

***Presentation to the 2019 Health and Human Services
Joint Appropriation Subcommittee***

**Director's Office
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 2019 Biennium
- Funding and FTE Information
- Change Packages

Overview

The Montana Department of Public Health and Human Services (DPHHS or Department) is the largest state agency in Montana, seeking to promote and protect the health, well-being, and self-sufficiency of all Montanans. DPHHS is led by Director Sheila Hogan and is organized into three branches: Medicaid and Health Services, and Economic Security Services, and Operations Services.

DPHHS recently completed the agency-wide 2019-2024 Strategic Plan that provides the blueprint to achieve our vision for Healthy People, Healthy Communities, Healthy Futures and aligns with the strategic Department-level priority areas identified as issues of critical importance to Montanans.

DPHHS has already made significant strides towards the objectives and strategies of the Strategic Plan and the impact is already being recognized, particularly through key initiatives we spearheaded to improve operational efficiencies within the Department, while seeking to leverage innovative partnerships to increase the reach and impact of our work.

Summary of Major Functions

The DPHHS Director's Office provides leadership, management, and oversight to the Department's three branches, which together oversee 12 divisions.

The Director's Office is comprised of the Department Director, Deputy Director, Office Manager, the Office of Legal Affairs, the Human Resources Office, American Indian Health Director, Tribal Relations Manager, Prevention Resource Center, State Medical Officer, No Kid Hungry, Montana Children's Trust Fund, Suicide Prevention Coordinator, and the Public Information Officer.

The Director's Office serves as the strategic leader and policy guide to ensure a cohesive approach to Department-wide work. DPHHS's efforts to serve Montanans are extensive and diverse, and include:

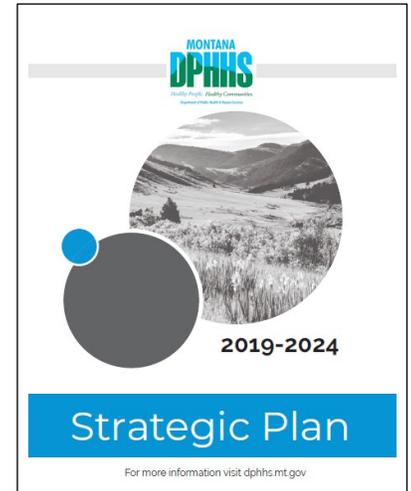
- Protecting adults from abuse and neglect and licensing nursing homes.
- Providing care and services to people with developmental disabilities.
- Funding the treatment of adults and children with mental health and/or substance abuse issues.
- Ensuring that people who provide medical services or prescription drugs to people with Medicaid as their insurer get paid.
- Determining eligibility of people for benefits like the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), residential energy assistance, and Medicaid.
- Overseeing the collection and distribution of child support payments.
- Protecting children from abuse and neglect through the foster care and adoption systems, investigations, and removal of children from dangerous living situations.
- Protecting and working to improve the health of all Montanans through immunizations programs, asthma control, tobacco cessation, healthy heart and stroke prevention programs, and other core health and safety programs statewide.

Highlights and Accomplishments during the 2019 Biennium

Creating DPHHS' Strategic Plan 2019-2024: *Healthy People, Healthy Communities, Healthy Futures*

The plan includes six goals with detailed objectives, tracks 24 performance measures, and incorporates four flagship reports.

A key aspect of Director Hogan's tenure has been to set the direction of DPHHS through a strategic planning process meant to align efforts across programs and to commit to continual improvement. Through HB 639, the 2017 Legislature funded DPPHS to conduct strategic planning across the agency to promote and protect the health, well-being, and self-sufficiency of all Montanans. HB 639 outlined requirements for the creation of a performance metrics-based blueprint for DPHHS to maximize resources and to promote cross-program collaboration agency-wide.



This inaugural strategic plan for 2019-2024 outlines a shared vision and mission, as well as goals, objectives, and strategies for the entire agency to achieve collective goals for improved health and human services across the state. Increased coordination will help DPHHS increase its impact through more efficient and effective service delivery, improving outcomes prioritized by Montana's citizens.

DPHHS will update this strategic plan annually and use it going forward to support continuous improvement efforts.



The plan provides the framework for divisions, bureaus, and programs to create their own strategic and implementation plans in alignment with DPHHS's overarching strategy.

