



Julia Hamilton

# Behavioral Health System for Future Generations Commission

# HB 872

## Purpose

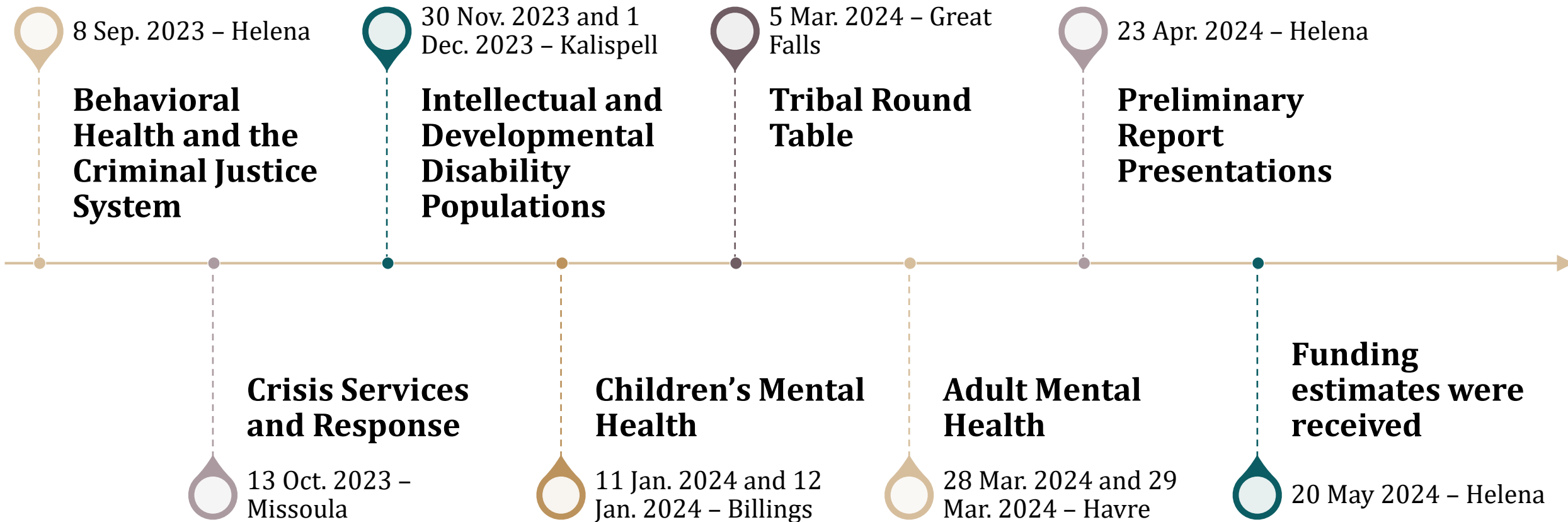
- Study the current behavioral health and developmental disabilities system to identify statewide gaps in service
- Target investments to address those gaps and provide for long-term system stability

Allocated **\$300 million** in state funding

Set up the **Behavioral Health System for Future Generations (BHSFG) Commission**

# Behavioral Health System for Future Generations Commission

- Commission Membership
  - 9 Members total – Bill sponsor (Rep. Bob Keenan), 5 legislators (Rep. Michele Binkley, Rep. Mike Yakawich, Rep. Dave Fern, Sen. John Esp, Sen. Ellie Boldman), 3 Governor’s appointees (Charlie Brereton, Patrick Maddison, Janet Lindow)
  - Staffed by DPHHS
- Meetings (9 total over 11 months)
- Tasked with reporting on their findings to the legislature and the executive branch
- Alternative Settings Project within the Commission
  - Report Produced by Guidehouse
  - Subcommittees
    - BH - Continuum of Care Subcommittee
    - BH - Access Subcommittee
    - BH - Workforce Subcommittee
    - I/DD Subcommittee
  - Steering Committee (BH) – provide broad strategic oversight



# Major Meeting Topics

# State Special Revenue Funds

**\$225 million** in the behavioral health system for future generations state special revenue fund

**\$40 million**  
upon passage  
and approval  
and available  
through 2025

**\$30 million**  
additional  
for FY 2025

\$155 million as well as remaining funds are  
subject to legislative appropriation

# Capital Funds

**\$75 million** in the Capital Development Fund

**\$20 million** available  
for use immediately in  
FY 2024

**\$55 million** available after adoption of  
administrative rules and after the transmission of  
the report recommendations to the governor

# Fund Uses

- Commission operating expenses
- Studying of and planning for the development of a behavioral health system; including necessary contract expenses
- Infrastructure acquisition to support the BH or I/DD populations
  - *Behavioral Health Settings*
  - *Intermediate Care Facilities*
- Community Based Investments to support:
  - *Workforce*
  - *Service Providers*
  - *Delivery System*
- Matching funding for Medicaid and CHIP
- Funds may **NOT** be used to operate existing state facilities

# BHSFG Commission Draft Report

Developed by **DPHHS**

Report Recommendation themes based on **commission-identified** service gaps in Montana

Workforce

Care Management

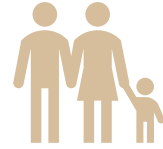
Continuum Capacity



# Report Recommendations

Longer term action items to improve the capacity of the state-wide behavioral health and developmental disability service systems

## Notable areas of possible investment



Expand access to waiver services, reconfigure waiver rates, and expand service options



Expand state coverage of mobile crisis response



Enhance the targeted case management program and implement a case management training program



