

PRESENTATION TO THE 2023 HEALTH AND HUMAN SERVICES JOINT APPROPRIATION SUBCOMMITTEE

Behavioral Health and Developmental Disabilities Division

Medicaid and Health Services Practice

Department of Public Health and Human Services

THE FOLLOWING TOPICS ARE COVERED IN THIS REPORT:

- **Overview**
- **Summary of Major Functions**
- **Highlights and Accomplishments during the 2023 Biennium**
- **Efficiencies and Cost Savings**
- **Funding and FTE Information**
- **Change Packages**

OVERVIEW

The Behavioral Health and Developmental Disabilities Division (BHDD) administers a wide range of services to fulfill its mission of facilitating the efficient delivery of effective services to adults and children with behavioral health challenges and/or developmental disabilities. BHDD's work is guided by a goal of providing Montanans with the support to live full lives within their communities. BHDD consists of four bureaus and two programs:

PREVENTION BUREAU

Jami Hansen has been the Prevention Bureau Chief since November 2022. Prior to becoming the Prevention Bureau Chief, Jami worked for the Department for three years during which she led efforts to improve the Mental Health Block Grant programs. During her tenure, Jami has focused on increased collaboration with advisory councils and Service Area Authorities. Jami has over ten years of experience working in behavioral health, including the development of Peer Support Services in Washington State.

Bureau Staff

The Prevention Bureau employs Program Officers that manage distinct grants and programs. The Bureau's Program Officers oversee every aspect of their assigned programs, including developing Requests for Proposals, establishing and monitoring contracts, managing budgets, providing technical assistance, and working with internal and external stakeholders to advance programmatic goals. The Bureau also includes a Program Evaluator and two Epidemiologists, which provide data collection support and conduct data analysis to monitor program utilization and outcomes.

TREATMENT BUREAU

Isaac Coy has been the Treatment Bureau Chief since November 2022. Isaac has worked for the Department for over nine years. During his time with DPHHS, Isaac has served as a Program Officer and Section Supervisor; working with behavioral health providers and stakeholders to expand the continuum of care to ensure that Montanans have access to needed services. Prior to joining DPHHS, Isaac worked as a Licensed Addictions Counselor (LAC) in a variety of treatment settings including Program of Assertive Community Treatment, SUD outpatient treatment, and SUD residential treatment.

Bureau Staff

The Treatment Bureau is comprised of three distinct sections: Medicaid State Plan, Severe and Disabling Mental Illness 1915(c) waiver, and a Special Populations section. Each section has Program Officers who manage distinct Medicaid and Non-Medicaid services and programs. The Bureau's Program Officers oversee every aspect of their assigned programs, including developing Requests for Proposals, establishing and monitoring contracts, completing state plan and waiver amendments, managing budgets, and providing technical assistance. In addition to central office staff, the Bureau has two Community Program Officers who each cover half of the state providing important assistance and support to waiver provider agencies, Case Managers, and members and their families. The Bureau employs a Licensed Addictions Counselor who oversees the state approval process for SUD programs, which works to assure compliance with standards of care.

CHILDREN'S MENTAL HEALTH BUREAU

Meghan Peel is the Children's Mental Health Bureau (CMHB) Chief for BHDD and has served in this role for over four years. During her tenure with the Bureau, she has focused on working closely with providers and stakeholders to evaluate and improve services within the children's continuum of care, focusing on family engagement and outcome measurements. Prior to joining DPHHS in 2013, Meghan worked in public and private accounting for seven years.

Bureau Staff

CMHB consists of a Medicaid Program Section and a Clinical Team. The Medicaid program staff oversee operations of the Bureau including benefit plan, administrative rules, appeals, and provider support. The program section is also responsible for the tracking and reporting of outcome measurements. The Bureau's clinical team includes a part-time Board-Certified Child and Adolescent Psychiatrist, Licensed Mental Health Clinicians, and Regional Resources Specialists. The Bureau's clinical team provides care coordination for Medicaid enrolled youth receiving psychiatric residential treatment outside of Montana. Care coordination duties include attendance at treatment team meetings, assistance with discharge planning, monitoring of quality of care, and engagement with parents and caregivers of youth. Regional Resource Specialists provide information and resources on service availability, including community-based therapeutic group homes and community services available by region. Regional Resource Specialists serve parents and caregivers, behavioral health providers, Child and Family Service employees, and other organizations within the children's systems.

SUICIDE PREVENTION

Karl Rosston is the Suicide Prevention Coordinator for the Montana Department of Public Health and Human Services. He provides evidenced-based programs to all Montana secondary schools, implements the State Suicide Prevention Plan, supports the Montana Suicide Prevention Crisis Line, implements firearm safety programs and statewide media campaigns, provides suicide prevention trainings, and coordinates suicide prevention efforts around the state. Karl is adjunct faculty at the Montana Law Enforcement Academy and a nationally certified trainer in QPR and Mental Health First Aid.

Program Staff

The program operates out of a central office in Helena. The program includes a Suicide Program Manager and a Grant Manager for the Adult American Indian Zero Suicide Grant. The Suicide Program Manager oversees the implementation of the 988 Crisis Lifeline and works with the Montana VA and National Guard on prevention efforts to reduce the rate of suicide in Montana Veterans. The Grant Manager for the Adult American Indian Zero Suicide Grant helps tribal health and Urban Indian Health Centers establish a suicide care policy promoting suicide safe care as an organizational priority and facilitates training to create a confident and competent workforce where at-risk individuals are identified.

DEVELOPMENTAL DISABILITIES PROGRAM

Lindsey Carter is the Developmental Disabilities Program (DDP) Bureau Chief and has worked for DDP for over nine years. Before taking the Bureau Chief position, Lindsey worked as a DDP Waiver Specialist, Regional Manager and Community Services Supervisor. During her time as Bureau Chief, Lindsey has led efforts to increase engagement with providers and stakeholders

with a focus on revising and streamlining policies to increase system efficiencies. Prior to joining the Department, Lindsey held a variety of positions in the developmental disabilities field including Case Manager, Early Intervention Specialist and Direct Service Professional.

Program Staff

DDP operates out of a central office in Helena and five regions across the state with offices located in Helena, Missoula, Great Falls, Billings, Glasgow, Miles City, Butte, Bozeman, and Kalispell. The regional offices provide important assistance and support to members and their families receiving or applying for services, DDP provider agencies, and Case Managers. Each region has a Regional Manager who oversees quality assurance activities, incident management activities, and serves as the local liaison with the community. In addition, the regions have Quality Improvement Specialists who work directly with provider agencies and members. Some regions also provide Targeted Case Management services.

OPERATIONS BUREAU

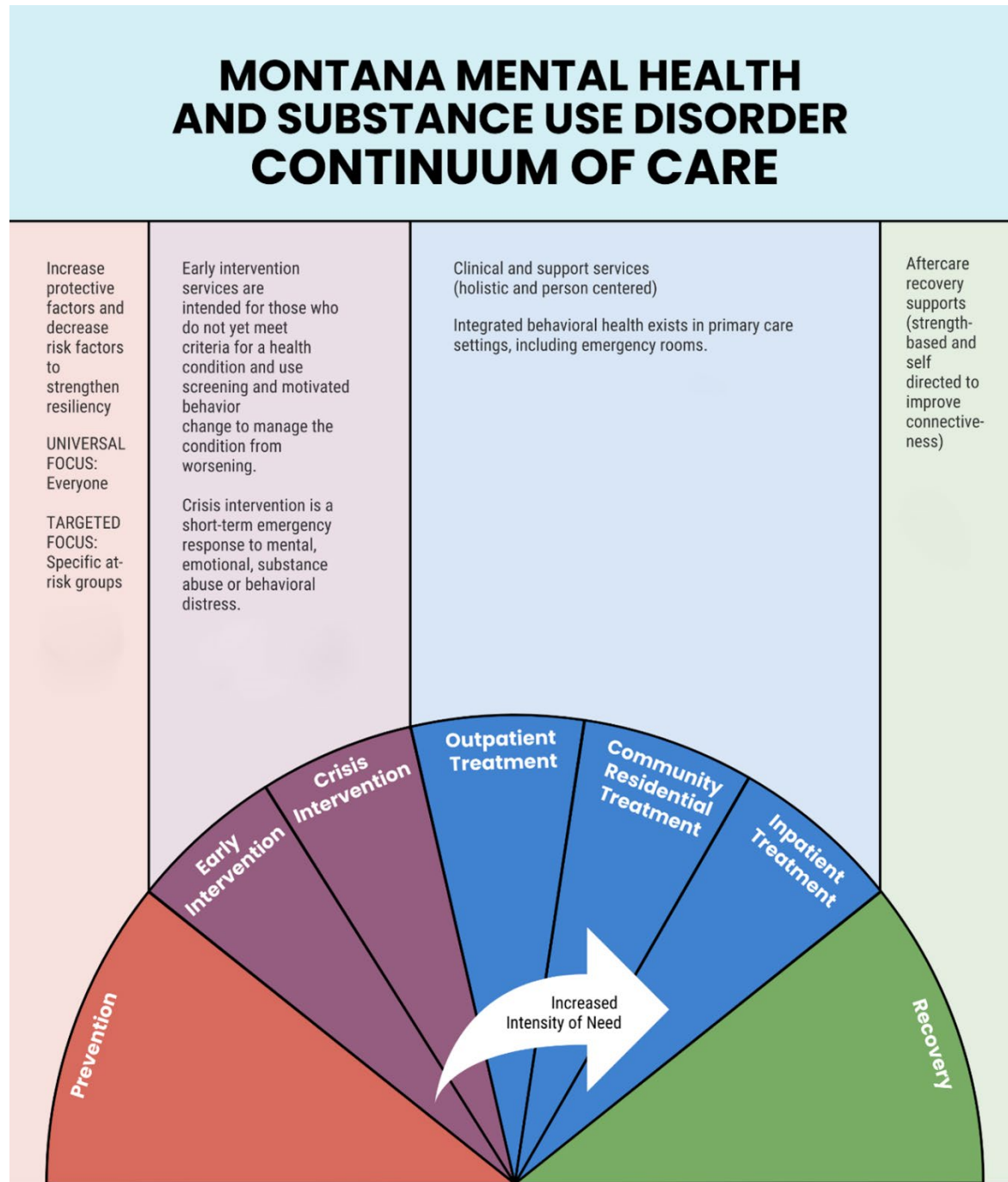
Natacha Bird is the Operations Fiscal Bureau Chief for the BHDD. Natacha has a bachelor's degree in accounting and has worked for the State of Montana for 21 years. Prior to joining the department, Natacha worked as the Fiscal Bureau Chief at the Department of Justice for 7 years, and as an accountant for the Commissioner of Securities and Insurance.