The Strategic Plan Tracks 24 Performance Measures

Throughout the process of developing the strategic plan, DPHHS worked to establish meaningful performance measures to track agency progress over time. DPHHS leadership identified 24 measures to monitor efficient and effective service delivery across the agency. The measures are organized within five basic categories being monitored by the Department through the strategic plan, including **population, financial, customer, internal process, and learning and growth indicators.** **Flagship Issue Reports Aligning with the Strategic Plan**

In addition to the strategic plan, DPHHS and partners worked to align the goals, objectives, and strategies with the State Health Improvement Plan (SHIP) and to develop three other flagship reports that address requirements in House Bills 639 and 517 from the 2017 Montana Legislature and that guide its work over the next biennium. The four flagship reports that address Department-level priority areas are:

- Medicaid Innovations
- Preventing Child Abuse and Neglect
- Operational Efficiencies
- State Health Improvement Plan

Medicaid Innovations

The Montana Medicaid Program provides health care coverage for thousands of Montanans. In recent years, DPHHS has leveraged additional federal funding sources, optimized Medicaid Program benefits, and offered more robust coverage for a full continuum of health services. Through these innovations, DPHHS empowers program recipients to achieve better health outcomes. This report outlines the key initiatives implemented by the Montana Medicaid Program in the past biennium meant to drive innovation and improve health.

Preventing Child Abuse and Neglect in Montana

DPHHS partners with stakeholders working in child abuse prevention across the state. The goals, objectives, and strategies in the 2018 Child Abuse and Neglect Strategic Plan are designed to strengthen the work related to child abuse and prevention already occurring in Montana and to support community-wide, coordinated, and evidence-based approaches to preventing child abuse and neglect.

The Child Abuse and Neglect Strategic Plan includes three main goals:

Department Performance Outcomes

Throughout the process of developing the DPHHS Strategic Plan, DPHHS worked to develop meaningful performance measures to track the work of the Department over time. The Department leadership identified twenty-four measures to ensure the monitoring of efficient and effective service delivery. The measures are organized in five categories: population, financial, client, internal process and learning organization.

Department Performance Outcomes

Population Outcome Measures		
<ul style="list-style-type: none"> • Preventive services – Medicaid population • Prenatal care utilization • High-quality childcare 	<ul style="list-style-type: none"> • Tobacco/nicotine use among teenagers • Women smoking during pregnancy 	<ul style="list-style-type: none"> • Child immunizations • Well-child visits • Access to drug and alcohol treatment • Access to medical services among rural residents
Financial Indicators		Customer Indicators
<ul style="list-style-type: none"> • Grant application success rate • Child support collections • Medicaid provider fraud and abuse audits 		<ul style="list-style-type: none"> • Public assistance application timelines • Successful transition with children • Home visiting success rate • Seniors protected from exploitation
Internal Process Indicators		Learning and Growth Indicators
<ul style="list-style-type: none"> • Electronic payment delivery • Early childhood provider inspections • Targeted staff retention • Staffing efficiency 		<ul style="list-style-type: none"> • IT help desk efficiency • Use of quality improvement to enhance services for children • Intra-departmental coordination and collaboration • Engagement with tribal governments

- Enhance Montana’s capacity to coordinate and implement effective child abuse and neglect prevention strategies.
- Ensure that all children in Montana achieve their highest potential.
- Strengthen the economic and social well-being of Montana families.

Operational Efficiencies

The need to streamline operations and to provide appropriate stewardship of public funds drive DPHHS’s efforts to optimize business processes and enhance systems for financial management. This report summarizes key areas where DPHHS strengthened business processes, such as improving contract management, enhancing project management, bolstering internal controls, and creating a standardized grant application review and approval process, to minimize the impact of the cuts on the vulnerable populations served by DPHHS.

State Health Improvement Plan

The 2019–2023 State Health Improvement Plan (SHIP) provides a common health agenda and framework for improving the health of all Montanans through evidence-based action and community engagement. This second iteration of the SHIP was developed in coordination with the SHIP Coalition, a diverse multi-sector stakeholder group. The SHIP outlines five priority areas, along with metrics, to track and improve population health in Montana over this five-year time period. The health priority areas identified to address over the next five years are:

- Behavioral health, including substance use disorders, mental health, suicide prevention, and opioid misuse
- Chronic disease prevention and self-management
- Healthy mothers, babies, and youth
- Motor vehicle crashes
- Adverse childhood experiences

Counties, tribes, and hospitals have identified specific community health priorities and community health improvement plans to address these priorities. Through the collaboration of counties, tribes, and their community partners, Montana will make progress to address the health priority areas identified in the SHIP.

