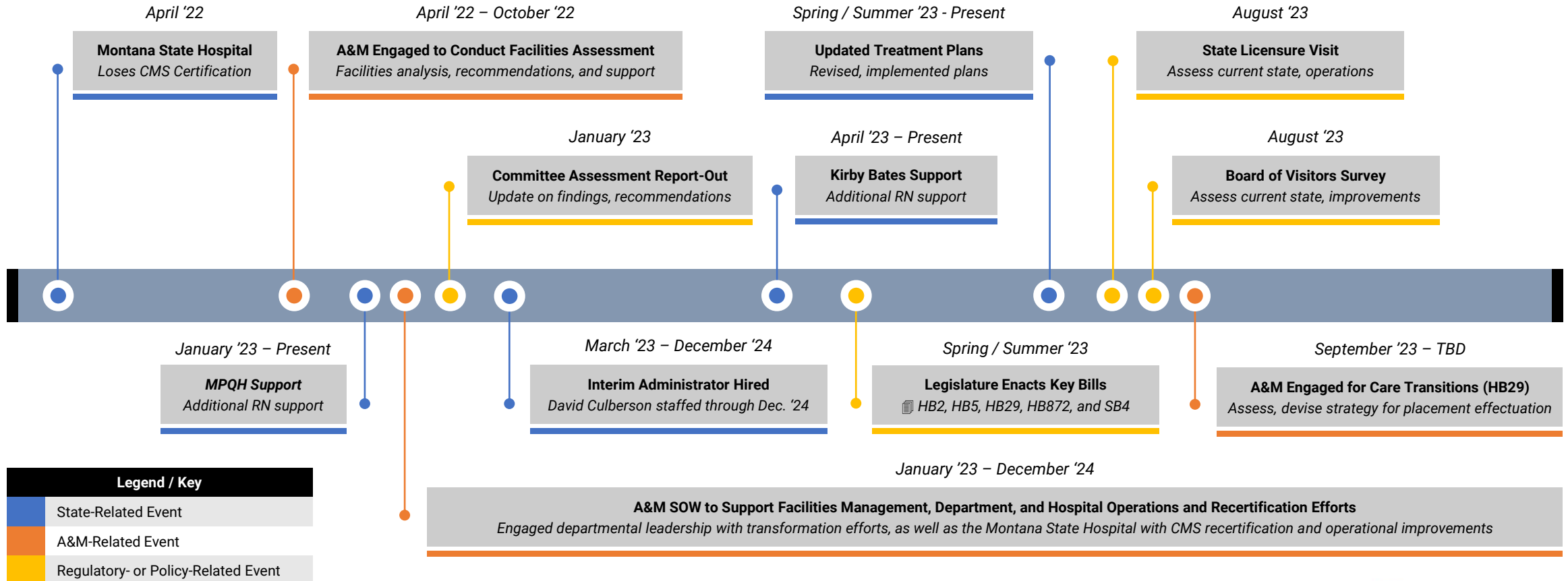
## Legend / Key for Project Plan

Continuing Effort = →  
Current Position = █



DEPARTMENT OF  
PUBLIC HEALTH &  
HUMAN SERVICES

# Timeline | Key Events at Montana State Hospital



# Overview | Key Recertification Efforts at MSH

Leadership and Governance	Workforce and Personnel	Clinical and General Operations, Tools (Continued)	Regulatory, Administrative, and Other
<ul style="list-style-type: none"> <li>• <b>Governing Body:</b> Resurrected quarterly governing board meeting; comprehensive list of contract services has been developed, tracked</li> <li>• <b>Facility Leadership:</b> Interim Chief Executive Officer hired to support CMS recertification journey, will stay on through 2024</li> <li>• <b>Medical Executive Committee:</b> Stand-up of Medical Executive Committee, occurring monthly; sample of work includes process to screen providers against OIG exclusion list and an outside peer review process to review quality of care concerns</li> <li>• <b>Committee Stand-Up:</b> Formal committee structure established, including Leadership Council, Medical Executive, Quality Improvement, Clinical Care, Infection Prevention, Pharmacy and Therapeutics, Safety, and Education</li> <li>• <b>Committee Purview:</b> Committees have, among other duties, ownership of policies in their given area and support organizational and operational changes to bolster recertification efforts and improve patient treatment, overall quality of care</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Staffing Strategy:</b> Creation of one agency contract to ensure that the facility is adequately staffed to meet patient needs; presently executing large recruitment and retention focus to improve staffing levels</li> <li>• <b>Leadership Training:</b> Conducted leadership training at the facility with the entire leadership team</li> <li>• <b>Infection Control RN:</b> Onboarded full-time infection control nurse; supported by an infection control subcontractor</li> </ul> <div data-bbox="690 803 1245 1240"> <h3>Clinical and General Operations, Tools</h3> <ul style="list-style-type: none"> <li>• <b>Treatment Planning:</b> Revising entire treatment planning process, to include steering committee stand-up to review the current process at the facility, make needed changes to how treatment plans are written; updating treatment plan completion timeframe to match best practices; and creation of interdisciplinary treatment team meetings (all units, 2x/wk)</li> <li>• <b>Transitions of Care:</b> Assess, support facilitation of discharge planning process, transitions to appropriate care settings</li> </ul> </div>	<ul style="list-style-type: none"> <li>• <b>Falls Tool:</b> Implemented Fall Risk Assessment Tool from Johns Hopkins to align with national best practices; tool implemented as a result of a quality improvement initiative at Spratt regarding falls, and documented as part of CMS CoP requirement</li> <li>• <b>Suicide Tool:</b> Implemented the Columbia Suicide screening tool to align with industry standards</li> <li>• <b>Ligature Assessments:</b> Conducting ongoing facility ligature assessment of all patient treatment and care areas</li> <li>• <b>IT Improvements:</b> Updating TIER system to improve clinical processes and workflows and to ensure compliance with statutory requirements</li> <li>• <b>Auditing and Monitoring:</b> Implemented formal auditing and monitoring process to review treatment plans, seclusion and restraints, and falls and suicide tools</li> <li>• <b>Infection Control Plan:</b> Restarted development, implementation of infection control plan, and review of gaps around standard precautions and best practices</li> <li>• <b>Hygiene Operations Plan:</b> Established universal operation plan for hand hygiene</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Compliance Assessment:</b> Conducted initial assessment in October of 2022, delivered final report to DPHHS outlining areas of noncompliance with CMS CoPs, as well as a review of needed capital improvements</li> <li>• <b>Licensure Survey:</b> Successfully underwent licensure survey by the State in 2023; plan of correction was required based on cited deficiencies, which the organization submitted and accepted</li> <li>• <b>Bylaws Refresh:</b> Conducted rewrite, update of medical staff bylaws to be current and up-to-date</li> <li>• <b>Policy, Procedure Review:</b> Implemented formal policy and procedure review process, to ensure all policies reviewed on regular basis, remain current</li> <li>• <b>Emergency Preparedness Requirements:</b> Ongoing, including development of an operations plan; training and testing (e.g., fire drills); hazard vulnerability analysis by quality and risk resources; Failure Modes and Effects Analysis (FMEA) process being utilized to evaluate high-risk processes for the facility, and results are documented for recertification process</li> </ul>