Bureau Staff

The Operations Bureau operates out of a central office in Helena. The bureau is comprised of 8.75 FTE and provides fiscal, budgetary, and contract support to the division.

SUMMARY OF MAJOR FUNCTIONS

BEHAVIORAL HEALTH CONTINUUM OF CARE



Behavioral health is essential to one's overall health. Prevention works, treatment is effective, and people recover from mental health and/or substance use disorders.

— Federal Substance Abuse and Mental Health Services Agency (SAMHSA)

Figure 1 – The Continuum of Care.

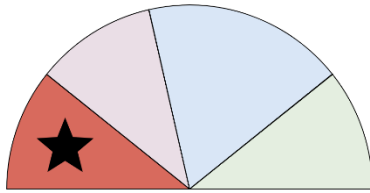


Figure 2 - Prevention section of Continuum of Care.

PREVENTION SERVICES

Mental illness and substance abuse affect tens of thousands of Montanans and have a huge impact on the public's health and productivity. Behavioral health conditions are associated with a wide range of health and social problems.

Effective prevention strategies are critical to provide both individuals and communities the skills to develop and promote healthy behaviors that can prevent or delay the negative consequences of behavioral health conditions.

A large body of scientific research supports the implementation of effective prevention programs. If programs are consistently administered to fidelity over time, they have the potential to reduce the number of Montanans impacted by behavioral health issues.

BHDD supports the implementation of community-based substance use prevention initiatives across Montana. Community-based prevention promotes public health and coalition-based approaches to enact effective, community-driven prevention strategies. Prevention initiatives include both universal strategies to prevent children and youth from engaging in substance use and targeted interventions to mitigate substance use amongst at-risk populations.

BHDD implements programming that enables communities to have a dedicated Prevention Specialist who leads the community through evidence-based processes, including the completion of a needs assessment, the development of a strategic prevention plan, and the implementation of interventions that meet the community's unique needs and goals. These efforts are bolstered by technical assistance and training offered by BHDD.

Prevention strategies are also implemented via school-based programs and dedicated resources for those in a parenting role. The PAX Good Behavior Game (GBG) is a school-based intervention used to teach self-regulation, self-management, and self-control in children, which has shown evidence of short-term and long-term benefits including improved classroom behavior, academics, and mental health and the prevention of substance use and suicide. PAX GBG is currently implemented in 29 school districts and is expanding to new schools every year.

Along with PAX GBG, BHDD also implements ParentingMontana.org, a web-based resource for Montana parents and those in a parenting role. The resources and strategies incorporated within the website are rooted in prevention science and tailored to Montanans. It is a prevention program that braids together the supports grounded in evidence-based practices to help kids and families thrive, with the specific goals of cultivating a positive, healthy culture among Montana parents with an emphasis on curbing underage drinking; providing resources to engage parents or those in a parenting role; and providing tools for everyday parenting challenges from ages zero to nineteen.

By starting early, both parents and children learn how to grow skills such as self-awareness, self-management, responsible decision-making, and social awareness, all of which protect children from negative outcomes associated with adverse childhood experiences (ACEs) and bolster resilience.



Figure 3 - Parenting Montana logo.



FIGURE 4 - EARLY INTERVENTION SECTION OF CONTINUUM OF CARE.

EARLY INTERVENTION SERVICES

Early intervention services implement specific practices to target individuals who are at risk of developing an illness. Early intervention services can mitigate the need for individuals to engage in higher levels of care, resulting in less disruption to their lives and improved health outcomes. BHDD facilitates several early intervention programs targeted toward individuals engaging in substance use, including evidence-based education programs for individuals charged with a Driving Under the Influence (DUI) or Minor in Possession (MIP) and a program focused on naloxone, an opioid antagonist that can successfully reverse the effects of an opioid overdose. The naloxone program focuses on increasing awareness of naloxone, providing training on its administration, and distributing units throughout the state. The program facilitates a statewide media campaign and provides training to first responders, Emergency Medical Services (EMS), healthcare providers, community organizations, and members of the public on how to safely and effectively administer naloxone. Training materials, including step by step instructions on administration, are also available on naloxone.mt.gov and are included with every shipment of naloxone. BHDD utilizes federal grant funding to cover the cost of naloxone, so

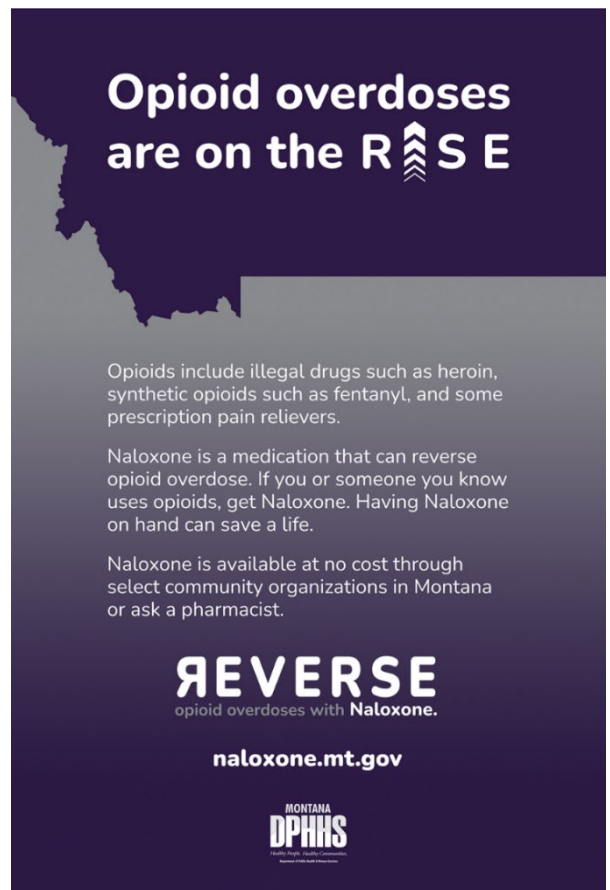


Figure 5 - Opioid overdoses and naloxone information.

communities and organizations are able to order up to 500 units at a time at no cost. Since October 2021, nearly 26,761 units of naloxone have been distributed throughout Montana.

BHDD has recently implemented the Montana Angel Initiative to provide another means of accessing substance abuse treatment. The initiative allows an individual struggling with addiction to go to any participating law enforcement office and receive assistance in locating and being connected with treatment, without consequences or questions (subject to certain limitations). The Angel Initiative launched in late 2021 and is currently active in Cascade, Lewis and Clark, and Yellowstone counties. BHDD has



Figure 6 - Angel initiative logo.

partnered with the Police Assisted Addiction and Recovery Initiative (PAARI) to provide training to the participating counties. Over the next year, BHDD and PAARI will expand those trainings to other counties that have committed to participate in the Angel Initiative.

Early intervention services can also mitigate negative outcomes for individuals experiencing mental health issues. BHDD supports the implementation of a First Episode Psychosis (FEP) program. FEP is an evidence-based program that facilitates early identification of an initial psychosis episode in youth and young adults, early access to wraparound treatment services, and ongoing support services for both the individual and their family. FEP programs are a required set aside within the Mental Health Block Grant as the programs have been shown to be highly effective in reducing or ameliorating adult psychosis. BHDD currently funds one FEP program at Billings Clinic and is actively working to establish two additional programs to serve other regions of Montana within the next year.

In October 2022, BHDD expanded a pilot project for universal screening through a contract with Rural Behavioral Health Institute (RBHI). For school year 22/23, RBHI will provide up to 30,500 comprehensive screenings for middle and high school students in Montana. RBHI will implement an evidence-based digital suicide risk screening tool that connects students with elevated risk of suicide to same-day mental health care in middle and high schools across the state. Universal suicide risk screening linked to follow-up mental health care, or Screening Linked to Care (SLTC) increases the proportion of at-risk youth identified and connected with appropriate mental health care. RBHI's digital screening platform includes validated assessments for suicide risk, depression and anxiety symptoms, functioning, and substance/alcohol use.

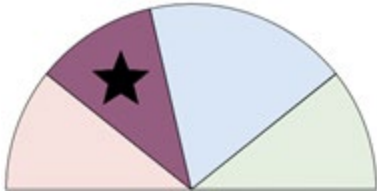


Figure 7 - Crisis intervention section of continuum of care.

CRISIS INTERVENTION SERVICES

Following the 2020 release of the SAMHSA’s National Guidelines for Behavioral Health Crisis Care, the BHDD has increasingly focused on Montana’s behavioral health crisis system through the dedication of staff resources and the creation of a Crisis System Strategic Plan. The strategic plan establishes goals, objectives, and strategies to improve Montana’s crisis system and align Montana’s crisis system with the Crisis Now best practice model.

The Crisis Now model has four core components:

- Regional or statewide crisis call centers;
- 24/7 mobile crisis response services;
- Crisis receiving and stabilization programs; and
- Essential principles and practices, including:
 - Trauma-informed care;
 - Use of peer support specialists; and
 - Collaboration with law enforcement.

These four components provide the framework for a behavioral health crisis response system that has parity with the existing emergency response system for physical health.

Essentially: Someone to call, someone to respond, and somewhere to go.

Implementing a Crisis Now Model throughout Montana requires an enormous amount of coordination and collaboration with stakeholders. To that end BHDD has collaborated with the Montana Healthcare Foundation and the Montana Public Health Institute to host a series of monthly calls related to crisis system development. These calls were utilized for stakeholder engagement for the restructuring of the Montana’s crisis system. This resulted in BHDD adopting policies to include non-Medicaid crisis services that mirror those covered under Medicaid. BHDD also amended its crisis stabilization policy to account for crisis receiving and stabilization programs. Several stakeholders are currently using County Tribal Matching Grant funds to operate mobile crisis teams, which are an integral piece of the Crisis Now model. As a result, this group also helped shape the drafted policies for that service. While BHDD has accomplished much over the past two years, we continue to move forward with several other initiatives outlined within our strategic plan. BHDD is continuing to work on restructuring crisis-related Medicaid and state general fund programs with the goal of providing sustainable funding and increasing the availability of effective crisis programming. The next step in this restructuring is the inclusion of mobile crisis response services.