Invest in school based behavioral health initiatives



Enhance information technology to better coordinate between 988 and 911 dispatch services

# Near-Term Initiatives

Areas that the commission identified as problems that could be alleviated in the shorter-term using one-time-only funding. These include pilot programs with the potential to be continued

## Notable areas of investment



Increased residential bed capacity



Mobile crisis response grants

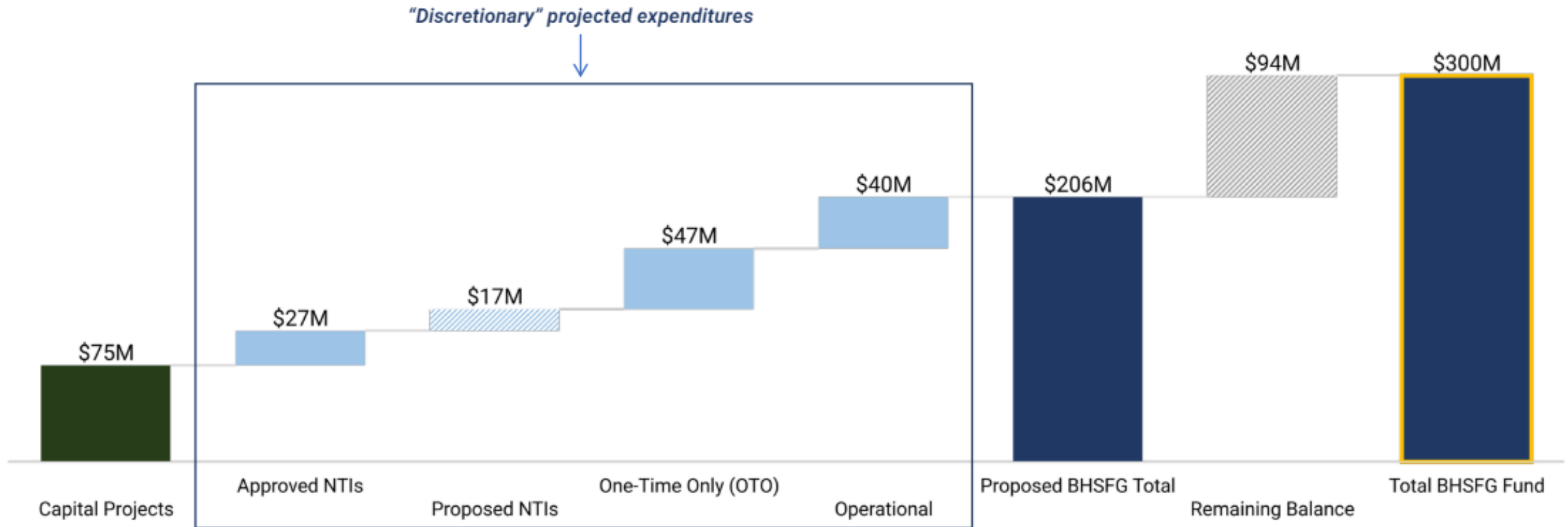


Incentivization of Community-based court ordered evaluations



Support for Tribal and Urban Indian Organizations to expand behavioral health and developmental disabilities capacity (pending governor approval)

# Cost Buildup Summary



**Disclaimer:** the cost estimates provided are preliminary and subject to change; OTO and Operational figures are based on assumptions outlined in the recommendations in the draft report and are supported by available data. Actual expenditures are subject to approval from the Governor's Office and appropriation by the Legislature.

\*Graphic produced by the DPHHS for the BHSFG Commission Draft Report

# Cost Components

	<u>One-Time-Only Funds</u>	<u>Initial Operational Expenses</u>	<u>Recurring Operational</u>
Definition	Grants, RFPs, or additional investments needed to launch recommendations	Funding needed to finance initial operation prior to inclusion in base budget	Annual costs that will impact the state budget going forward
Funding Source	BHSFG Funding		Mix of general, state special, and federal special revenue funds
Time Period	Short-Term		Long-Term

# Behavioral Health Alternative Settings Report

Developed by Guidehouse

**Recommendations** fall into the categories of

Continuum of Care

Access

Workforce

Informed the draft report recommendations already discussed

Will also help inform the proposals eventually brought forward for capital funds



Region	Counties
Region 1	Sheridan, Daniels, Valley, Roosevelt, Richland, McCone, Garfield, Dawson, Prairie, Wibaux, Fallon, Custer, Rosebud, Treasure, Powder River, and Carter
Region 2	Blaine, Hill, Liberty, Toole, Glacier, Phillips, Pondera, Teton, Chouteau, and Cascade
Region 3	Judith Basin, Fergus, Petroleum, Musselshell, Golden Valley, Wheatland, Sweet Grass, Stillwater, Yellowstone, Carbon, and Big Horn
Region 4	Lewis and Clark, Powell, Granite, Deer Lodge, Silver Bow, Jefferson, Broadwater, Meagher, Park, Gallatin, Madison, and Beaverhead
Region 5	Lincoln, Flathead, Sanders, Lake, Mineral, Missoula, and Ravalli