# State Licensure and Board of Visitors – Site Visit Updates

*The State Licensure and Board of Visitors were onsite at the Montana State Hospital during the week of August 28<sup>th</sup>. DPHHS has been working to foster collaboration and partnership with both parties to propel goals for high-quality patient care and compliance.*

## Examples of Board of Visitors' Feedback

- Staff morale has improved throughout Montana State Hospital.
- Montana State Hospital has made numerous improvements from the prior survey.
- Spratt Unit has significantly improved:
  - There was an adequate number of staff, their engagement with patients has increased
  - The new sensory garden has enhanced the therapeutic social environment

*"It looks like a different hospital."*  
- Board of Visitors, August 29, 2023

## Examples of State Licensure's Feedback

- Noted improvement in cleanliness, clinical documentation in patients' records, including documentation of individual care planning, were comprehensive.
- Positive comments and accolades naming multiple staff members who contributed to the improvement of patient care and were observed providing a comfortable and healing environment.
- A few deficiencies were noted with recommendations:
  - Improve the Quality Assurance Performance Improvement plan and processes to include data driven processes
  - Conduct regular emergency disaster drills per CMS regulations
  - The Social Services Department will require a different reporting structure



DEPARTMENT OF  
PUBLIC HEALTH &  
HUMAN SERVICES

# Intensive Behavior Center (IBC)



**INTENSIVE BEHAVIOR CENTER**

DPHHS



*IBC treats clients with intellectual and developmental disabilities (I/DD) who need intensive treatment due to continuous or repeated behaviors that pose an imminent risk of serious harm to themselves or others. IBC is codified in [MCA 53-20-602](#). Currently, IBC is licensed as an Intermediate Care Facility / Developmentally Disabled (ICF / DD) under [ARM 37.106.6](#), with no federal match for funds.*

## Background

The 2015 Legislature passed SB 411 requiring DPHHS to develop a plan and close the Montana Developmental Center (MDC). The department was instructed to move most of the residents into community services by December 31, 2016. A final closure date was set for June 30, 2017. The 2017 Legislature passed HB 387 authorizing a permanent 12-bed secure Intensive Behavior Center (IBC) at the facility.

## Purpose

IBC serves as an intensive, short-term treatment facility, located in Boulder MT, for individuals with developmental disabilities that have been determined by a court to pose an imminent risk of serious harm to themselves or others. Many individuals served by IBC exhibit severe and persistent challenging behaviors such as physical aggression and self-injurious behaviors as well as increased rates of mental health issues.



DEPARTMENT OF  
**PUBLIC HEALTH &  
HUMAN SERVICES**



# Montana Mental Health Nursing Care Center (MMHNCC)



*MMHNCC provides long term care and treatment of persons who have mental disorders and who require a level of care not available in the community, but who cannot benefit from the intensive psychiatric treatment available at Montana State Hospital. MMHNCC is codified in MCA 53-21-401.*

## Background

Opened in 1952 as a certified Long-Term Care Facility in Lewistown. Today, the hospital maintains 117 licensed beds, and typically serves 80 to 95 residents who would not be accepted into any other facility in the state.

## Purpose

To be served by the facility, residents must meet the requirement for a nursing home, have a severe and disabling mental illness, and be denied entrance to at least three other nursing home facilities in the state. They may also be transferred, due to need, by another state facility.

Usually, residents are committed to the facility by a judge. Most of the residents at MMHNCC are over the age of 65 and have extremely high care needs as well as challenging behaviors.



DEPARTMENT OF  
PUBLIC HEALTH &  
HUMAN SERVICES



# Montana Chemical Dependency Center (MCDC)



*The Montana Chemical Dependency Center (MCDC) provides detoxification, evaluation, treatment, referral, and rehabilitation services to patients who have substance use disorder. MCDC is codified in MCA 53-21-603.*

## Background

Opened in 1995 and moved to a new building in 2014. Today, MCDC has 16 treatment beds for men, 16 treatment beds for women and 1 beds for withdrawal management, providing a 3.5 and 3.7 level of ASAM (American Society of Addiction Medicine) care.

## Purpose

MCDC provides the highest level or most intense level of treatment for addictions in the health care continuum funded by the state of Montana; engages with all community partners who provide and support addiction and recovery services to continue the lifelong journey of recovery; and is the only state-run substance use disorder treatment center administered by the state of Montana for individuals 18 and older.



DEPARTMENT OF  
PUBLIC HEALTH &  
HUMAN SERVICES

# Montana Veterans Home: Columbia Falls, Southwestern, and Eastern



*There are three veterans' homes in the state of Montana. One, in Columbia Falls, is state-run, while the other two in Butte and Glendive are run by contracted state partners. Notably, the waitlist at Columbia Falls is significantly higher than the other two veterans' homes.*

## Columbia Falls

Opened in 1896, with construction of the current facility began in 1970 with additions in 1974, 1984, 2002, and a remodel in 2009. Today, CFMVH has 105 intermediate/skilled-care beds and 12 domiciliary beds. The facility also includes a 15-bed Alzheimer's unit

## Butte (Southwestern)

Opened in 2021 and managed by a third-party contractor. Today, SWMVH has 60 beds across five cottages. Construction is still ongoing and should be finished in calendar year 2023. Construction is preventing admissions at one cottage; the other cottages are full.

## Glendive (Eastern)

Opened in 1995 and managed by the local medical center. Today, EMVH has 80 beds, including a 16-bed special care unit that provides memory care services for those living with advanced dementia and is the most needed service among the applications for admission.