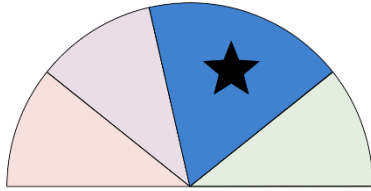


Figure 8 - Treatment section of continuum of care.

TREATMENT SERVICES

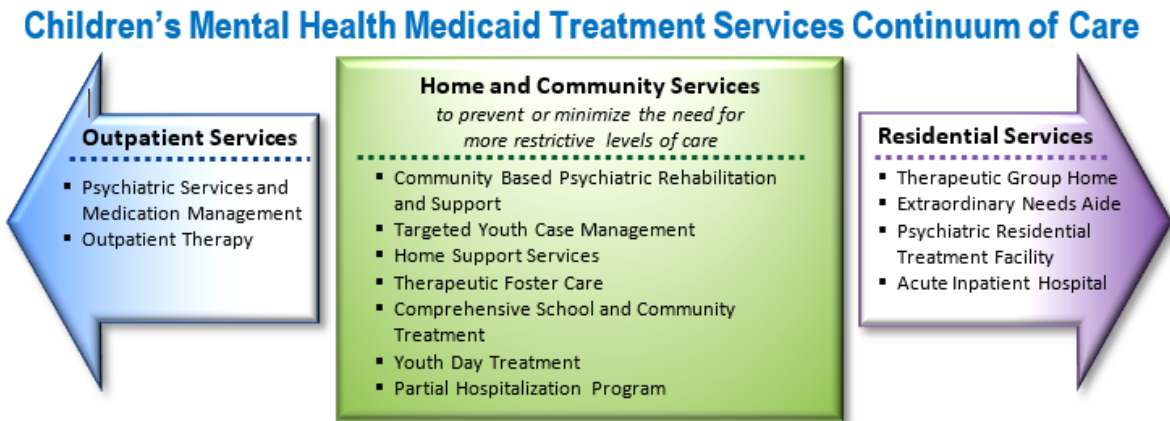


Figure 9 - Children’s mental health treatment programs.

Children’s Mental Health Treatment Services

The Children’s Mental Health Bureau (CMHB) supports and strengthens Montana youth and families through the provision of Medicaid mental health services. Services range from home and community-based services to facility-based services. CMHB managed and funded mental health services for nearly 22,000 youth enrolled in Montana Medicaid in FY 2022.

Community Based Services

Community-based services such as Outpatient Therapy, Targeted Case Management, Comprehensive School and Community Treatment, and Home Support Services are supportive interventions added to a child’s everyday life. These services focus on improving a youth’s functional level by facilitating the development of appropriate behavioral and life skills. CMHB funds services that span the entire continuum of the behavioral health service spectrum. These services range from 24 sessions of preventive Outpatient Therapy to Acute Inpatient Hospitalization and Residential Treatment.

The Bureau strives to emphasize community-based services as opposed to institutional services in order to maintain children within their homes, schools, and communities. Throughout the biennium, the bureau has completed work to improve quality and access to Targeted Case Management, Home Support Services, and Comprehensive School and Community Treatment.

Enhancements to the service included family engagement, operational flexibility for providers, and outcome measurements. Of the 21,895 youth who received children’s mental health services in FY 2022 99.9% received community-based services. This demonstrates not only CMHB’s commitment to community-based services, but also that essentially all children who receive services in a facility also receive services within the community.

Standardized Functional Assessment

CALOCUS-CASII is a standardized assessment tool used to make medical necessity determinations and provide level-of-service intensity for children and adolescents aged 6 to 18. The CALOCUS-CASII assesses service intensity needed across six dimensions.

CMHB implemented this tool in Targeted Case Management, Home Support Services, and Comprehensive School and Community Treatment. Additionally, CALOCUS-CASII has been utilized as a tool by the Child and Family Services Division to support the implementation of the Family First Prevention Services Act.

CALOCUS-CASII currently serves two major functions within CMHB. First, it has been utilized as medical necessity criteria in Home Support Services and Comprehensive School and Community Treatment. CMHB will continue to expand the use of the CALOCUS-CASII as medical necessity criteria throughout the continuum of care. The second function of the CALOCUS-CASII is for individual providers to use assessment findings to drive treatment planning and define desired treatment outcomes. CMHB is currently exploring additional ways to use the CALOCUS-CASII to reduce reliance on higher levels of care, reinforce quality of care, and collect meaningful data to inform decision making and policy design.

“Vivian’ is the mother of young child ‘Samantha’, who was placed in a therapeutic foster home due to the trauma of physical and sexual abuse. The perpetrators were unsafe adults who were allowed in the home throughout Samantha’s childhood.

Through a neuropsychological evaluation and work with Vivian, it became clear that she did not know how to make safe decisions for her child. In aftercare planning for the reunification of the family, a team consisting of a targeted case manager, home support specialist, and outpatient therapist worked with the group care staff and family prior to discharge for a supported transition home and no gap in services.

This team continues to work with the family, strengthening Vivian’s parenting skills and deepening the parent-child relationship.”

*Barb Cowan, Executive Director,
Partnership for Children*

Comprehensive School and Community Treatment Update

CSCT is an outpatient service provided by Mental Health Centers under contract with public school districts: the school district is the provider of record. Services are focused on improving the youth’s functional level by facilitating the development of skills related to exhibiting appropriate behaviors in the school and community settings.

During the 2023 biennium, CMHB worked closely with the Office of Public Instruction and stakeholders, such as superintendents, school business officials and mental health centers, on the implementation of HB 671, which requires the OPI and DPHHS to collaborate to facilitate school districts in securing federal reimbursements for services eligible under Medicaid or CHIP.

CMHB continues to provide technical assistance to both school districts and their contracted Mental Health Center on topics such as IGT, monthly claims and required state match reports, and other topics as they arise. Additionally, CMHB continues to engage with OPI through monthly internal meetings and participation in state-wide district calls to increase access to school-based mental health services and improve existing processes.

Children's Mental Health Medicaid Treatment Services Continuum of Care Descriptions

<p><u>Psychiatric Services and Medication Management</u> Medication treatment and monitoring services typically include the prescription of psychoactive medications by a physician (e.g., psychiatrist) that are designed to alleviate symptoms and promote psychological growth. Treatment includes periodic assessment and monitoring of the child's reaction(s) to the drug(s).</p> <p><u>Outpatient Therapy</u> Psychotherapy and related services provided by a licensed mental health professional including individual, family, and group therapy.</p>	<p><u>Community Based Psychiatric Rehabilitation and Support (CBPRS)</u> Adaptive skill building and integration services provided in-person for a youth in home, school or community settings in order to help the youth maintain participation in those settings. The focus of the services is to improve or restore the youth's functioning in identified areas of impairment to prevent or minimize the need for more restrictive levels of care.</p> <p><u>Targeted Youth Case Management (TCM)</u> Services furnished to assist youth and families in gaining access to needed medical, social, educational, and other services. Case management services include assessment, determination of need, development and periodic revision of a specific care plan, referral and related activities, and monitoring and follow-up activities.</p> <p><u>Home Support Services (HSS)</u> In-home therapeutic and family support services for youth living in biological, adoptive or kinship families who require more intensive therapeutic interventions than are available through other outpatient services. Services are focused on the reduction of symptoms and behaviors that interfere with the youth's ability to function in the family and facilitation of the development of skills needed by the youth and family to prevent or minimize the need for more restrictive levels of care.</p> <p><u>Therapeutic Foster Care (TFOC or TFC)</u> TFC services are in-home therapeutic and family support services for youth living in a therapeutic foster home environment, for youth unable to live with their biological or adoptive parents, in kinship care, or in regular foster care. These youth require more intensive therapeutic interventions than are available through other outpatient services. Services focus on skill building and integration for adaptive functioning to minimize need for more restrictive levels of care and to support permanency or return to the legal guardian.</p> <p><u>Comprehensive School and Community Treatment (CSCT)</u> A comprehensive planned course of community mental health outpatient treatment that includes therapeutic interventions and supportive services provided in a public school-based environment in office & treatment space provided by the school. Services are focused on improving the youth's functional level by facilitating the development of skills related to exhibiting appropriate behaviors in the school and community settings.</p> <p><u>Youth Day Treatment (Day Tx)</u> A set of mental health services provided in a specialized classroom setting (not a regular classroom or school setting) and integrated with educational services provided through full collaboration with a school district. The services are focused on building skills for adaptive school and community functioning and reducing symptoms and behaviors that interfere with a youth's ability to participate in their education at a public school, to minimize need for more restrictive levels of care and to support return to a public school setting as soon as possible.</p> <p><u>Partial Hospitalization Program (PHP)</u> Structured day program provided by a hospital under the direction of a physician with frequent nursing and medical supervision. Partial hospitalization has acute level and sub-acute level services.</p>	<p><u>Therapeutic Group Home (TGH)</u> A community-based treatment alternative provided in a structured group home environment. TGH is appropriate for youth requiring specific therapeutic treatment services and social supports which require higher intensity of specific therapeutic services and social supports than are available through traditional outpatient services and exceed the capabilities of support systems for the youth.</p> <p><u>Extraordinary Needs Aide (ENA)</u> Extraordinary needs aide services are additional one-to-one, face-to-face, intensive short-term behavior management and stabilization services provided in the TGH by TGH staff</p> <p><u>Psychiatric Residential Treatment Facility (PRTF)</u> Provides interventions directed at addressing and reducing the specific impairments that led to the admission and at providing a degree of stabilization that permits safe return to the home environment and/or community-based services. A PRTF is a secure residential facility that typically serves 10 or more children and youth and provides 24-hour staff and psychiatrist supervision, and may include individual therapy, group therapy, family therapy, behavior modification, skills development, education, and recreational services.</p> <p><u>Acute Inpatient Hospital</u> Psychiatric facilities that are devoted to the provision of inpatient psychiatric care for persons under the age of 21 for observation, evaluation, and/or treatment. Services are medically oriented and include 24-hour supervision; services may be used for short-term treatment and crisis stabilization. A youth might be admitted to an acute hospital if s/he is considered dangerous to self or others.</p>
--	--	--

Note: Some services can be offered concurrently with other services. Other services have restrictions or exemptions.