Figure 8. Montana Health Planning Regions

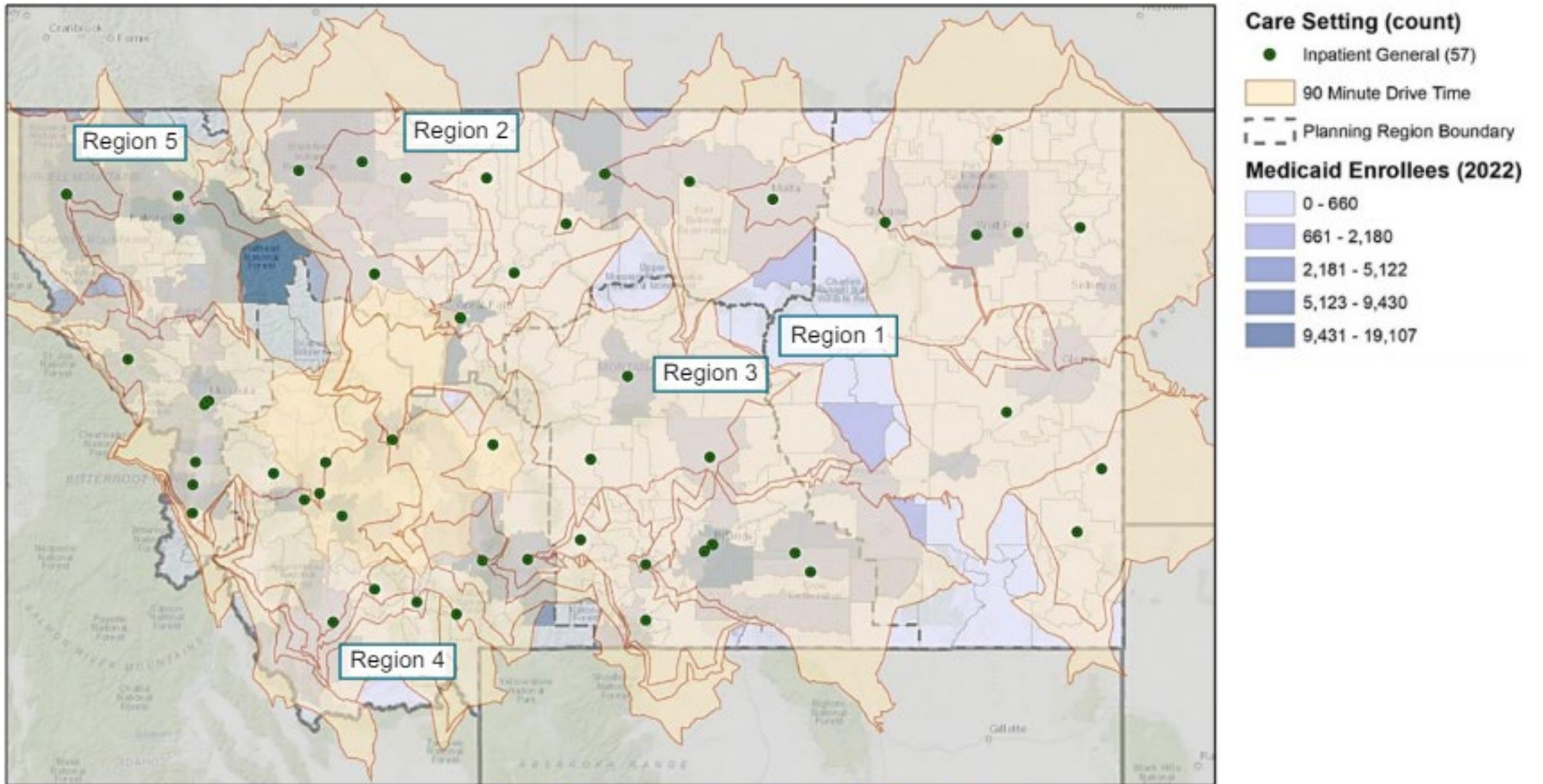


Figure 31. IP General Hospitals that Accept Medicaid

Figure Note: The map reflects data as of November 2023.



# Key Findings - Access

Montana has more BH care sites relative to population size as compared to neighbor states, but it has fewer providers available to support provisions of care in those settings

Residents prefer to seek care close to home but since care settings are more likely to be in population dense areas, some residents have significantly less access to care

Eastern, Northern, and Central parts of Montana have severe deficits in in-community access to BH care services

Eastern and Northern regions lack convenient access to a full range of care due to low population density. Some densely populated areas also lack comprehensive services

Variation in care setting usage across regions underscore inequities in BH service access leaving significant parts of the state without immediate access to routine or specialized care