DEPARTMENT OF  
PUBLIC HEALTH &  
HUMAN SERVICES

# HFD Contracting Expenditures – HB 424

- Section 13 of HB 424 requires DPHHS report on any appropriations in HB 835 or HB 2 that provide funding for the operation of DPHHS state-run health care facilities beyond those budgeted for the fiscal year. Below is a summary of this additional funding for SFY23:

Fund TYPE	FY 2023 HB2 Base	Contingency Addition	Other Program Transfer	FY 2023 HB 2 End	HB 835	Facility End Budget	Total Additional Funding
General Fund	\$ 62,675,864	\$ 7,004,204	\$ 3,447,810	\$ 73,127,878	\$ 43,000,000	\$ 116,127,878	\$ 53,452,014
State Special	\$ 18,314,749	\$ -	\$ (506,745)	\$ 17,808,004		\$ 17,808,004	\$ (506,745)
Federal Fund	\$ 10,397,705	\$ -	\$ 879,171	\$ 11,276,876		\$ 11,276,876	\$ 879,171
	<b>\$ 91,388,318</b>	<b>\$7,004,204</b>	<b>\$ 3,820,236</b>	<b>\$102,212,758</b>	<b>\$ 43,000,000</b>	<b>\$ 145,212,758</b>	<b>\$ 53,824,440</b>

- Due to continued challenges surrounding the recruitment and retention of state employees, HFD relied heavily on contracted staffing throughout SFY23. **\$53.1M or 98.6% of the additional funds were utilized for these costs.**
- DPHHS has several cost mitigation strategies underway. In addition to the previously discussed activities on recruitment and retention, DPHHS is also evaluating and updating staffing plans so that facilities are staffed most efficiently to acuity and need, as appropriate. So far, DPHHS has been most successful in doing this at MCDC, where contractual staffing is no longer being used.





# HEART Report

- HB 310 requires DPHHS to provide a written report to the Children, Families, Health, and Human Services Interim Committee on the programs, grants, and services funded under the HEART account.
  - Fiscal report – tracks expenditure of \$6 million state special revenue HEART fund and the associated matching federal dollars.
    - Accounts for HB 557, which adds crisis stabilization services to the services that must be funded through the HEART account.
  - Strategies and Progress Report – tracks HEART Initiative goals across the continuum of care with pre- and post-HEART initiative measures.
- 1115 Waiver Status
  - Tenancy supports and justice-involved (30-day) approval expected by 1/2024.
  - Contingency management being negotiated with CMS.
  - DPHHS has successfully negotiated the monitoring protocol for the approved IMD portion of the waiver.

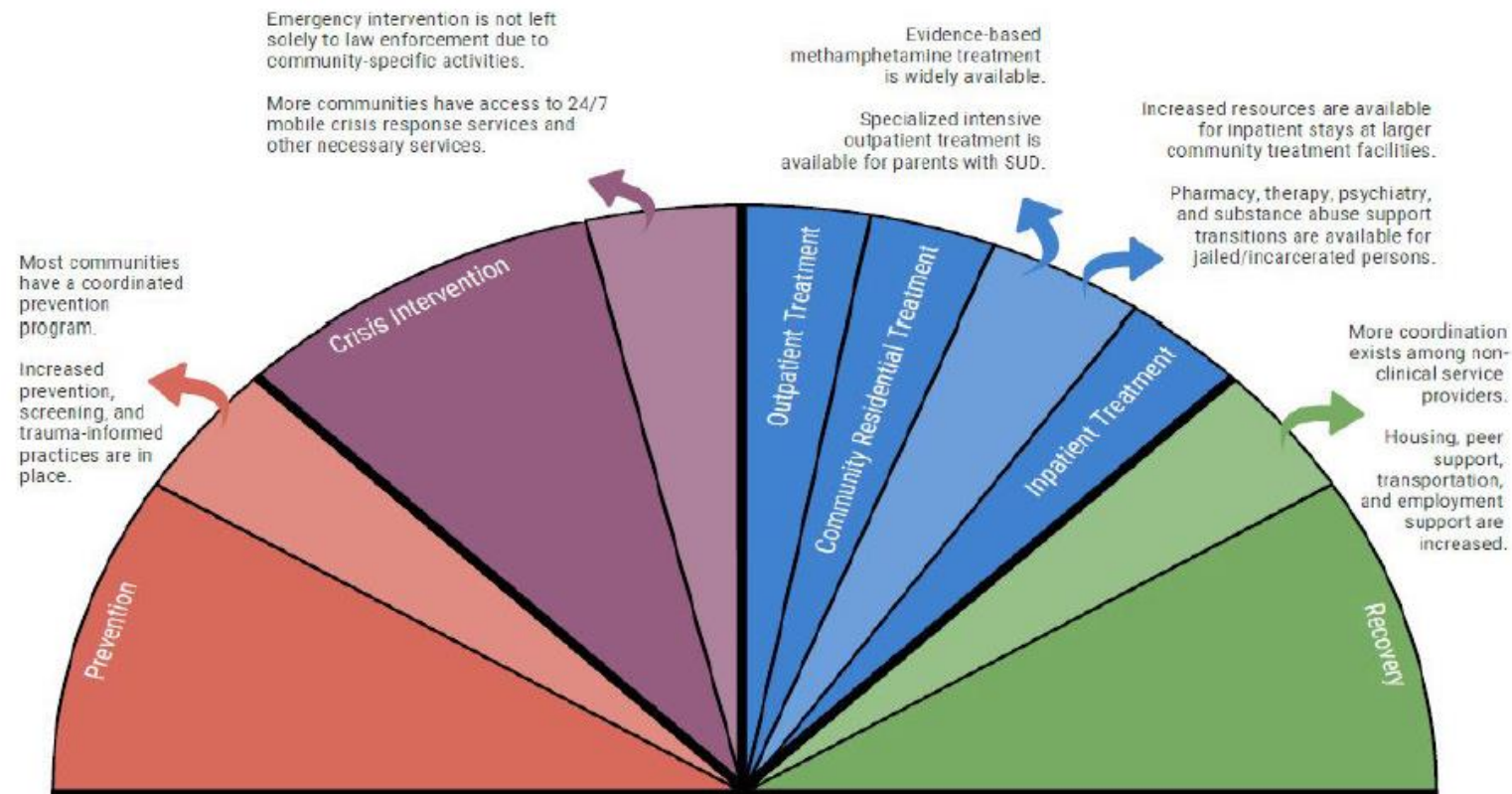


# HEART INITIATIVE

## Strategies and Progress Report 2023

*Slide 1 in the DPHHS Heart Initiative  
and Strategies Progress Report 2023*

The 2021 Montana Legislature passed Governor Gianforte's Healing and Ending Addiction through Recovery and Treatment (HEART) Initiative, which seeks to strengthen the continuum of behavioral health services available to Montanans.



The HEART Initiative invests significant state and federal funding to expand promotion of mental health, prevention of substance use disorders, crisis services, and treatment and recovery services for individuals with mental health and substance use disorders. It includes behavioral health programs and services provided using HEART funding, Medicaid state plan, the HEART 1115 demonstration waiver, and the substance abuse block grant.