Please refer to the Children's Mental Health Bureau Medicaid Provider Manual for requirements.

<https://dphhs.mt.gov/dsd/CMB/Manual>

Figure 10 - Children's mental health treatment services with descriptions.

Adult Mental Health Treatment

The Treatment Bureau manages the delivery of publicly funded mental health services for adults with a mental health diagnosis, primarily focused on individuals with severe and disabling mental illness. Services range from home and community-based services to residential services.

Rehabilitative Services

Rehabilitative services such as Outpatient Therapy, Targeted Case Management, Day Treatment, and Assertive Community Treatment are services intended to help individuals develop and enhance psychiatric stability, social competencies, personal and emotional adjustment, and independent living and community skills. Rehabilitative services are delivered in the community with the goal of maximizing the reduction of mental disability and the restoration of a member to their best possible functional level. The Treatment Bureau managed and funded rehabilitative mental health services for approximately 60,000 adults enrolled in Montana Medicaid in FY 2022.

Severe and Disabling Mental Illness (SDMI) 1915(c) Home and Community Based Services (HCBS)

The SDMI HCBS waiver provides long term supports that are comprised of supportive, independent living, habilitative, and other services. SDMI HCBS services are intended to provide an individual with a SDMI a choice of receiving long term care services in a community setting as an alternative to receiving long term care services in a nursing home setting. The Treatment Bureau currently funds services for 469 adults enrolled in the SDMI HCBS waiver.

Substance Use Treatment

Substance use is a major public health issue in the state of Montana, affecting individuals and families across the lifespan. Over the past decade, BHDD has expanded access to evidence-based treatment and recovery services. Medicaid, Medicaid Expansion, and other innovative programs being implemented in Montana are significantly expanding access to substance use disorder treatment. Montana Medicaid funds an array of community-based treatment programs to provide services to individuals in their own community which spans outpatient, residential, and inpatient services based on the nationally recognized American Society of Addiction Medicine (ASAM) Criteria. The ASAM Criteria is an evidence-based practice that is the most widely used and comprehensive set of guidelines for placement, continued stay, transfer or discharge of individuals with addiction and co-occurring conditions.

BHDD has partnered with DPHHS' Licensure Bureau to further align Montana's substance use disorder treatment services with The ASAM Criteria. In addition, as part of the Healing and Ending Addiction through Recovery and Treatment (HEART) Initiative, BHDD submitted a state plan amendment to the Centers for Medicare and Medicaid Services (CMS) with an October 1, 2022 effective date. This state plan amendment adds the following three levels of care to Montana's Medicaid benefit plan:

- ASAM 3.1: Clinically Managed Low Intensity Residential
- ASAM 3.2: Clinically Managed Residential Withdrawal
- ASAM 3.3: Clinically Managed Population Specific High Intensity Residential

With the addition of these three ASAM Levels of Care, Montana's Medicaid benefit plan will include a comprehensive offering of all ASAM levels of care.

Treatment for Opioid and Stimulant Use Disorders

Although the state has made progress in addressing SUD, more work is required to expand access to SUD prevention and treatment services and prevent drug overdoses. Medication for Opioid Use Disorder (MOUD) utilizes a care team to provide individuals experiencing an Opioid Use Disorder with treatment to reduce or eliminate reliance on opioids. Authorized medications include methadone, buprenorphine, and naltrexone, all of which work to mitigate opioid receptors.

Montana is currently operating seven Treatment for Users of Stimulants (TRUST) pilot sites and three Medication for Opioid Use Disorder (MOUD) sites. Both TRUST and MOUD include Contingency Management (CM) which is currently paid for with the State Opioid Response (SOR) grant. BHDD is working to establish Medicaid reimbursement for Contingency Management within the HEART 1115 Waiver. Contingency Management is an evidence-based treatment for substance use disorders and has demonstrated considerable effectiveness for treating stimulant use disorders and increasing client retention in treatment programs. Contingency Management reinforces positive behaviors by providing small, monetary incentives to individuals who successfully screen negative for stimulants throughout the duration of the program.



Figure 11 - Recovery medication for opioid use disorder.

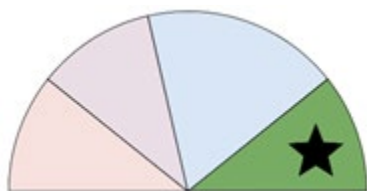


Figure 12 - Recovery section of continuum of care.

RECOVERY

Recovery services provide the ongoing support for individuals to successfully maintain their recovery from substance use and mental illness. Peer support services are a critical resource for individuals in recovery as they are provided by individuals who have lived experience with a mental health or substance use disorder who have successfully maintained their own recovery. Certified Behavioral Health Peer Support Specialists (CBHPSS) guide individuals through their treatment

and recovery processes by providing an additional supportive service based on mutual understanding. CBHPSS trainings are available at no cost to individuals seeking to obtain their certification and services are currently funded by both Medicaid and federal grant funding.

The four major dimensions of recovery include health, home, purpose, and community. Drop-In Centers promote the four dimensions of recovery by providing community-based, recovery-support services in a low-barrier, peer-led setting. Individuals experiencing behavioral health issues, seeking resources, or maintaining their recovery are able to attend support groups and skill development classes, receive supportive services and referrals to other social service providers, establish healthy relationships, and reengage productively within their community. Montana currently has eight Drop-In Centers across the state. BHDD is also leading the process to establish a Montana affiliate of the National Alliance of Recovery Residences (NARR). The affiliate will certify recovery residences that meet the standards established by NARR so individuals in need of safe, substance-free, community-based housing can access quality services.

SUICIDE PREVENTION PROGRAM

In 2007, MCA 53-21-1101 established a suicide prevention coordinator attached to the Director's Office of DPHHS. Since then, the position has been reassigned to the BHDD Division and over the last decade has been working with stakeholders across the state to bring the issue of suicide to the forefront and ensure that suicide prevention efforts in Montana are informed by national research and current best practices.

A list of resources implemented or expanded through the suicide prevention program in the past biennium includes:

Implementation of the 988 Crisis Line

The national suicide prevention Lifeline was changed from 1-800-273-8255 to 988 on July 16, 2022. 988 is more than just an easy-to-remember number, it's a direct connection to compassionate, accessible care and support for anyone experiencing mental health-related distress. People can also dial 988 if they are worried about a loved one who may need crisis support.

Montana currently has three regional crisis call centers that receive approximately 10,000 calls a year. Over the past six months, there has been a 30% increase in calls with 98% of all calls being handled in-state. Over the past year, the answer time rate has dropped from 32 seconds to 13 seconds with approximately 72% of calls having the issue resolved on the phone.

Montana Zero Suicide Grant

Based on research that shows the majority of people who attempt suicide had seen a health care professional within a month of their attempt, Zero Suicide is a systematic approach to identifying and addressing suicidality within the larger healthcare system. The goals of Montana's Zero Suicide grant include:

- Establishing a suicide care policy promoting suicide safe care as an organizational priority.
- Creating a confident and competent workforce where at-risk individuals are identified.
- Ensuring all patients who are at risk receive immediate, safe and personalized treatment

Accomplishments to date:

- All-site calls have led to a good exchange of information between Tribal Health Facilities and Urban Indian Health Centers.
- Trainings have been done with all partners
- Tribal Consultation has led to increased collaboration between the state and Tribal Partners, which has led to more partners
- NativeWellness Life, a Native owned magazine, has been a strong conduit of education, outreach and support
- Facilities have been creative: having Zoom classes in ribbon skirt making and beading, supporting individual patients with the ability to have fresh food grown at home, and the development of community gardens.
- Partners have developed clear policies and procedures and trained all staff to support their patients that may be at risk of suicide.

Rural Community Suicide Postvention Toolkit

In collaboration with Columbia University, a postvention toolkit is meant to be used after a suicide occurs in a local community. It provides a series of action steps that a community can take to safely offer support and reduce the risk of additional suicides from occurring in their community. These efforts are collectively referred to as **suicide postvention** because the response occurs after a suicide has happened.

Suicide Prevention Toolkit for Primary Care Physicians

Suicide assessment and intervention training designed for healthcare providers practicing in rural communities.

- Training provided every semester for college students in nursing, P.A., social work, counseling, and psychology.
- Project ECHO for pediatricians
- Training at numerous medical conferences
- Training for the Montana Medical Association
- Collaboration with the National Council for Mental Wellbeing to provide train-the-trainer in Suicide Safe Care so that Montana has over 80 trainers around the state.

Suicide Prevention Trainings

Over the biennium, more than 2,900 community members, employers, first responders, educators, and others were trained in suicide awareness. In addition, **1,900** healthcare and behavioral health providers were trained in suicide risk assessment and intervention.

Community Suicide Prevention Grants

Through HB118 passed in 2017, \$500,000 in community grants are awarded annually to entities around the state that provide research-based interventions to identify risk, increase resiliency skills, and increase suicide awareness in high-risk populations. The high-risk populations include American Indians, veterans, youth, LGBTQ+, individuals with SUD, individuals with chronic pain, and middle-aged men.

DEVELOPMENTAL DISABILITIES PROGRAM

The mission of the Developmental Disabilities Program (DDP) is to create a system that coordinates resources and supports and provides services for individuals to have meaningful lives in their communities. DDP offers community based developmental disability services for individuals throughout their lifetime.

DDP managed and funded services for 3,320 Montanans with developmental disabilities in FY 2022. Services are primarily delivered through Medicaid waiver and State Plan services. Of the 3,386 individuals served by DDP in FY 2022, 99.7% received a community-based service. DDP serves the entire continuum of developmental disability needs from individuals who require minimal support to thrive in the community to individuals with very intensive needs who require 24-hour care.

Home and Community Based Services Waiver

The DDP's Home and Community Based Service (HCBS) Waiver is the 0208 Comprehensive Waiver (HCBS DD). This waiver is designed to support successful community living for individuals with developmental disabilities and offers an important alternative to institutionalization. The 0208 Waiver includes 32 separate services such as supported living and other residential services, behavioral support, employment support, day program services and transportation.

The DDP serves around 2,500 Montanans with a developmental disability through the HCBS DD waiver. These services are in addition to the standard Medicaid benefit package. The services an individual receives and the cost of those services range significantly depending on the needs of the individual. The DD waiver is designed to meet a wide variety of needs for the duration of the individual's life.