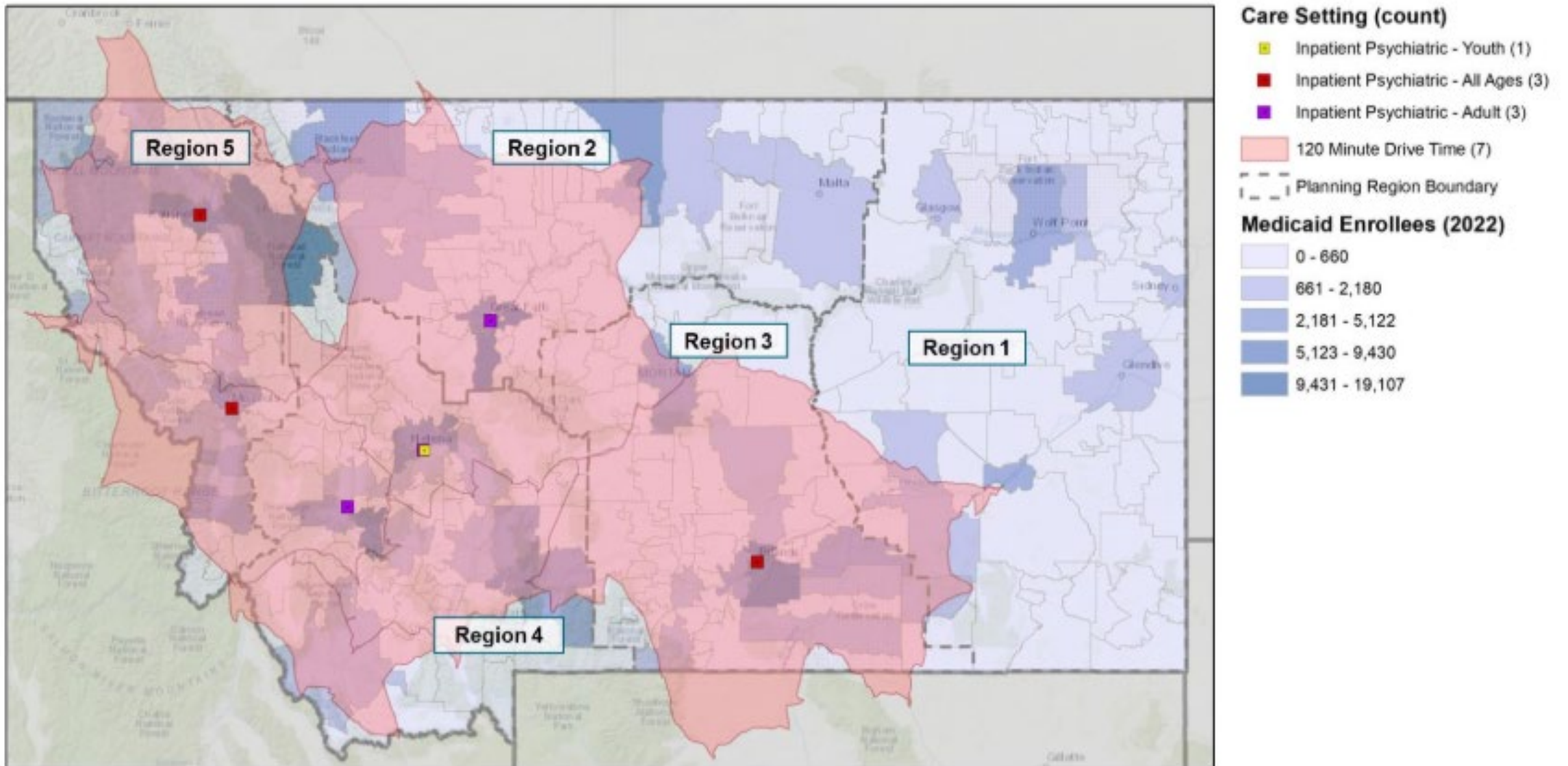


Figure 32. IP Psychiatric Care Sites that Accept Medicaid

Figure Note: The map reflects data as of November 2023. Sites include Psychiatric Hospitals and Psychiatric Units.