# HEART Initiative Fiscal Report

9/1/23

*Slide 9 in the DPHHS Heart Initiative  
and Strategies Progress Report 2023*

Service Category	Anticipated Effective Date	State Fiscal Year 2023		Projected HEART Expenditures	
		Total Expenditures	State Share	State Fiscal Year 2024	
				Estimated Total Expenditures	State Share
HEART Funds to Counties Local Detention / Jail Diversion Grants *	July 1 2022	\$405,200	\$405,200	\$1,100,000.00	\$1,100,000.00
Tribal Grants	July 1 2022	\$493,106	\$493,106	\$500,000.00	\$500,000.00
HEART Waiver Evaluation, Crisis Assessment and HMA Study	July 1 2022	\$236,642	\$118,321	\$99,980.00	\$49,990.00
Mobile Crisis portion of Crisis Diversion Grants Ended June 30, 2023 **	July 1 2022	\$1,962,775	\$1,962,775	\$0	\$0
Mobile Crisis Services - SPA	July 1 2023	\$0	\$0	\$8,351,200.00	\$1,910,754.56
Crisis Receiving & Stabilization	July 1 2023	\$0	\$0	\$1,600,000.00	\$353,200.00
ASAM 3.5 SUD IMD	July 1 2022	\$5,286,701	\$805,134	\$10,838,759.50	\$1,642,288.84
ASAM 3.1	October 1 2022	\$1,966,747	\$304,692	\$3,355,534.52	\$534,362.16
ASAM 3.3	April 1 2023	\$0	\$0	\$659,894.77	\$116,986.15
ASAM 3.2	January 1 2024	\$0	\$0	\$61,500	\$10,903
Contingency Management	March 1 2023	\$0	\$0	\$185,689.40	\$32,919.02
Pre-Release	January 1 2024	\$0	\$0	\$40,124	\$9,180
Tenancy Supports	January 1 2024	\$0	\$0	\$501,750	\$114,800
SUD Vouchers HB311	July 1 2023	\$0	\$0	\$300,000.00	\$300,000.00
Indirect Expenses		\$14,335	\$14,335	\$20,000.00	\$20,000.00
Estimated HEART Expenditures		\$10,365,506	\$4,103,563	\$27,614,432	\$6,695,384

# HB 872 Update

*Behavioral Health System for Future  
Generations (BHSFG) Commission*

*Rep. Bob Keenan, Commission Chair*

*Director Charlie Brereton, Commission Vice-Chair*



DEPARTMENT OF  
PUBLIC HEALTH &  
HUMAN SERVICES



# HB 872: Behavioral Health System for Future Generations

## Commission Members

Statutory Requirement	Commission Member	Notes
Bill Sponsor	Rep. Bob Keenan	Chair
Governor's Appointee	Director Charlie Brereton	Vice Chair
Governor's Appointee	Janet Lindow	Executive Director, Rural BH Institute
Governor's Appointee	Patrick Maddison	CEO, Flathead Industries
Legislator	Sen. John Esp	Member
Legislator	Sen. Ellie Boldman	Member
Legislator	Rep. Mike Yakawich	Member
Legislator	Rep. Dave Fern	Member
Legislator	Rep. Michele Binkley	Member



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

## 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 member.
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"> <li>Legislative Finance Committee;</li> <li>Health and Human Services Interim Budget Committee</li> <li>Children, Families, Health, and Human Services Interim Committee</li> </ul>
Fall 2024 (estimated)	Governor approves and finalizes all Commission recommendations with changes, as required.

### Upcoming Commission Meetings

- Friday, October 13, 2023
- Friday, November 17, 2023
- Thursday, January 11, 2024
- Thursday, February 22, 2024
- Thursday, April 4, 2024
- Thursday, May 16, 2024
- Thursday, June 27, 2024
- Thursday August 8, 2024
- Thursday, September 26, 2024
- Thursday, November 7, 2024



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

## Commission Priorities

- Comprehensive Statewide Crisis System
- Clinically Appropriate State-run Health Care Settings and Functional Commitment System
- Capacity of Adult Behavioral Health Service Delivery System
- Capacity of Children's Mental Health Service Delivery System
- Capacity of Developmental Disability Service Delivery System
- Capacity of Co-occurring Populations Service Delivery System
- Family and Caretaker Supports



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

## Strategic Coordination and Alignment of BH/DD Activities

### Alternative Behavioral Health and Developmental Disabilities Settings Project

This project is aimed at identifying the services, costs, and rates necessary to improve the continuum of care and treat Montanans in clinically appropriate and accessible behavioral health and co-occurring treatment settings beyond DPHHS's current state-run facilities.

### Certified Community Behavioral Health Clinic (CCBHC) Model Implementation

DPHHS received a federal grant to plan for recognition and payment of CCBHCs in the Medicaid program. The department is now in the process of planning for a new CCBHC integrated provider model, providing technical assistance to providers, and developing rates.

### CMS Certification Support and Executive Facilities Management

This work is aimed at improving the care delivery, active treatment, and safety of patients in state-run health care facilities. Priority efforts in 2023 include continuing to work towards the recertification of Montana State Hospital and rebalancing the role of state-run health care facilities in the full continuum of care.

### Healing and Ending Addiction through Recovery and Treatment (HEART) Initiative

Through Governor Gianforte's HEART Initiative, DPHHS has been able to increase the level of resources focused on mental health and substance use disorder prevention and treatment services and is continuing work to expand services statewide.

### Medicaid Provider Rate Study and Increases

The Behavioral Health and Developmental Disabilities Division is actively working to implement provider rate increases authorized by the 2023 Montana State Legislature. Rate adequacy is continually expressed as the number one roadblock to enhancing and expanding health care services.