Developmental Disabilities Program Member Success Story

"I like the quiet, and my favorite part of my day is drinking coffee with staff," is what Logan says about living a life with greater independence.

With a lot of hard work on developing independence skills and advocacy for himself, Logan moved out of the group home and into his own apartment with reduced direct supports.

This adjustment required Logan to start using his cell phone to reach out, and a lot of reaching out he did, initially!

Logan learned WHEN he should reach out and how often. With more hard work he learned how and when to text his questions and needs. Logan has since texted the manager Megan, not with a question or a concern but rather just a text wishing her a good day.



Figure 13 - Image of Logan.

Medicaid State Plan Services

Targeted Case Management (TCM) is available to individuals of any age that are enrolled in DDP Waiver services, as well as individuals ages 16 and older who have been determined eligible for the Developmental Disabilities Program. TCM services are comprehensive and include assessment of an eligible individual, development of a specific care plan, referral to services, and monitoring of those services. These services are delivered across the state by either a DDP-employed Case Manager or a Contracted Case Manager. Approximately 3,100 individuals statewide are currently enrolled in TCM for individuals with Developmental Disabilities.

Applied Behavioral Analysis (ABA) is a type of therapy that can improve social, communication, and learning skills through positive reinforcement. This therapy is provided by a licensed Board-Certified Behavior Analyst (BCBA). BHDD utilized significant stakeholder input to make changes to these services with a goal of reducing barriers by putting more choice and control in the hands of families and providers. As a result of these changes, BHDD anticipates an increase in utilization and number of members served in the next biennium. Montana Medicaid members may now be eligible for ABA services with the following diagnoses:

- Autism Spectrum Disorder (ASD) (the member is no older than 20 years of age).
- Serious Emotional Disturbance (SED) (the member is no older than 17 years of age or the member is no older than 20 years of age and enrolled in an accredited secondary school and meet certain functional impairment criteria).
- Intellectual and/or Developmental Disability (defined as having been deemed eligible for the receipt of state sponsored developmental disabilities services and no older than 20 years of age) and meet certain functional impairment criteria.

HIGHLIGHTS AND ACCOMPLISHMENTS DURING THE 2023 BIENNIUM

HEALING AND ENDING ADDICTION THROUGH RECOVERY AND TREATMENT (HEART)

Governor Gianforte’s HEART Initiative, included in HB 701, seeks to invest significant state and federal funding to expand the state’s behavioral health continuum to:

- Expand efforts to strengthen state’s evidence-based behavioral health continuum of care for individuals with a SUD, Serious Mental Illness (SMI), or a Serious Emotional Disturbance (SED);
- Enable prevention and earlier identification of behavioral health issues; and
- Monitor the quality of care delivered to members with behavioral health needs across all settings through improved data collection and reporting.

The HEART initiative refers to the package of programs and services that will be provided using HEART funding, Medicaid state plan, and the substance abuse block grant. The HEART waiver is specifically one piece of the HEART initiative and refers to the 1115 behavioral health waiver for which BHDD has applied.

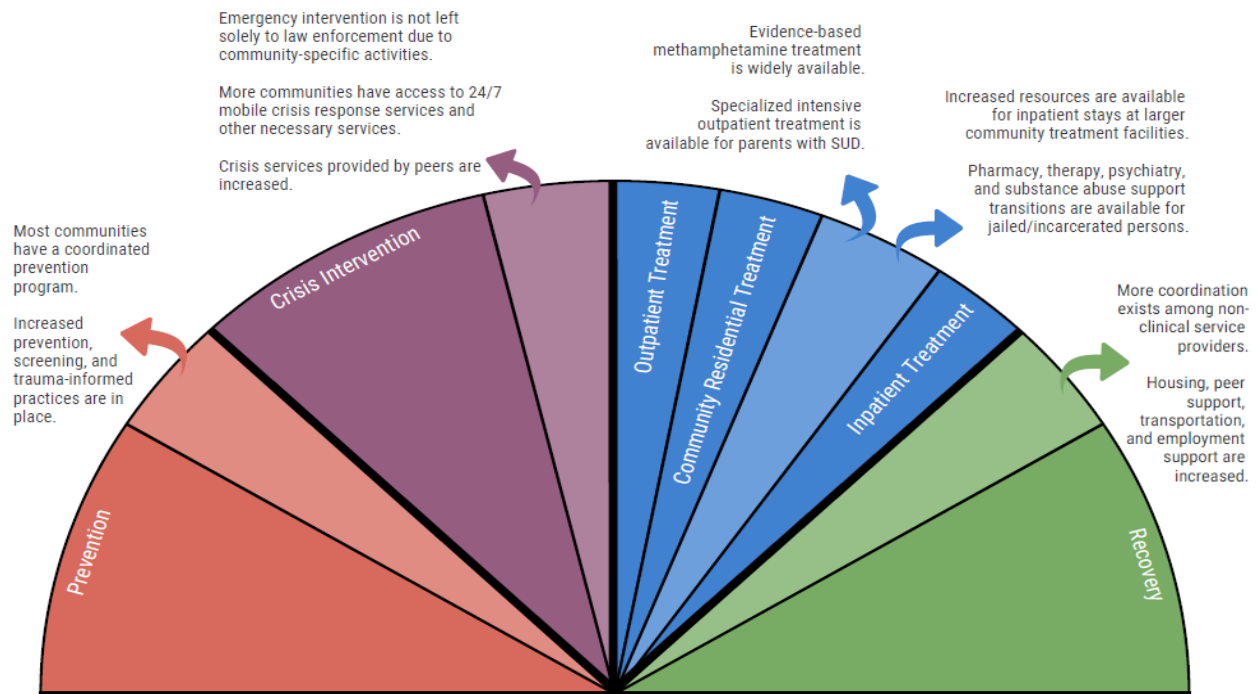


Figure 14 - Continuum of care with resource information.

Through the HEART Initiative, BHDD has expanded services and supports across the state using a variety of methods.

Grants to Tribes

The HEART funding provided \$500,000 in grants to be issued directly to Tribal Nations each year for substance use disorder (SUD) prevention; mental health promotion; mental health crisis, treatment, and recovery services; and tobacco prevention and cessation. Tribal Nations are in their second year of grants. DPHHS will receive an annual report from each Tribal Nation with specific details of how the funds were utilized according to the goals.

Grants to jails

Local county and tribal detention facilities had the opportunity to apply for grants to support the implementation of a comprehensive behavioral health continuum within their facilities. The Department funded seven counties with two-year grants to implement jail-based behavioral health therapy, Certified Behavioral Health Peer Support Services, care coordination, medication management, and Medication for Opioid Use Disorder Treatment. Funding available each year included \$1,100,000 in HEART funding and \$500,000 in substance use block grant funding.

Medicaid State Plan Services

BHDD submitted a state plan amendment effective October 1, 2022, to align our substance use disorder treatment services with The ASAM Criteria. Centers for Medicare and Medicaid Services approved this amendment in December, 2022. There are three levels of care of the American Society of Addiction Medicine (ASAM) which Montana Medicaid is proposing to add to the state plan.

- ASAM 3.1: Clinically Managed Low Intensity Residential Services
- ASAM 3.2: Clinically Managed Residential Withdrawal Management
- ASAM 3.3: Clinically Managed Population-Specific High Intensity Residential Services

BHDD also proposed changes to the crisis system in the amendment, including separating crisis stabilization into two tiers: crisis receiving and crisis stabilization. Crisis receiving services are intended for individuals who can be stabilized in less than 24 hours. Crisis Stabilization services are for those individuals who require observation and stabilization lasting beyond 24 hours.

Community mobile crisis intervention services are a critical part of states' crisis and behavioral health systems of care. BHDD collaborated with the Western Commission for Higher Education to complete a statewide assessment to provide recommendation regarding:

- Development of additional mobile crisis teams including outlining what types of mobile crisis services will work, particularly in rural and frontier areas;
- Considerations regarding how licensing and reimbursement structures can facilitate statewide mobile crisis coverage; and
- Necessary changes to policy landscapes.

BHDD intends to file a state plan amendment to add mobile crisis response services as a Medicaid service.

HEART 1115 Demonstration Waiver

On October 1, 2021, DPHHS submitted a Section 1115 Demonstration Waiver (HEART Waiver) to the Centers for Medicare and Medicaid to build upon the strides made by the state over the last decade to establish a comprehensive continuum of behavioral health services for Medicaid members. The HEART Waiver is a critical component of the state's commitment to expand coverage and access to prevention, crisis intervention, treatment and recovery services through the HEART Initiative.

The HEART Waiver application was bifurcated, and the first piece of the Demonstration was approved July 1, 2022. The first approval granted expenditure authority to allow Medicaid reimbursement for short-term SUD treatment at Institutions of Mental Disease (IMD). There are currently two facilities providing treatment (ASAM 3.5 - Clinically Managed High Intensity Residential Services) under this authority:

- Rimrock, Billings, MT - licensed for 40 residential beds.
- Badlands Treatment Center, Glendive, MT - licensed for 32 residential beds.

Through the HEART Waiver, DPHHS is also seeking to add new Medicaid Services which include:

Contingency Management: Contingency Management is a best practice, outpatient treatment model for Medicaid members ages 18 and older with stimulant use disorder (e.g., cocaine, methamphetamine, and similar drugs). Contingency Management is a behavioral-modification method that provides immediate reinforcement for individuals adhering to the goals of the program. The contingency management program provides small rewards to individuals who screen negative for stimulants.

Tenancy support: Tenancy support services is a program to assist Medicaid members ages 18 and older with SUD, SMI, or SED, who are experiencing chronic homelessness or frequent housing instability and frequently engage with crisis systems and institutional care. Tenancy support services will include pre-tenancy supports and tenancy sustaining services to support an individual's ability to prepare for and transition to housing, as well as assisting individuals in maintaining services once housing is secured.

Targeted Medicaid re-entry services: Targeted Medicaid re-entry services are provided to *justice-involved individuals from Montana state prisons* in the 30 days prior to release. Re-entry services include limited community-based clinical consultation services provided in-person or via telehealth, in-reach care management services, Medication Assisted Treatment (MAT) for all types of SUDs, and a 30-day supply of medication for reentry into the community. Individuals will also receive coverage of certain medications that include long acting or depot preparations for chronic conditions (e.g., schizophrenia, SUD); acute withdrawal medications; or suppressive, preventive or curative medications, include PrEP and PEP (HIV, HCV, and SUD) that will facilitate maintenance of medical and psychiatric stability upon release.