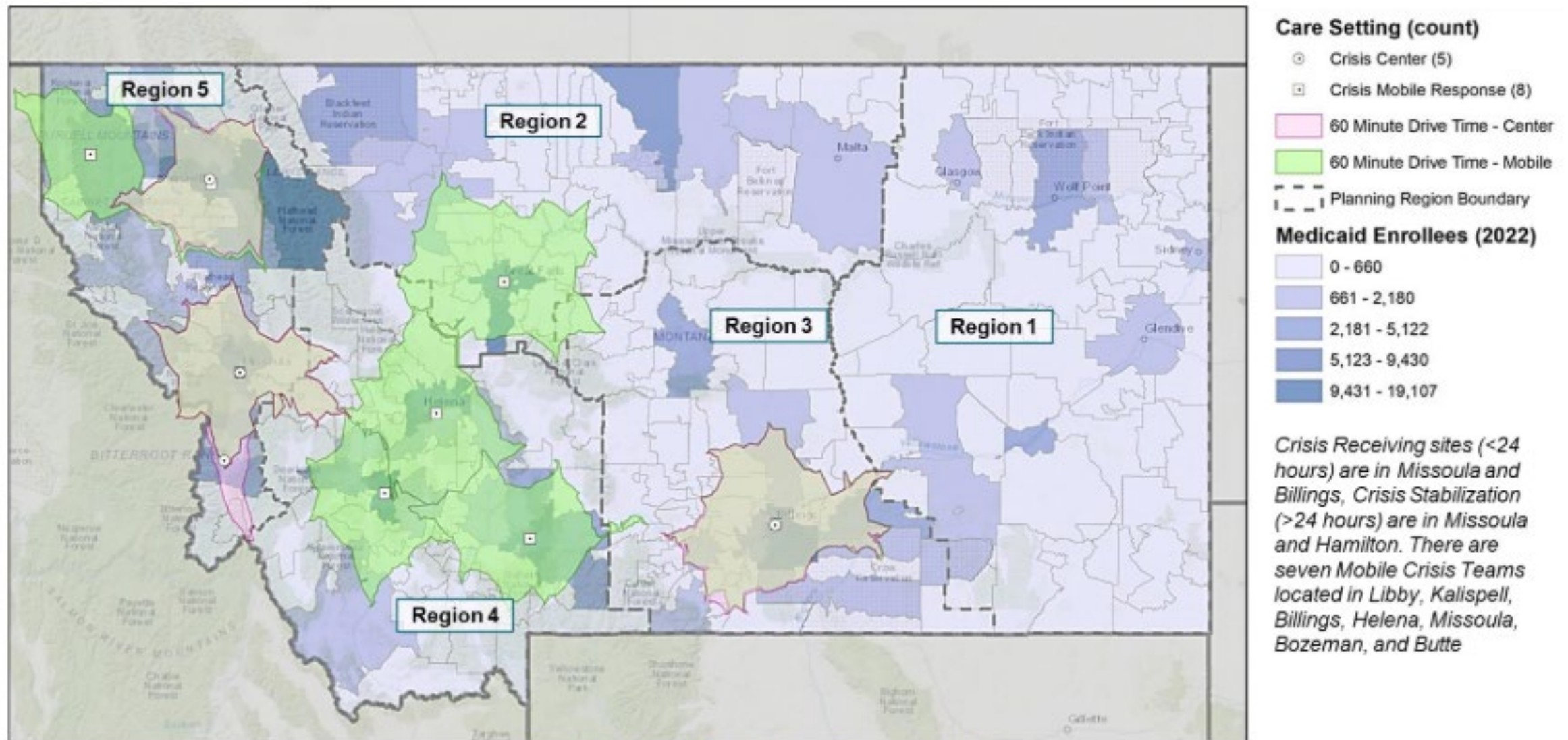


Figure 37. Crisis Stabilization Programs in Montana

Figure Note: The map reflects data as of November 2023.

# Key Findings – Workforce

All regions face shortages in BH specialists to adequately staff existing locations

Lower ratio of BH workforce per care site, particularly in the East and North, result in limited ability to serve the existing need

Lack of access to BH providers result in significant provider utilization differences across regions, especially in the East and the North

Future facility planning must consider the reality of workforce shortages when proposing solutions to mitigate care gaps

# Key Findings – Continuum of Care

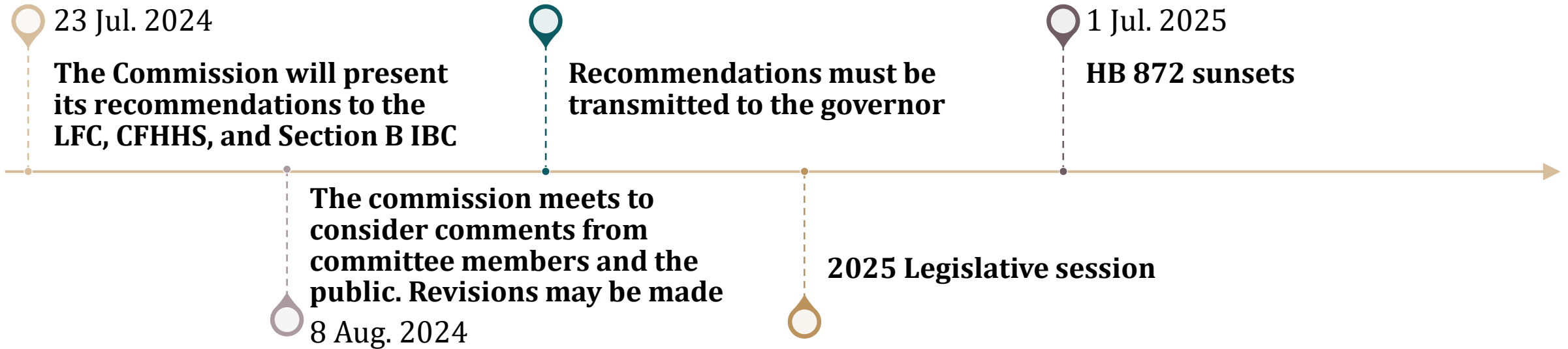
Montana's stakeholders consistently report a lack of care coordination across entities, inhibiting effective care and negatively impacting patient outcomes

State comparison data reinforces feedback that access to appropriate and high-quality care is limited

Nationally, there are many existing strategies to improve system efficacy. Montana specific priorities will be necessary to choose which examples will be most applicable to State needs



# Next Steps



## Future considerations for the Legislature

- Further appropriation of BHSFG Funds? Capital Funds?
- Which Recurring Operational Expenses should be included in the base budget going forward?
- NTI pilot program continuation?
- Statutory changes necessary for executive implementation of the report?

# Thank you!

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# Appendix

Near Term Initiatives		Governor Approval	Funding	Launch Date
1	Incentivize Community-Based Court Ordered Evaluations (COE)	Yes	\$ 7,500,000	3/8/2024
2	Increase Residential Bed Capacity	Yes	\$10,000,000	2/5/2024
3a	Mobile Crisis Response Grants	Yes	\$ 7,500,000	5/31/2024
3b	Crisis Receiving & Stabilization Grants			6/30/2024
4	Development and Deployment of a Comprehensive Crisis Worker Curriculum and Certification Course	Yes	\$ 500,000	TBD
5a	DD Healthcare Workforce Training	Yes	\$ 600,000	5/3/2024
5b	DSP Workforce Grants			4/19/2024
6	Family Peer Supports	Pending	\$ 700,000	TBD
7	Grants to increase residential Bed Capacity (Supplemental)	Pending	\$ 5,800,000	TBD
8	Fair Market Rent (FMR) Reevaluation Study	Pending	\$ 1,000,000	TBD
9	Access to Naloxone and Fentanyl Test Strips	Pending	\$ 400,000	TBD
10	Funding to Launch Occupational Therapy Doctorate and Physician Assistant Programs	Pending	\$ 3,200,000	TBD
11	Support for Tribal and Urban Indian Organizations to Expand Behavioral Health and Developmental Disabilities Capacity	Pending	\$ 6,500,000	TBD