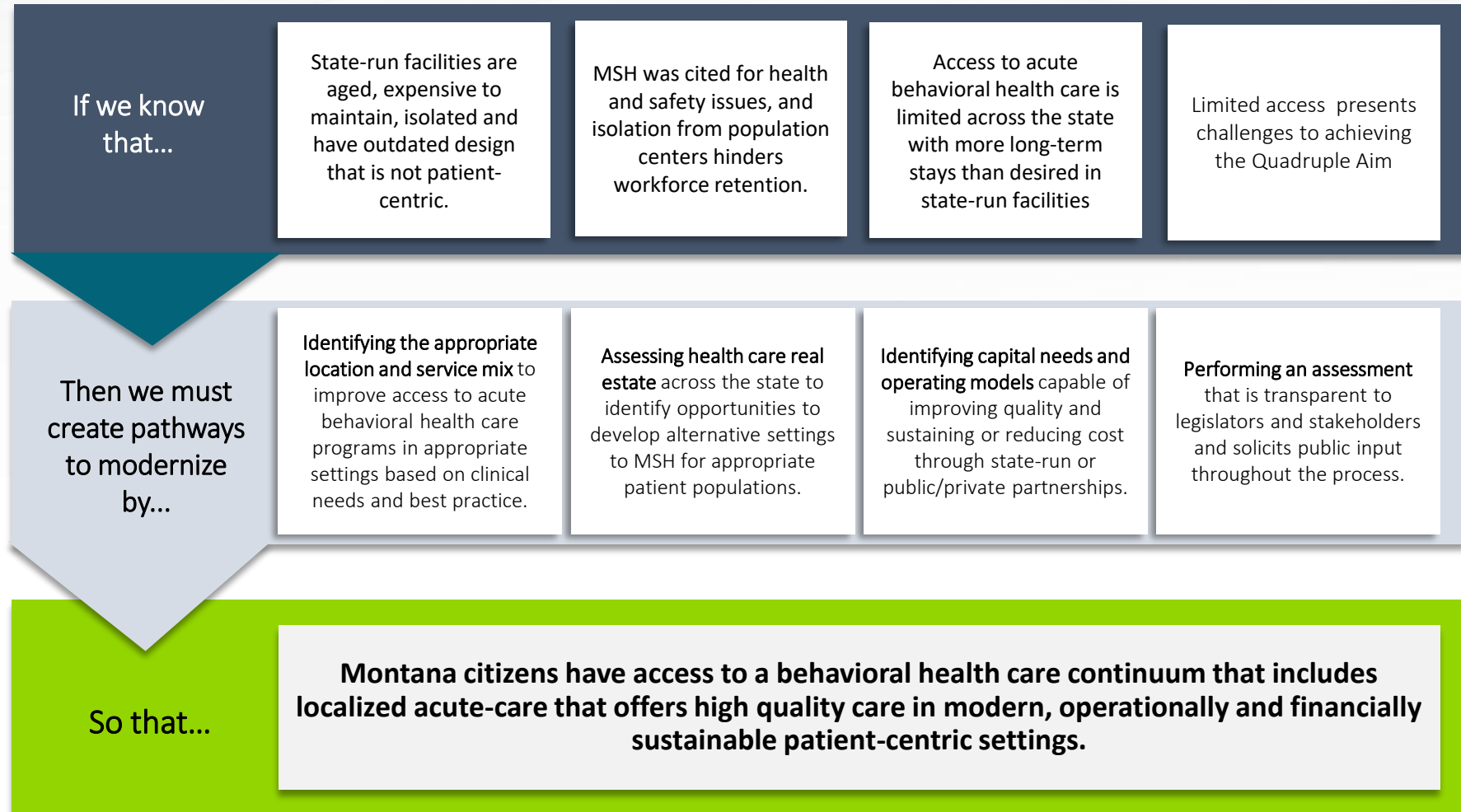
# **HB 872: Behavioral Health and Developmental Disabilities Alternative Settings Design Study and Implementation Planning**