CHILDREN'S MENTAL HEALTH TARGETED CASE MANAGEMENT EVALUATION

During a significant overhaul of Targeted Case Management (TCM) in 2020, the Children's Mental Health Bureau (CMHB) designed its TCM model to emphasize assisting and empowering families of children with SED to obtain the necessary services to remain in school, at home, and out of trouble. Together, the CMHB and the University of Montana's Center for Children, Families, and

Workforce Development (the Center) developed the following evaluation objectives: manage fidelity to program model, with an emphasis on family engagement, demonstrate effectiveness of TCM, and provide actionable recommendations for improvements to the program or further evaluation.

Through the evaluation, the Center offered 19 actionable recommendations for the improvement and further evaluation of the CMHB TCM System in five broad categories: Claims Data, MHSIP Data, HB 583/589, Fidelity to Program Standards, and CASII/ECSII.

CMHB has evaluated and prioritized implementation of these recommendations beginning with the development of a Fidelity to Family Engagement Tool which will be used to perform quality reviews to promote and measure quality family engagement and utilization of the “golden thread.” The golden thread is the consistent inclusion of relevant clinical and environmental information throughout all stages of mental health treatment. Beginning at intake and assessment through the utilization of the CALOCUS/CASII functional assessment, clinical assessment, and needs assessment, the family and youth’s strengths, preferences, and needs should be clearly identified in treatment plans.

Fidelity Marker	Rule/ Authority	Not yet	Emerging	Developing	Proficient	Advanced
Treatment Planning	37.87.823 (5) Case management plans for youth with SED must be completed within the first 21 days of admission to targeted case management services and updated at least every 90 days or whenever there is a significant change to the youth’s condition. The case management plan must: (a) use the standardized assessment tool approved by the department to determine the appropriate level of service intensity needed by the youth and the youth’s family or caregivers; (b) incorporate standardized assessment tool findings into the plan; (e) identify the strengths of the youth and the youth’s family or caregivers	Treatment plans do not exist or are clearly electronically cloned and lack any level of individualization.	Treatment plan is in place but not highly individualized. Generic treatment goals utilized across client groups. No indication that treatment plan is driven by treatment team including youth served, family or caregivers.	Treatment plan sections are completed and minimally include crises (urgent and emergent needs and planning), strengths, natural supports, support of family and caregivers, and at least 1 goal clearly linked to functional assessment.	Plan identifies specific skills to be developed. Plan is based on assessed strengths. Plan utilizes CASII scores and dimensions to determine appropriate areas of priority and determine the appropriate level of service intensity needed by the youth and the youth’s family or caregivers.	There is a clear link between assessment information and all treatment plan goals. All treatment goals are definable, measurable and data is collected to demonstrate attainment The plan is regularly updated (every 90 days) in a way that reflects use of data, ongoing assessment and developing strengths and skills The family and caregiver skills needed to case manage themselves are identified and targeted as goals.

Figure 15 – Sample from Fidelity to Family Engagement Audit Tool. Credit: University of Montana

OUT OF STATE PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY QUALITY ASSURANCE AND CLINICAL OVERSIGHT

In the fall of 2022, CMHB implemented a process for quality audit reviews (QAR) to ensure quality care of youth receiving treatment in out of state Psychiatric Residential Treatment Facilities (PRTF). QAR relates to all aspects of care provision and management in-line with best practices, applicable Administrative Rules of Montana, Code of Federal Regulations, and the CMHB Provider Manual.

The purpose of the QAR is to monitor compliance of rules and regulations, support provider education, review of quality treatment by licensed clinicians, and review of psychiatric medication prescribing practices. Each quarter a random sampling of youth receiving treatment in out of state

PRTFs are selected. The clinical team requests and reviews clinical files for selected youth with an established and consistent evaluation tool and makes recommendations that may include provider education or corrective action plans.

The Children’s Mental Health Bureau provides care coordination and oversight to youth who are placed in out of state PRTFs when in state providers are not able to meet their mental health needs.

In addition to QARs, each Montana youth is assigned a care coordinator at admission to a PRTF. The care coordinators are licensed mental health professionals and a valuable resource to treatment planning teams. Care coordination activities include navigating Montana medical necessity criteria, educating treatment teams on resources and treatment options available for youth, and collaborating on discharge planning. The care coordinators also engage in any follow up recommended through the QAR.

DEVELOPMENTAL DISABILITIES PROGRAM FAMILY ENGAGEMENT INITIATIVES

National Core Indicators

DDP began using National Core Indicators (NCI) in July 2021. NCI is a collaborative effort between the National Association of State Directors of Developmental Disabilities Services (NASDDDS) and the Human Services Research Institute (HSRI). The purpose of the program, which began in 1997, is to support State Developmental Disabilities agencies to gather a standard set of performance and outcome measures that can be used to track their own performance over time, to compare results across states, and to establish national benchmarks.

In Montana’s first year of membership, DDP utilized the Adult Family Survey, Child Family Survey, and Staff Stability survey. In the second year of membership, DDP deployed Quality Improvement Specialists to meet directly with individuals in services to gather feedback through the in-person NCI survey. These survey results will be analyzed to provide important information to DDP which will be used to look at outcomes, set priorities, and develop policies.

Family to Family

Beginning in 2021, DDP began partnering with Family to Family (F2F), which is Montana’s Family Health Information Center. F2F is housed in the Rural Institute for Inclusive Communities on the University of Montana Campus. This collaboration provides an important opportunity for DDP to provide information directly to

“Montana families of children with disabilities and healthcare challenges need information about available services, presented in family-friendly language with the opportunity to ask questions. The Developmental Disabilities Program has made unprecedented effort this past year to ensure families and their case managers are knowledgeable about DDP services.

DDP leadership has been responsive and available to help navigate particularly complex family situations, and the implementation of regular PoP (Partnering our Programs) meetings has meant more direct family engagement than ever before. The clear result is better service for Montana’s most vulnerable children, and more informed case managers serving them.”

Shawna Hanson, F2F Outreach Coordinator

individuals in services and their family members as well as obtain feedback from this important part of the service delivery system. To date, DDP and F2F have conducted six evening presentation/listening sessions with more planned.

EFFICIENCIES AND COST SAVINGS

ESTABLISHMENT OF THE BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES DIVISION

The merger of the AMDD and DSD into the BHDD has created many efficiencies in operations, communications, and provider relations. In addition to administering services across the entire behavioral health continuum, it has provided the opportunity for the Prevention and Treatment Bureaus and the Children's Mental Health Bureau to work more cohesively on programs which impact children, such as PAX Good Behavior Game. The Children's Mental Health Bureau has also worked closely with the Prevention and Treatment Bureaus to fund programs aligning with the goals and priorities of the Children's Mental Health Bureau such as enhancing family engagement, outcome measurement, and data driven decision making. During the biennium the Children's Mental Health Bureau funded several important projects with the SAMHSA block grants including Targeted Case Management Evaluation, innovation grants and learnings collaboratives on family engagement, and a children's behavioral health focused community health worker pilot program.

REGULATORY REFORM INITIATIVES

BHDD has participated in the Department's implementation of the Regulatory Reform Initiative (RRI). During Phase 1, BHDD inventoried and reviewed over 300 administrative rules to identify areas to reduce regulatory burdens and inefficiencies for our providers so that they can focus more time delivering services to Montanans. BHDD is currently contributing to Phase 3 of the Department's RRI which consists of implementation of high-priority rule reform.

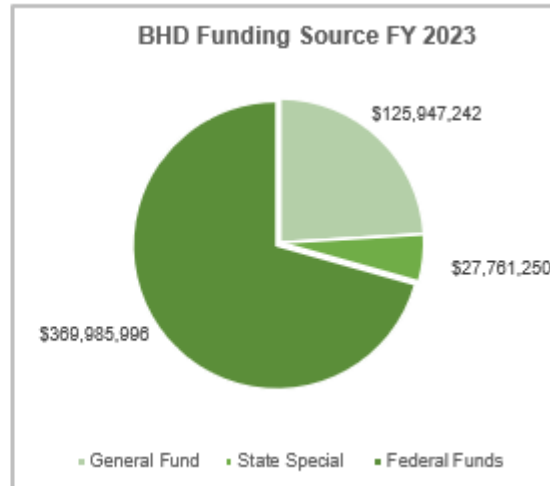
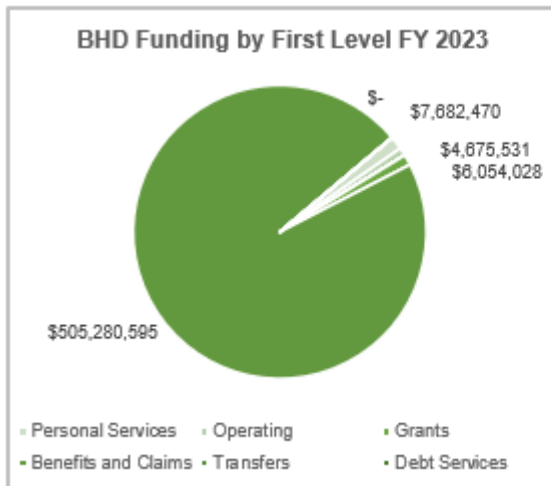
Complementary to the RRI, DDP has worked with a group of stakeholders since 2019 to reduce administrative burden within the DDP system. Areas the group has currently prioritized to streamline are the Incident Management Policy and the Personal Support Plan Policy. This work group meets monthly to continuously identify and reduce unnecessary regulations.

CROSS SYSTEM COLLABORATION

Successful cross system collaboration is an important tool in efficiently and effectively serving members who are eligible for multiple programs across the Department. This type of collaboration not only results in better outcomes for our members, but also results in opportunities for cost savings by leveraging the most cost-efficient service or funding stream. BHDD staff have steadily increased opportunities to collaborate with partner agencies over the biennium. Some examples include improved coordination of HCBS Waiver Applications between CFSD and BHDD, clinical staffing of youth involved with CFSD who are at risk of out of home treatment, and the development of a Memorandum of Understanding between Vocational Rehabilitation and DDP.