<u>Report Recommendation</u>	<u>Domain</u>	<u>OTO</u>	<u>Initial Operational</u>	<u>Recurring Operational</u>
1. Refine and Reconfigure Waiver Service Rates	DD	1,700,000	300,000	7,600,000
2. Expand Access to Waiver Services Through a Supports Waiver	DD	500,000	66,000	21,000,000
3. Expand Service Options for Individuals with Complex Needs	DD	1,900,000	17,600,000	8,300,000
4. Redefine and Reopen Evaluation and Diagnostic Clinics	DD	50,000	2,000,000	1,000,000
5. Identify Improvements to the Waitlist Management Process	DD	750,000	100,000	100,000
6. Enhance the Targeted Case Management Program	BH	710,000	2,200,000	2,800,000
7. Develop a Targeted Case Management Training Program	BH	1,000,000	10,000	5,000
8. Implement a Care Transitions Program	BH	250,000	2,000,000	900,000
9. Enhance Information Technology	BH	4,100,000	7,300,000	4,000,000
10. Expand Mobile Crisis Response to Additional Regions	BH	2,600,000	4,000,000	1,400,000
11. Introduce New Crisis Stabilization and Receiving Center Services	BH	14,000,000	1,300,000	1,300,000
12. Expand Scope of the Certified Adult Peer Support Program	BH	300,000	-	1,300,000
13. Increase Support for Individuals with SMI and/or SUD Experiencing Homelessness	BH	1,100,000	1,500,000	-
14. Launch a Media Campaign to Raise Awareness and Reduce Stigma	BH	1,000,000	-	-
15. Reduce Transportation-Related Barriers to Care	BH	-	1,700,000	1,700,000
16. Expand the Family Peer Support Program	BH	500,000	-	1,700,000
17. Redesign Rates to Improve In-State Youth Residential Services	BH	150,000	-	6,600,000
18. Invest in School-Based Behavioral Health Initiatives	BH	2,600,000	-	7,300,000
19. Incentivize Providers to Join the Behavioral Health Workforce	BH	7,100,000	-	-
20. Expand Training Content Available to Behavioral Health Workers	BH	2,000,000	-	-
21. Enhance Behavioral Health Integration	BH	3,900,000	-	1,800,000
<b>Total</b>		<b>46,210,000</b>	<b>40,076,000</b>	<b>68,805,000</b>

\* These recommendations are still in the drafting phase of the Commission Report and have not yet been approved (as of May 20, 2024)

# Current Expenditures

As of June 17, 2024

<b>Expenditure Category</b>	<b>Amount</b>
Commission Meetings and Related Expenses	\$85,707
Other Operating Expenses - Consultants and NTI Launches	\$1,903,088
Developmental Disabilities and Healthcare Workforce Training NTI	\$150,785
<b>Total</b>	<b>\$2,139,580</b>

# Other Resources

- HB 872 Bill Text
- Commission Website (DPHHS)
- Established Commission Priorities
- Near Term Initiatives Monthly Status Update (DPHHS)
- Behavioral Health Library

# NTI – Links to full documents

1. [Grants to Incentivize Community-Based Court-Ordered Evaluations](#)
2. [Grants to Increase Residential Bed Capacity](#)
3. [Grants to Support Mobile Crisis Response and Crisis Receiving and Stabilization services](#)
4. [Development and Deployment of a Comprehensive Crisis Worker Curriculum and Certification Course](#)
5. [Direct Care Workforce Stabilization and Healthcare Capacity for People with Developmental Disabilities](#)
6. [Grants to Develop a Family Peer Support Pilot Program](#)
7. [Grants to Increase Residential Bed Capacity \(Supplemental\)](#)
8. [Fair Market Rent \(FMR\) Reevaluation Study](#)
9. [Access to Naloxone and Fentanyl Test Strips](#)
10. [Funding to Launch Occupational Therapy Doctorate and Physician Assistant Programs](#)
11. [Support for Tribal and Urban Indian Organizations to Expand Behavioral Health and Developmental Disabilities Capacity](#)

# Reports

- Draft Commission Report (May 20, 2024)
- Guidehouse Behavioral Health Alternative Settings Report (May 20, 2024)
- Guidehouse Intellectual/Developmental Disabilities Alternative Settings Supplemental Report (May 20, 2024)