Executive Overview

Prepared for the Interim Budget Committee: Section B Meeting

September 12, 2023

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

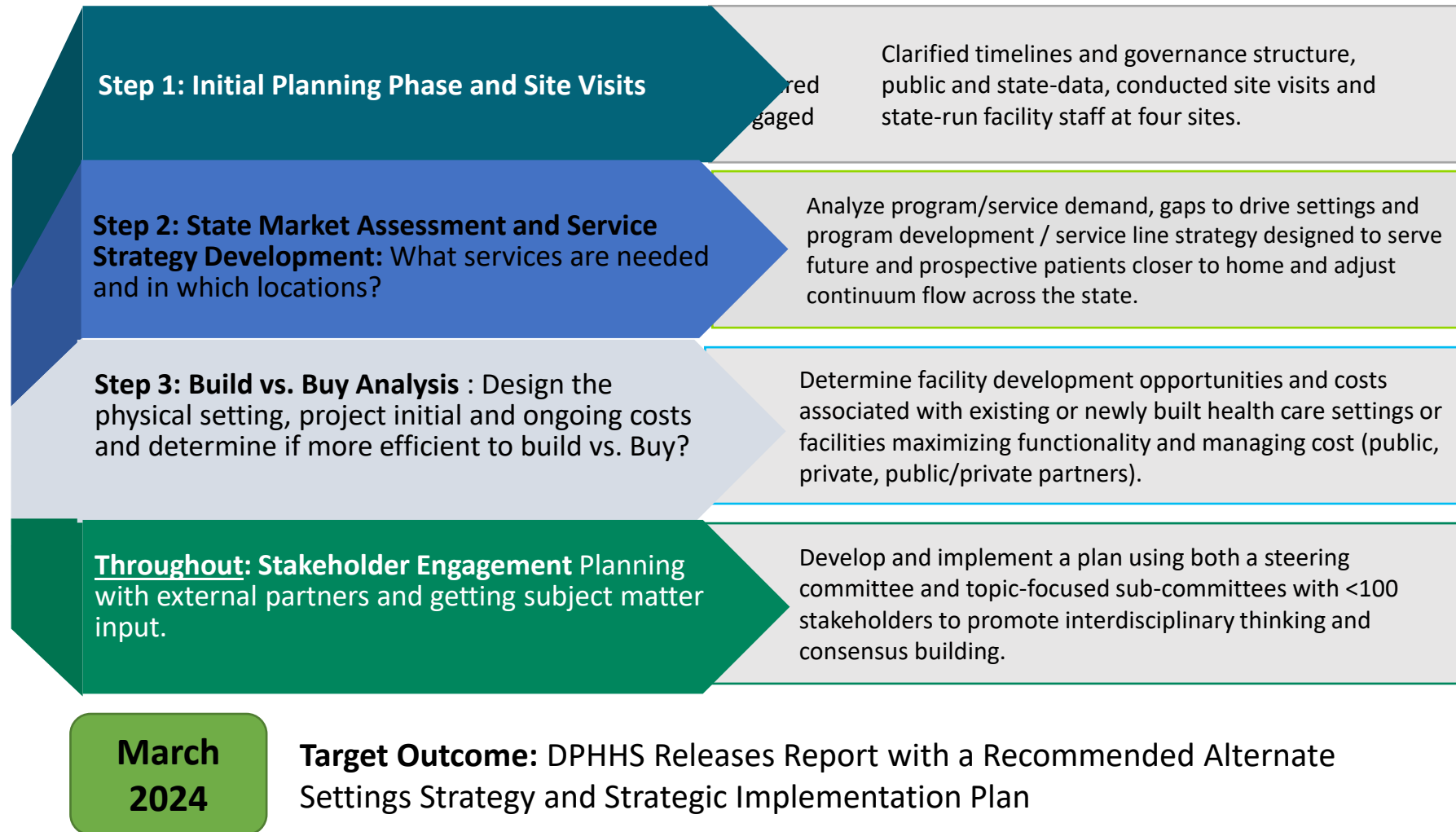


## Recap: Guiding principles as we embark on a comprehensive design study and strategic implementation planning process

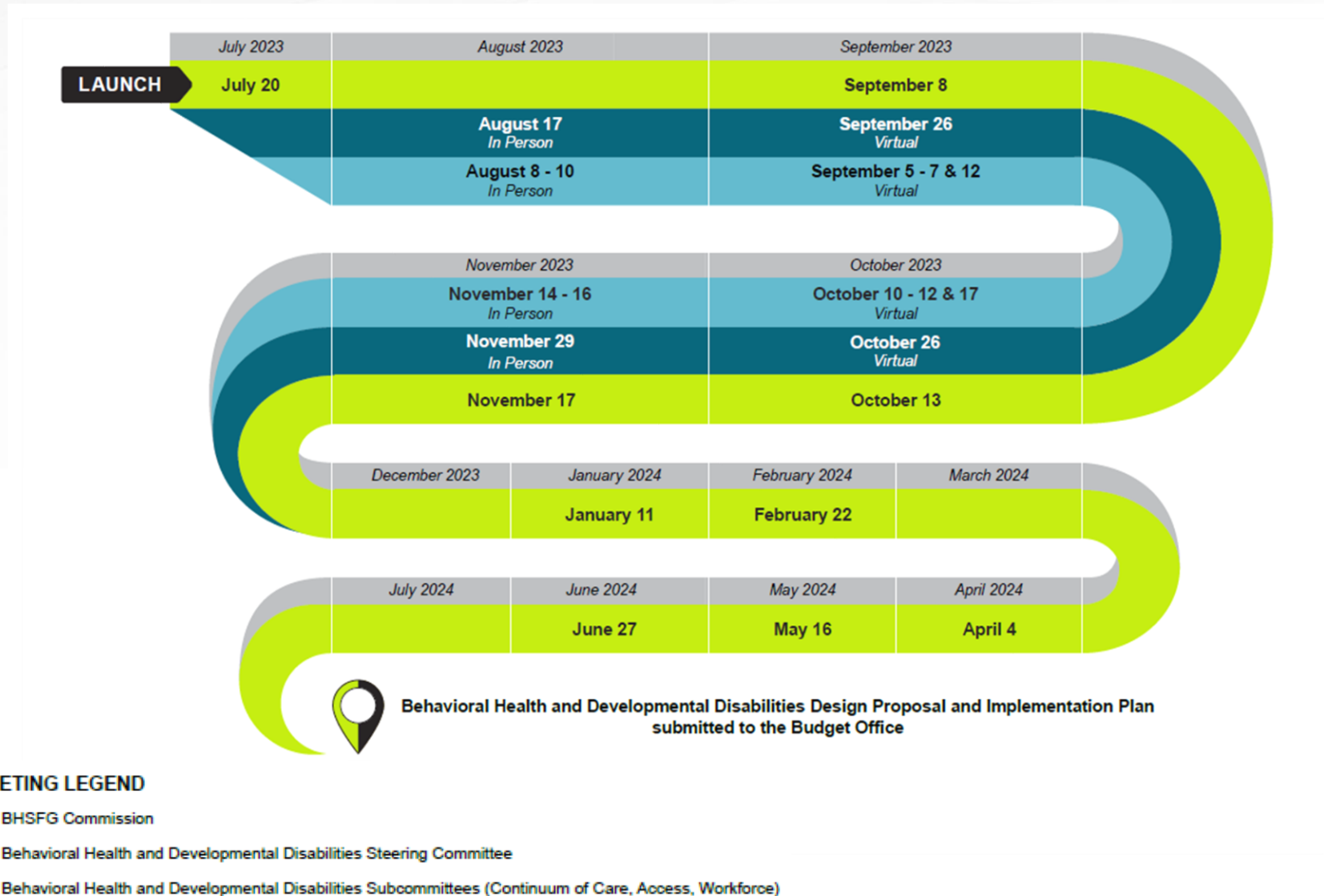
- 1 We will identify opportunities to **improve access to care** based on clinical needs, in the least restrictive setting possible, at new and dispersed geographic locations given population density, workforce, and cost related challenges.
- 2 Determine **patient-centric care settings** for those who 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.



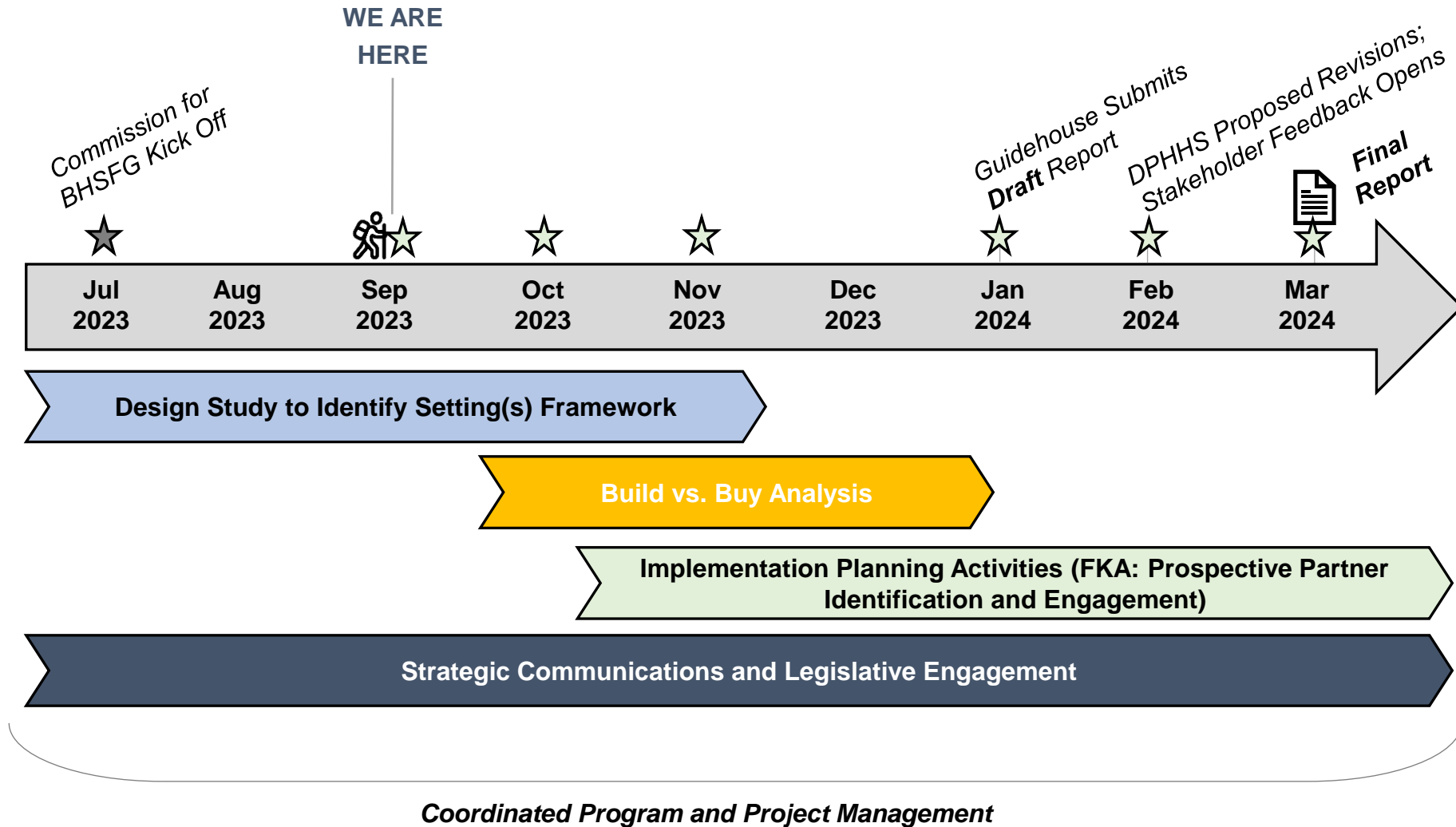
# Summary of the Design Study and Implementation Plan Process