FUNDING AND FTE INFORMATION

BEHAVIORAL HEALTH DEVELOPMENT	FY 2023 Budget	FY 2024 Request	FY 2025 Request
FTE	104	116	116
Personal Services	\$7,682,470	\$9,283,670	\$9,341,684
Operating	\$4,675,531	\$4,903,428	\$4,963,064
Grants	\$6,054,028	\$7,878,514	\$7,878,514
Benefits and Claims	\$505,280,595	\$487,661,005	\$520,454,836
Transfers	\$0	\$0	\$0
Debt Services	\$1,864	\$1,864	\$1,864
TOTAL COSTS	\$523,694,488	\$509,728,481	\$542,639,962
	FY 2023 Budget	FY 2024 Request	FY 2025 Request
General Fund	\$125,947,242	\$121,795,681	\$130,534,571
State Special Fund	\$27,761,250	\$39,879,117	\$40,484,068
Federal Fund	\$369,985,996	\$348,053,683	\$371,621,323
TOTAL FUNDS	\$523,694,488	\$509,728,481	\$542,639,962



CHANGE PACKAGES

PRESENT LAW ADJUSTMENTS

SWPL 1 – Personal Services

The request includes \$658,656 in FY 2024 and \$702,204 in FY 2025 to annualize various personal services costs including FY 2023 statewide pay plan, benefit rate adjustments, longevity adjustments related to incumbents in each position at the time of the snapshot, and vacancy savings.

	General Fund	State Special	Federal Funds	Total Request
FY 2024	\$406,229	(\$247,289)	\$499,716	\$658,656
FY 2025	\$425,488	(\$245,300)	\$522,016	\$702,204
Biennium Total	\$831,717	(\$492,589)	\$1,021,732	\$1,360,860

SWPL 3 – Inflation Deflation

The request includes an increase of \$197,362 in FY 2024 and \$259,708 in FY 2025 to reflect budgetary changes generated from the application of inflation to specific expenditure accounts. Affected accounts include those associated with supplies & materials, communications, repair & maintenance, state motor pool, and other services.

	General Fund	State Special	Federal Funds	Total Request
FY 2024	\$99,131	\$10,712	\$87,519	\$197,362
FY 2025	\$130,402	\$14,208	\$115,098	\$259,708
Biennium Total	\$229,533	\$24,920	\$202,617	\$457,070

PL 10002 – SABG Restore Base Benefits Services BHDD

This present law adjustment requests an increase in federal funds of \$1,190,228 for the biennium. This change package maintains existing services for Substance Abuse Block Grant in the Behavioral Health and Developmental Disabilities Division.

	General Fund	State Special	Federal Funds	Total Request
FY 2024	\$0	\$0	\$595,114	\$595,114
FY 2025	\$0	\$0	\$595,114	\$595,114
Biennium Total	\$0	\$0	\$1,190,228	\$1,190,228

PL 10003 – MHBG Restore Base Benefits Services BHDD

This present law adjustment requests an increase in federal funds of \$2,832,418 for the biennium. This change package maintains existing services for the Mental Health Block Grant Program in the Behavioral Health and Developmental Disabilities Division.

	General Fund	State Special	Federal Funds	Total Request
FY 2024	\$0	\$0	\$1,416,209	\$1,416,209
FY 2025	\$0	\$0	\$1,416,209	\$1,416,209
Biennium Total	\$0	\$0	\$2,832,418	\$2,832,418

PL 10891 – Medicaid Expansion Core Services AMH BHDD

This present law adjustment is necessary to fund the caseload growth in the Behavioral Health and Developmental Disabilities Division. This request covers the increase in the number of eligible individuals, utilization, acuity levels, and cost per service for medical care. This change package requests \$34,657,613 in total funds for the biennium including \$3,465,761 in general fund and \$31,191,852 in federal funds.

	General Fund	State Special	Federal Funds	Total Request
FY 2024	\$1,647,215	\$0	\$14,824,935	\$16,472,150
FY 2025	\$1,818,546	\$0	\$16,366,917	\$18,185,463
Biennium Total	\$3,465,761	\$0	\$31,191,852	\$34,657,613

PL 10892 – Medicaid Waiver Expansion Services BHDD

This present law adjustment is necessary to fund the caseload growth in the Behavioral Health and Developmental Disabilities Division. This request covers the increase in the number of eligible individuals, utilization, acuity levels, and cost per service for medical care. This change package requests \$243,032 in total funds for the biennium including \$24,303 in general fund and \$218,729 in federal funds.

	General Fund	State Special	Federal Funds	Total Request
FY 2024	\$11,867	\$0	\$106,806	\$118,673
FY 2025	\$12,436	\$0	\$111,923	\$124,359
Biennium Total	\$24,303	\$0	\$218,729	\$243,032

PL 10990 – Medicaid Waiver Services AMH BHDD

This present law adjustment is necessary to fund a caseload reduction in the Behavioral Health and Developmental Disabilities Division. The decrease in the number of eligible individuals, utilization, acuity levels, and cost per service for medical care. This change package reduces \$6,623,437 in total funds for the biennium including reductions of \$548,194 in general fund, \$1,828,295 in state special, and \$4,246,948 in federal funds.

	General Fund	State Special	Federal Funds	Total Request
FY 2024	(\$274,097)	(\$1,207,367)	(\$2,623,452)	(\$4,104,916)
FY 2025	(\$274,097)	(\$629,548)	(\$1,614,876)	(\$2,518,521)
Biennium Total	(\$548,194)	(\$1,836,915)	(\$4,238,328)	(\$6,623,437)

PL 10991 – Medicaid Core Services DSD BHDD

This present law adjustment is necessary to fund a caseload reduction in the Behavioral Health and Developmental Disabilities Division. The change in the number of eligible individuals, utilization, acuity levels, and cost per service for medical care. This change package reduces \$18,275,667 in total funds for the biennium including reductions of \$6,557,310 in general fund and \$11,718,357 in federal funds.

	General Fund	State Special	Federal Funds	Total Request
FY 2024	(\$4,491,657)	\$0	(\$7,954,055)	(\$12,445,712)
FY 2025	(\$2,091,788)	\$0	(\$3,738,167)	(\$5,829,955)
Biennium Total	(\$6,583,445)	\$0	(\$11,692,222)	(\$18,275,667)

PL 10992 – Medicaid Waiver Services DSD BHDD

This present law adjustment is necessary to fund a caseload reduction in the Behavioral Health and Developmental Disabilities Division. The change in the number of eligible individuals, utilization, acuity levels, and cost per service for medical care. This change package reduces \$25,303,366 in total funds for the biennium including reductions of \$9,078,848 in general fund and \$16,224,518 in federal funds.

	General Fund	State Special	Federal Funds	Total Request
FY 2024	(\$5,106,184)	\$0	(\$9,042,290)	(\$14,148,474)
FY 2025	(\$4,002,375)	\$0	(\$7,152,516)	(\$11,154,891)
Biennium Total	(\$9,108,559)	\$0	(\$16,194,806)	(\$25,303,365)

PL 10993 – Medicaid Federal Services DSD BHDD

This present law adjustment is necessary to fund a caseload reduction in the Behavioral Health and Developmental Disabilities Division. The change in the number of eligible individuals, utilization, acuity levels, and cost per service for medical care. This change package reduces \$55,723,288 in federal funds over the biennium.

	General Fund	State Special	Federal Funds	Total Request
FY 2024	\$0	\$0	(\$28,637,191)	(\$28,637,191)
FY 2025	\$0	\$0	(\$27,086,097)	(\$27,086,097)
Biennium Total	\$0	\$0	(\$55,723,288)	(\$55,723,288)

PL 10994 – Medicaid Federal Services AMH BHDD

This present law adjustment is necessary to fund the caseload growth in the Behavioral Health and Developmental Disabilities Division. This request covers the increase in the number of eligible individuals, utilization, acuity levels, and cost per service for medical care. This change package requests \$417,052 in total federal funds for the biennium.

	General Fund	State Special	Federal Funds	Total Request
FY 2024	\$0	\$0	\$208,526	\$208,526
FY 2025	\$0	\$0	\$208,526	\$208,526
Biennium Total	\$0	\$0	\$417,052	\$417,052

PL 10995 – Medicaid Waiver FMAP Adjustment AMH BHDD

This present law adjustment is necessary to maintain existing services for the Adult Mental Health Waiver Program in the Behavioral Health and Developmental Disabilities Division. The biennial funding increases state special funds by \$553,510 and includes an offsetting decrease in federal funds. The total cost for the program does not change.

	General Fund	State Special	Federal Funds	Total Request
FY 2024	\$0	\$311,914	(\$311,914)	\$0
FY 2025	\$0	\$241,596	(\$241,596)	\$0
Biennium Total	\$0	\$553,510	(\$553,510)	\$0

PL 10996 – Medicaid Core FMAP Adjustment AMH BHDD

This present law adjustment is necessary to maintain existing services for the Developmental Disabilities Waiver Program in the Behavioral Health and Developmental Disabilities Division. The biennial funding increases general fund by \$3,071,306 and includes an offsetting decrease in federal funds. The total cost for the program does not change.

	General Fund	State Special	Federal Funds	Total Request
FY 2024	\$1,694,224	\$0	(\$1,694,224)	\$0
FY 2025	\$1,377,152	\$0	(\$1,377,152)	\$0
Biennium Total	\$3,071,376	\$0	(\$3,071,376)	\$0

PL 10997 – Medicaid Waiver FMAP Adjustment DSD BHDD

This present law adjustment is necessary to maintain existing services for the Adult Mental Health Program in the Behavioral Health and Developmental Disabilities Division. The biennial funding increases general fund by \$100,711, state special funds by \$7,611, and reduces federal funds by \$108,322. The total cost for the program does not change.

	General Fund	State Special	Federal Funds	Total Request
FY 2024	(\$212,433)	\$597,846	(\$385,413)	\$0
FY 2025	\$313,144	(\$590,235)	\$277,091	\$0
Biennium Total	\$100,711	\$7,611	(\$108,322)	\$0

PL 10998 – Medicaid Core FMAP Adjustment DSD BHDD

This present law adjustment is necessary to maintain existing services for the Children's Mental Health Program in the Behavioral Health and Developmental Disabilities Division. The biennial funding increases general fund by \$2,060,034 and includes an offsetting decrease in federal funds. The total cost for the program does not change.