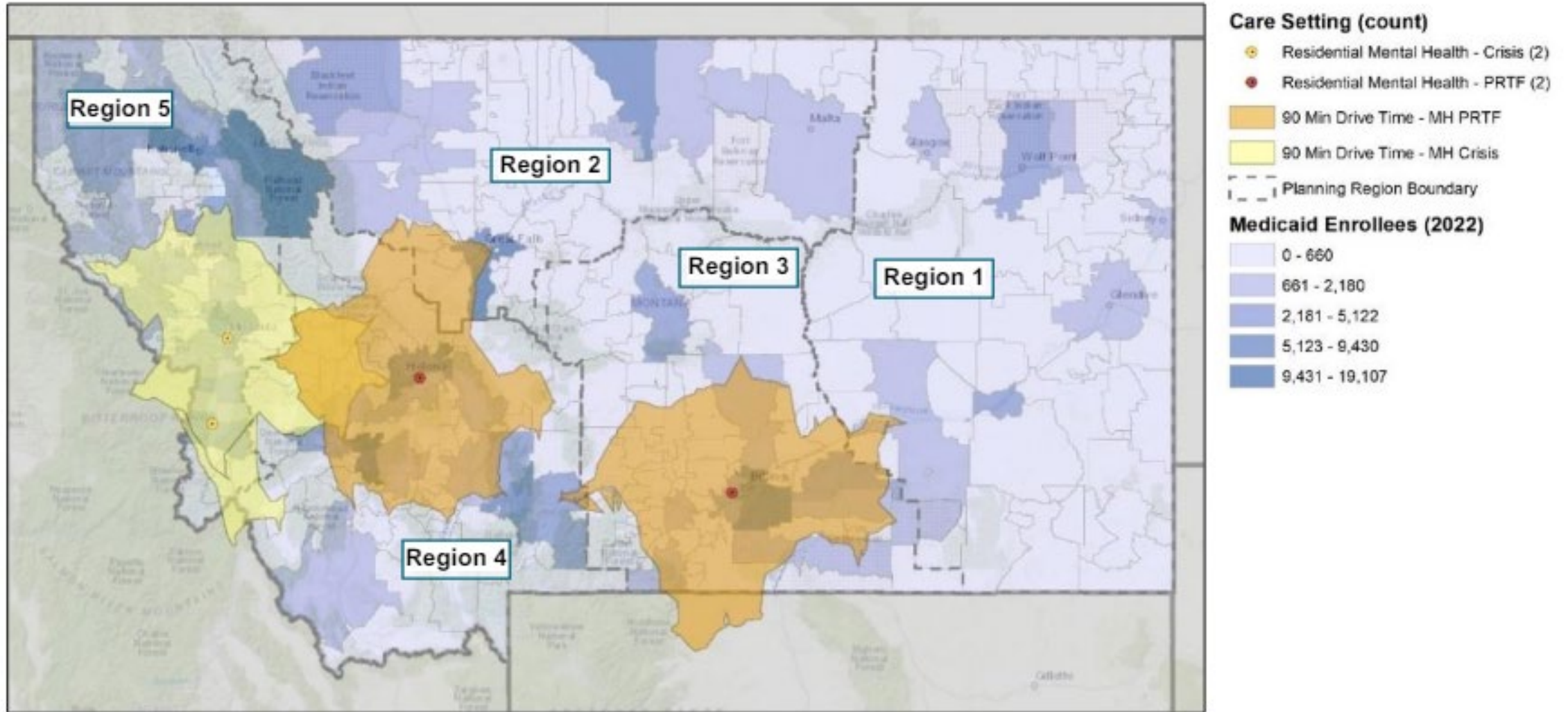


Figure 33. MH Residential Care Sites that Accept Medicaid

Figure Note: The map reflects data as of November 2023.