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



# Engagement Timeline and Next Steps



# 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		

\*Freestanding Statewide Workforce Subcommittee Meeting

## 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





# Montana's Behavioral Health System for Future Generations Strategy

*A&M Contract Approach*

September 13, 2023



# Project Goals: Our Understanding

A&M understands the goals of the Behavioral Health System for Future Generations initiative thanks to our current support of DPHHS. We intend to “hit the ground running” by establishing a fact-base and point of view on various efforts underway and by identifying remaining gaps or areas of need to inform strategic plans for system redesign. **Our aim is to complement and support the efforts of hardworking Montana agency employees.**

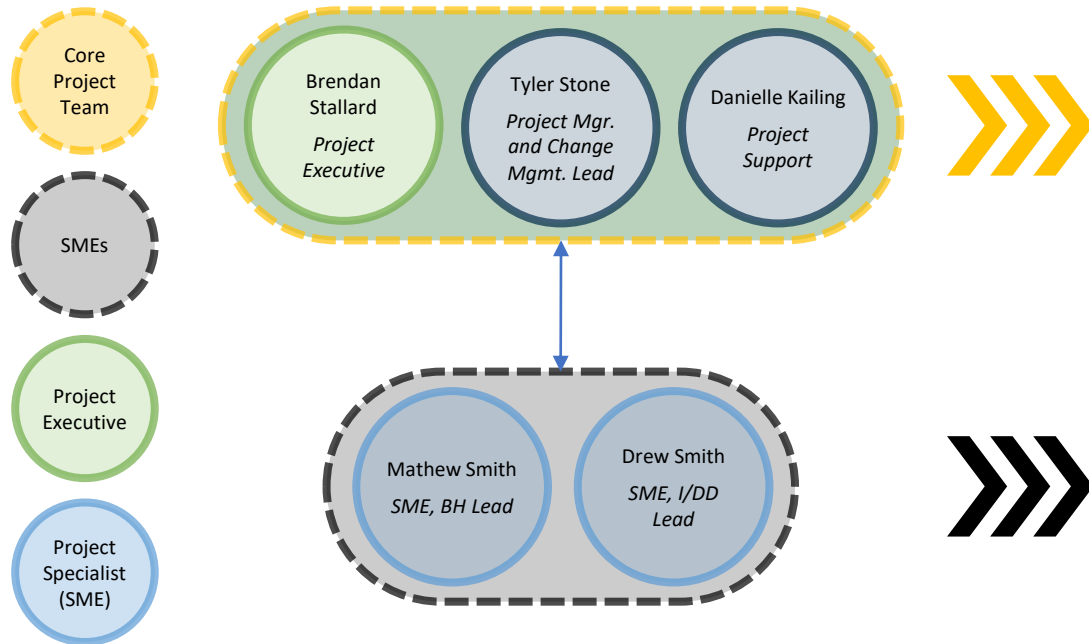
DPHHS seeks an experienced Contractor qualified to support the Department in designing and implementing a cohesive behavioral health system and developmental disability service strategy that meets the needs of Montana. The contractor will ensure that BHDD, HFD, other contracted support, other DPHHS programs and divisions, and community stakeholders are aligned in their efforts to improve component pieces of the behavioral health and developmental disability systems.

- *Adapted from DPHHS RFP 2023-0475KH, “Behavioral Health and Developmental Disability Service Systems Strategy Proposal”*



# Our Core Team: Composition, Roles / Responsibilities

The multi-disciplinary, core team focuses on project and change management, stakeholder engagement, and coordination among the subject matter experts with other ongoing initiative and Departmental teams. The Project Specialists (or SMEs) complement the core team with deep knowledge and experience within I/DD and Behavioral Health.



Responsible for the overall design and stand-up of the team's governance and operating model within the Department and among other relevant stakeholders and the direction of the team's work plan, **supporting the project specialists by streamlining a compilation** of all work conducted already to help inform a rapid assessment.

Responsible for interpreting information received through the environmental scan and stakeholder inputs, with an emphasis on analyzing work already completed, supporting the development of recommendations that align with national leading BH and I/DD practices. A&M's approach to staffing **leverages a deep bench of subject matter experts** who partner with our core teams; we often pull additional resources into engagements mid-stream to complement the existing core team and subject matter experts.