	General Fund	State Special	Federal Funds	Total Request
FY 2024	\$1,152,226	\$0	(\$1,152,226)	\$0
FY 2025	\$907,808	\$0	(\$907,808)	\$0
Biennium Total	\$2,060,034	\$0	(\$2,060,034)	\$0

PL 10999 – Medicaid Core Services AMH BHDD

This present law adjustment is necessary to fund the caseload growth in the Behavioral Health and Developmental Disabilities Division. This request covers the increase in the number of eligible individuals, utilization, acuity levels, and cost per service for medical care and adjust the fund switch. This change package requests \$979,781 in total funds for the biennium including an increase of \$2,465,791 in state special and also \$628,235 in federal funds while reducing general fund by \$2,114,245.

	General Fund	State Special	Federal Funds	Total Request
FY 2024	(\$646,178)	\$560,041	(\$152,537)	(\$238,674)
FY 2025	(\$291,133)	\$728,315	\$781,273	\$1,218,455
Biennium Total	(\$937,311)	\$1,288,356	\$628,736	\$979,781

NEW PROPOSALS

NP 10001 – FTE Request BHDD

This new proposal requests 11.00 FTE to conduct waiver assurance activities to complete required federal reporting in the Behavioral Health and Developed Disorder Division. In the 2021 Session, 11.00 FTE compliance specialists were removed from the budget. These positions facilitate incident management investigations to ensure health and safety of waiver members. The requested FTE will be filled by individuals currently in temporary positions. This change package requests \$1,778,672 in total funds over the biennium, including \$889,336 in general funds and \$889,336 in federal funds.

	General Fund	State Special	Federal Funds	Total Request
FY 2024	\$441,101	\$0	\$441,102	\$882,203
FY 2025	\$448,234	\$0	\$448,234	\$896,468
Biennium Total	\$889,335	\$0	\$889,336	\$1,778,671

NP 10004 – School Based Medical Services CSCT Admin

This new proposal requests \$18,259,926 and 1.00 FTE to administer the Comprehensive School and Community Treatment program (CSCT) in the Behavioral Health and Developmental Disorders Division. HB 671 from the 2021 Session, moved the administration of the CSCT program to the Office of Public Instruction for the 2023 Biennium on a one-time basis. The biennial funding includes state special funds of \$8,851,077 in FY 2024 and \$9,408,849 in FY 2025.

	General Fund	State Special	Federal Funds	Total Request
FY 2024	\$45,438	\$8,851,077	\$45,438	\$8,941,953
FY 2025	\$44,183	\$9,408,849	\$44,184	\$9,497,216
Biennium Total	\$89,621	\$18,259,926	\$89,622	\$18,439,169

NP 10005 – Heart Fund Increase

This new proposal requests \$16,664,664 in biennial funding in the Behavioral Health and Developmental Disorders Division to increase provide additional support to the Helping End Addiction Through Recovery and Treatment (HEART) fund. Additional funding comes from additional transfers from cannabis tax revenue. This change package includes a reduction of \$1,000,000 in general fund, and increases of \$6,000,000 in state special revenue, and \$6,332,332 in matching federal funds in each year of the biennium. This change package is contingent on passage and approval of (LCXXX).

	General Fund	State Special	Federal Funds	Total Request
FY 2024	(\$1,000,000)	\$3,000,000	\$6,332,332	\$8,332,332
FY 2025	(\$1,000,000)	\$3,000,000	\$6,332,332	\$8,332,332
Biennium Total	(\$2,000,000)	\$6,000,000	\$12,664,664	\$16,664,664

NP 10015 – Prov Rate Adj - Medicaid Core

This new proposal requests \$8,492,488 over the biennium for provider rate adjustments. For provider types that were included in the 2023 Biennium provider rate study, the requested increase is a portion of the study’s rate proposals. The requested increase for providers not included in the provider rate study is estimated at 4% in FY 2024 and an additional 4% in FY 2025. Those providers eligible for the statutory increases in 53-6-125, MCA, are not captured in this proposal as their adjustment is already included in the Medicaid caseload change packages. Funding for additional one-time-only provider rate adjustments intended to stabilize the care delivery system post-pandemic is included in CP 4444. The biennial request includes \$2,994,125 in general funds, \$57,586 in state special revenue, and \$5,440,777 in federal funds.

	General Fund	State Special	Federal Funds	Total Request
FY 2024	\$779,858	\$11,715	\$1,401,758	\$2,193,331
FY 2025	\$2,214,267	\$45,871	\$4,039,019	\$6,299,157
Biennium Total	\$2,994,125	\$57,586	\$5,440,777	\$8,492,488

NP 10016 – Prov Rate Adj - Medicaid Waiver

This new proposal requests \$18,024,561 over the biennium for provider rate adjustments. For provider types that were included in the 2023 Biennium provider rate study, the requested increase is a portion of the study’s rate proposals. The requested increase for providers not included in the provider rate study is estimated at 4% in FY 2024 and an additional 4% in FY 2025. Those providers eligible for the statutory increases in 53-6-125, MCA, are not captured in this proposal as their adjustment is already included in the Medicaid caseload change packages. Funding for additional one-time-only provider rate adjustments intended to stabilize the care delivery system post-pandemic is included in CP 4444. The biennial request includes \$5,497,223 in general funds, \$978,280 in state special revenue, and \$11,549,058 in federal funds.

	General Fund	State Special	Federal Funds	Total Request
FY 2024	\$1,195,606	\$229,218	\$2,523,152	\$3,947,976
FY 2025	\$4,301,617	\$749,062	\$9,025,906	\$14,076,585
Biennium Total	\$5,497,223	\$978,280	\$11,549,058	\$18,024,561

NP 10017 – Prov Rate Adj - Medicaid Federal

This new proposal requests \$3,004,660 over the biennium for provider rate adjustments. For provider types that were included in the 2023 Biennium provider rate study, the requested increase is a portion of the study’s rate proposals. The requested increase for providers not included in the provider rate study is estimated at 4% in FY 2024 and an additional 4% in FY 2025. Those providers eligible for the statutory increases in 53-6-125, MCA, are not captured in this proposal as their adjustment is already included in the Medicaid caseload change packages. Funding for additional one-time-only provider rate adjustments intended to stabilize the care delivery system post-pandemic is included in CP 4444. This change package is funded with 100% federal funds.

	General Fund	State Special	Federal Funds	Total Request
FY 2024	\$0	\$0	\$988,375	\$988,375
FY 2025	\$0	\$0	\$2,016,285	\$2,016,285
Biennium Total	\$0	\$0	\$3,004,660	\$3,004,660

NP 10018 – Prov Rate Adj - Division Administration and Support

This new proposal requests \$431,767 over the biennium for provider rate adjustments. For provider types that were included in the 2023 Biennium provider rate study, the requested increase is a portion of the study’s rate proposals. The requested increase for providers not included in the provider rate study is estimated at 4% in FY 2024 and an additional 4% in FY 2025. Those providers eligible for the statutory increases in 53-6-125, MCA, are not captured in this proposal as their adjustment is already included in the Medicaid caseload change packages. Funding for additional one-time-only provider rate adjustments intended to stabilize the care delivery system post-pandemic is included in CP 4444. The biennial request includes \$71,010 in general funds, and \$360,757 in federal funds.

	General Fund	State Special	Federal Funds	Total Request
FY 2024	\$23,108	\$0	\$113,058	\$136,166
FY 2025	\$47,902	\$0	\$247,699	\$295,601
Biennium Total	\$71,010	\$0	\$360,757	\$431,767

NP 10019 – Prov Rate Adj – Treatment

This new proposal requests \$106,597 over the biennium for provider rate adjustments. For provider types that were included in the 2023 Biennium provider rate study, the requested increase is a portion of the study’s rate proposals. The requested increase for providers not included in the provider rate study is estimated at 4% in FY 2024 and an additional 4% in FY 2025. Those providers eligible for the statutory increases in 53-6-125, MCA, are not captured in this proposal as their adjustment is already included in the Medicaid caseload change packages. Funding for additional one-time-only provider rate adjustments intended to stabilize the care delivery system post-pandemic is included in CP 4444. This change package is funded with 100% general funds.

	General Fund	State Special	Federal Funds	Total Request
FY 2024	\$34,627	\$0	\$0	\$34,627
FY 2025	\$71,970	\$0	\$0	\$71,970
Biennium Total	\$106,597	\$0	\$0	\$106,597

NP 10020 – Prov Rate Adj - Supplemental Grants And Services

This new proposal requests \$5,287 over the biennium for provider rate adjustments. For provider types that were included in the 2023 Biennium provider rate study, the requested increase is a portion of the study’s rate proposals. The requested increase for providers not included in the provider rate study is estimated at 4% in FY 2024 and an additional 4% in FY 2025. Those providers eligible for the statutory increases in 53-6-125, MCA, are not captured in this proposal as their adjustment is already included in the Medicaid caseload change packages. Funding for additional one-time-only provider rate adjustments intended to stabilize the care delivery system post-pandemic is included in CP 4444. This change package is funded with 100% federal funds.

	General Fund	State Special	Federal Funds	Total Request
FY 2024	\$0	\$0	\$1,729	\$1,729
FY 2025	\$0	\$0	\$3,558	\$3,558
Biennium Total	\$0	\$0	\$5,287	\$5,287

NP 10021 – Prov Rate Adj - Medicaid Expansion

This new proposal requests \$1,819,306 over the biennium for provider rate adjustments. For provider types that were included in the 2023 Biennium provider rate study, the requested increase is a portion of the study’s rate proposals. The requested increase for providers not included in the provider rate study is estimated at 4% in FY 2024 and an additional 4% in FY 2025. Those providers eligible for the statutory increases in 53-6-125, MCA, are not captured in this proposal as their adjustment is already included in the Medicaid caseload change packages. Funding for additional one-time-only provider rate adjustments intended to stabilize the care delivery system post-pandemic is included in CP 4444. The biennial request includes \$181,931 in general funds, and \$1,637,375 in federal funds.

	General Fund	State Special	Federal Funds	Total Request
FY 2024	\$48,358	\$0	\$435,220	\$483,578
FY 2025	\$133,573	\$0	\$1,202,155	\$1,335,728
Biennium Total	\$181,931	\$0	\$1,637,375	\$1,819,306