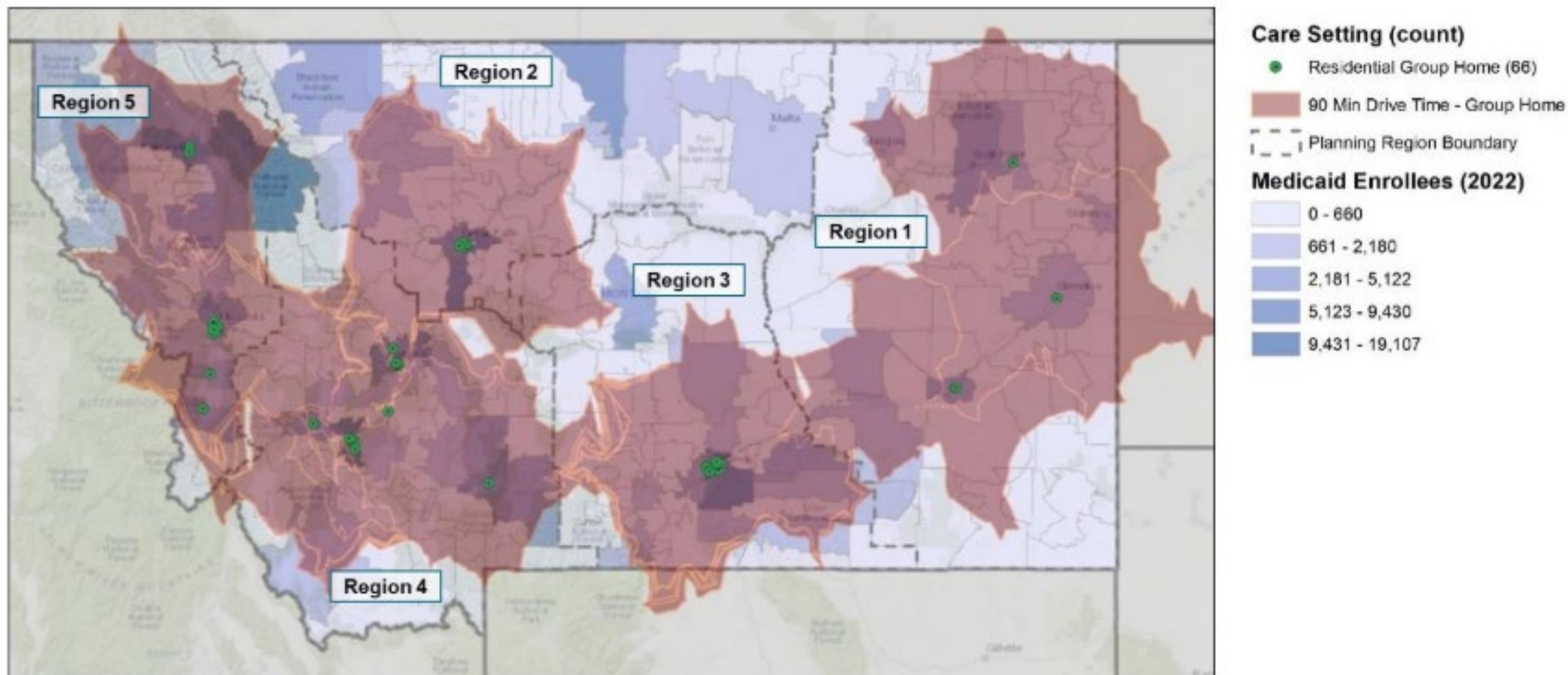


Figure 35. Group Home Residential Care Sites that Accept Medicaid

Figure Note: The map reflects data current as of November 2023. Group home availability is based on known data and is subject to change particularly based on Residential Grant Near Term Initiative (NTI) funding intended to reopen closed group homes.<sup>96</sup>

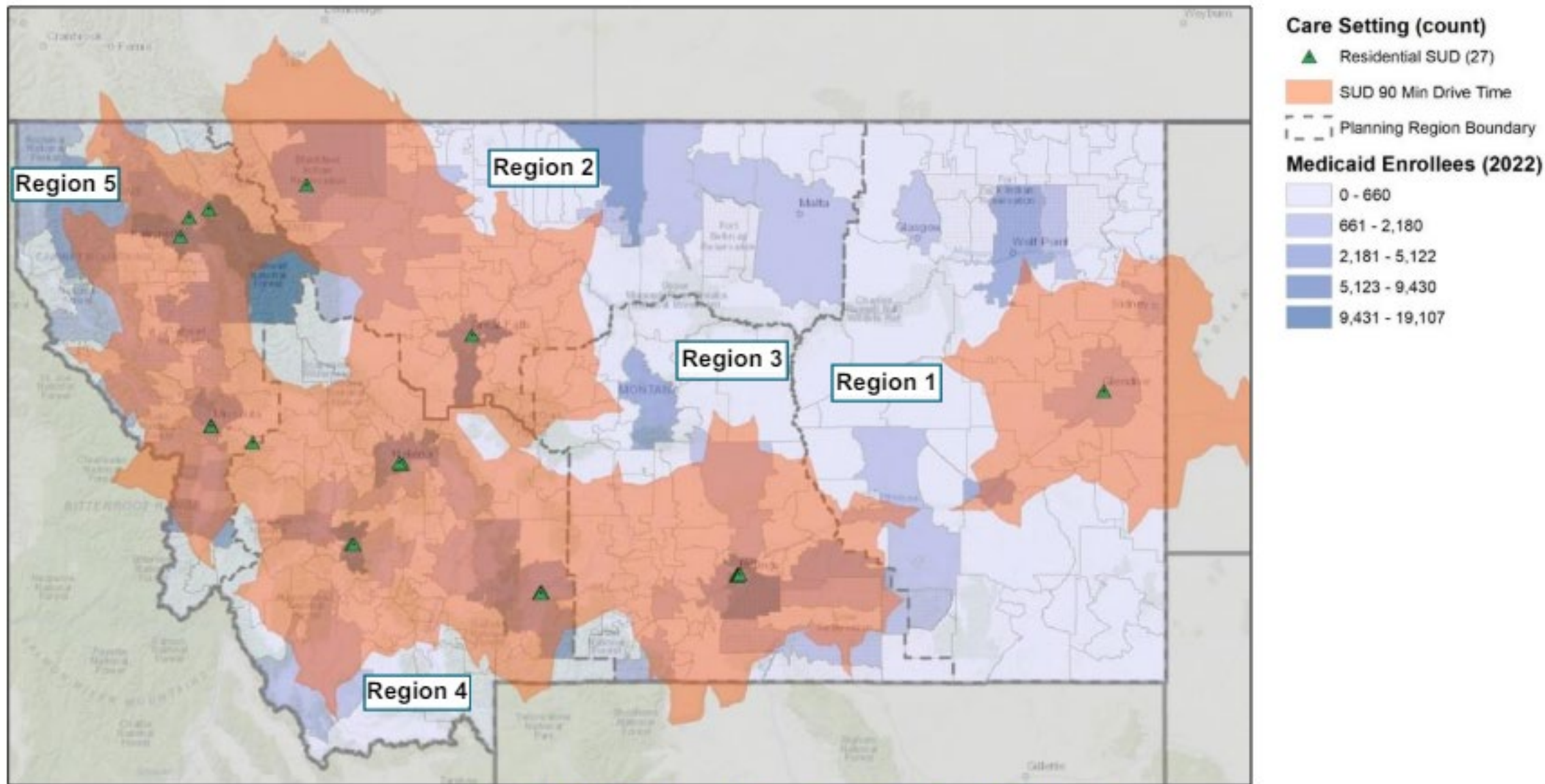


Figure 34. SUD Residential Care Sites that Accept Medicaid

Figure Note: The map reflects data as of November 2023. SUD ASAM 3.5 Residential settings in Clinton, MT or the ASAM 3.1 setting in Kalispell, MT appear on this map but are no longer active.