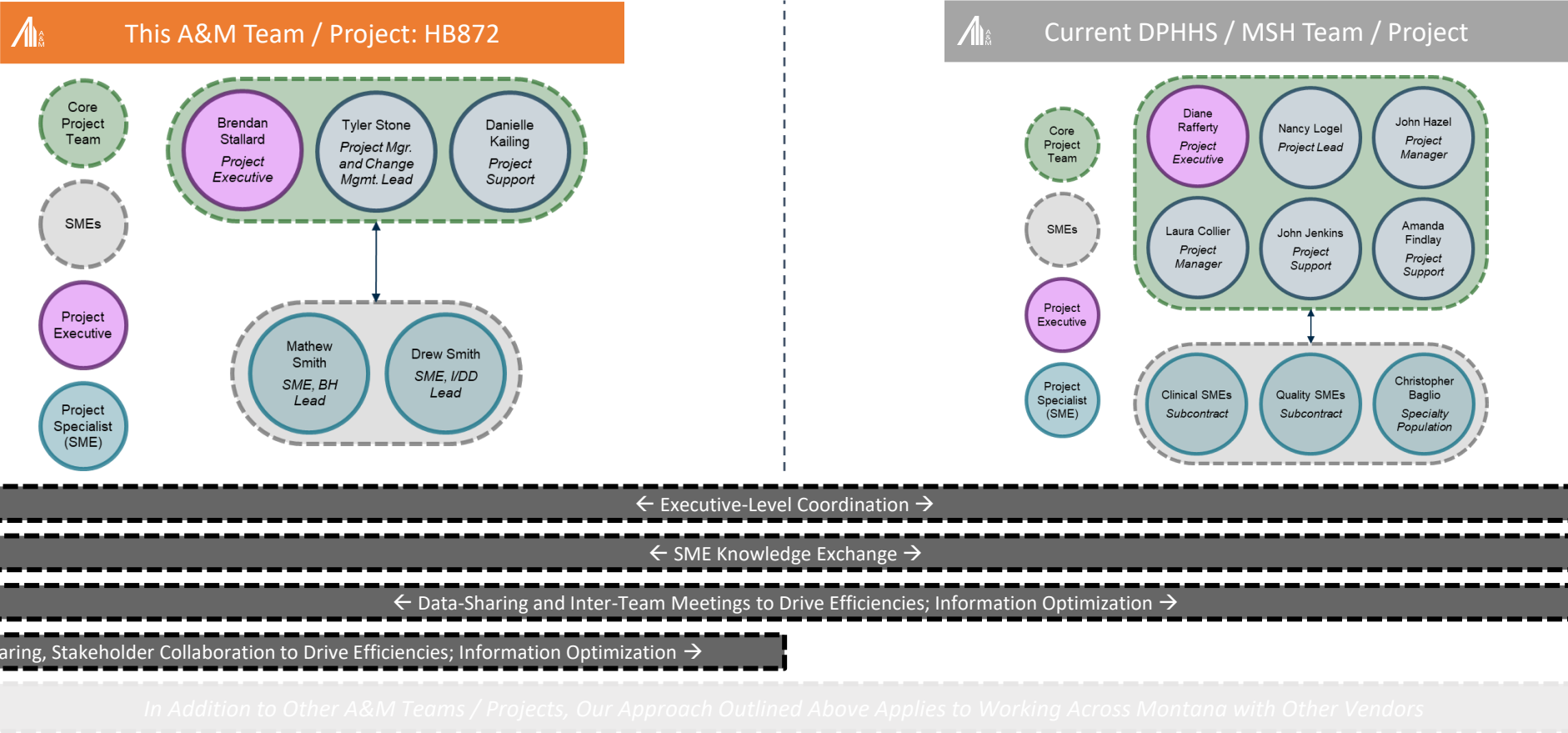


Description of team member roles and responsibilities focuses on the starting period of the project



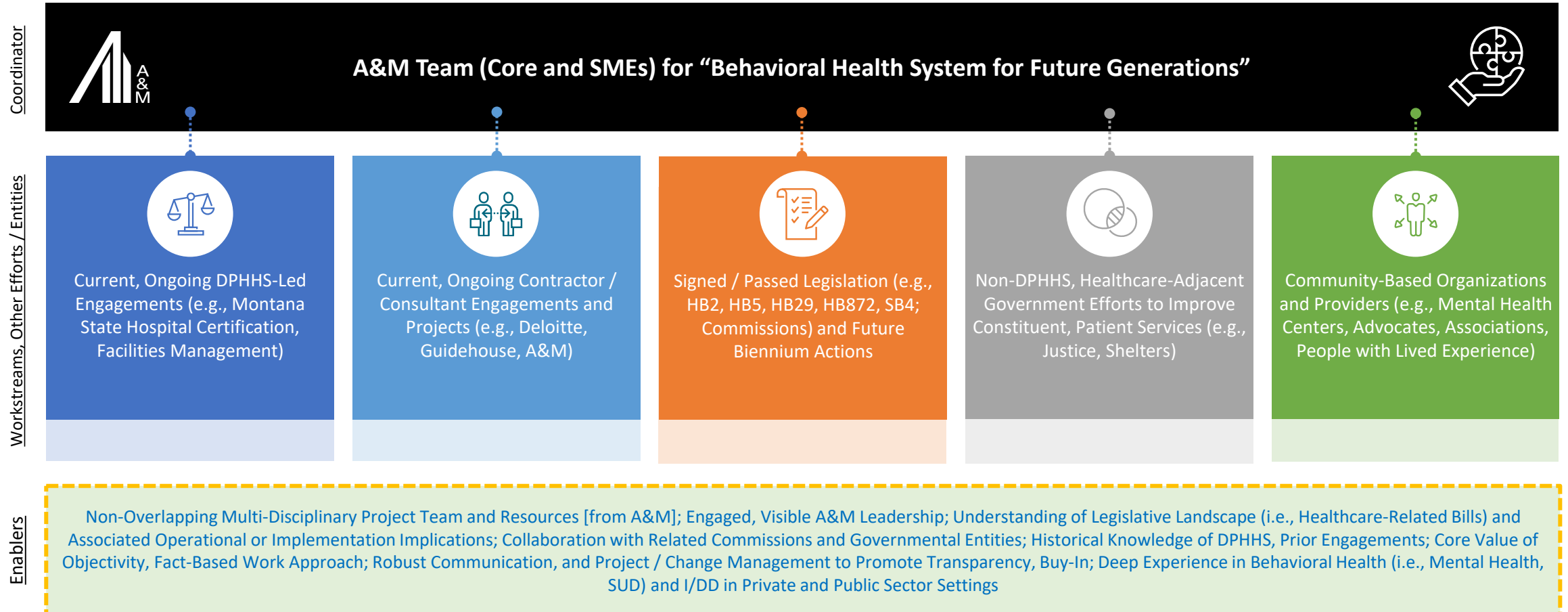
# Engagement Capacity, Commitments: Multiple Teams and Contracts in Montana

Our firm is adept at successfully managing multiple contracts in a given state or agency, driven by a clearly-defined and communicated governance model; discrete, non-overlapping teams and resources (including a deep bench of expertise); and through knowledge- and information-sharing across teams.



# “Hub-and-Spoke” Model: Integration with Other Workstreams, Initiatives, and Teams

Our team will serve as an anchor and conduit for the review and synthesis of ongoing, planned, or required work to devise an integrated, person-centric, and outcomes-focused behavioral health ecosystem for Montanans as part of the “Behavioral Health System for Future Generations” (i.e., HB872) efforts.



# Next Steps: Project Launch

Between now and the next Commission meeting, our team will work to establish a fact-base and point of view related to how various efforts underway are already driving the Department's behavioral health and developmental disabilities strategies.

## IMMEDIATE NEXT STEPS



1. **Begin data collection to support an initial environmental scan** of the Montana behavioral health and developmental disabilities systems, with a focus on synthesizing previously completed, in-flight, and planned work.



2. **Inventory current stakeholder engagement efforts and strategies**, including any required net-new efforts identified by the core team.



3. **Engage with the Department and Commission** to share emerging observations on the Montana behavioral health and developmental disabilities systems.

*All next steps will be performed in close collaboration with the Department and Commission.*

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

**For more information on the initiative, visit:**

[www.futuregenerations.mt.gov](http://www.futuregenerations.mt.gov)



DEPARTMENT OF  
PUBLIC HEALTH &  
HUMAN SERVICES

# Conclusion



DEPARTMENT OF  
PUBLIC HEALTH &  
HUMAN SERVICES