The DPHHS Strategic Plan in Action

DPHHS has already made significant strides towards the objectives and strategies of the Strategic Plan and the impact is already being recognized, particularly through spearheading key initiatives to braid all available Department resources to improve operational efficiencies while seeking to leverage innovative partnerships to increase the reach and impact of our work. The following section outlines how we are implementing the strategies of the plan into our daily work and how it is already positively impacting Montanans.

The strategic plan goals and objectives include:

Goal 1: Promote health equity and improve population health.

Goal 2: Strengthen the economic and social well-being of Montanans across the lifespan.

Goal 3: Ensure all children and youth in Montana achieve their highest potential.

Goal 4: Effectively engage stakeholders.

Goal 5: Ensure core business services are efficient, innovative and transparent.

Goal 6: Improve organizational health and be the employer of choice.

Goal 1 in Action: Promote health equity and improve population health.

This goal focuses on decreasing health disparities; increasing access to timely, affordable and effective health services; and strengthening prevention efforts.

Expanding Health Coverage: Medicaid Expansion

In 2016, Montana transformed its Medicaid program by expanding coverage and driving down the rate of uninsured Montanans from 20% to just 7% - the lowest in state history. Now, nearly 100,000 Montanans have health coverage, which contributes to a healthier workforce and peace of mind for Montana families who no longer have to live without health coverage. Due to Medicaid Expansion, more than 86,000 adults benefitted from preventive care. Over 6,423 adults have received colon screening; averting about 2,300 possible cases of colon cancer. Over 28,000 adults obtained outpatient mental health services.

Strategic Planning to Address Substance Use Disorders

In the last biennium, DPHHS partnered with 114 people representing 82 organizations ranging from medical professionals, law enforcement, public health and education, state agencies, and non-profit organizations to create a unified, state-wide strategic plan to combat substance misuse and abuse in Montana. This plan outlines actions Montana can take to collectively address the issue of substance use from a public health perspective and outlines a series of targeted strategies in five key areas, including partnerships, prevention and education, enforcement, monitoring, treatment, and family and community resources.

Addressing Opioid Abuse in Montana: HB 333 Implementation

Since 2000, there have been more than 700 deaths from opioid overdose in Montana. Opioids include prescription painkillers such as hydrocodone, oxycodone, morphine, codeine, and illegal drugs like heroin. DPHHS implemented HB 333, making it possible for the State of Montana to issue a standing order to prescribe naloxone, an opioid antagonist, meant to reduce the possibility of an overdose to eligible recipients on a statewide basis. Multiple state agencies, including DPHHS, Montana Department of Justice, Montana Medical Association, Board of Pharmacy, and Board of Medical Examiners, have collaborated in the statewide rollout of naloxone through the standing order issued by DPHHS. The standing order allows trained first responders, public health professionals, and others to carry and administer naloxone. After receiving a federal grant, DPHHS purchased a limited supply of the drug for first responders and law enforcement across the state to help launch this effort. The standing



Director Hogan speaks at Helena Fire Station 1 to launch the effort to supply naloxone for first responders through a federal grant.

order also authorizes pharmacists who maintain a current active license practicing pharmacy located in Montana to provide a prescription and dispense a naloxone opioid antagonist formulation to eligible recipients.

Increasing Access to Behavioral Health Services across the State: HB 95

The Behavioral Health Access Act was passed in the 2017 Legislative session to remove a 40-year-old statute arbitrarily limiting one behavioral health service provider per regional area. This outdated statute limited Montanans' access to treatment and forced clients to wait for openings in existing programs. Since changing the law last session, the number of state-approved programs doubled in Montana. Over the past two years, 25 new SUD providers have applied for and have been licensed as state approved treatment providers. The combined providers have expanded access to 135 locations across the state.

Preventing Suicide in Montana: HB 118

Montana has the highest suicide rate in the nation. As of April, DPHHS distributed \$1 million in funds allocated by HB 118. Tribes and Urban Indian Health Centers received \$250,000 for continued implementation of the Montana Native Youth Suicide Reduction Strategic Plan. The remaining \$750,000 went to schools, veterans, health care providers, and other organizations working on suicide prevention efforts. Significant progress from each of the grantees across the state has been made to-date and DPHHS will receive quarterly updates as these efforts move forward.

We partnered with the Montana Broadcaster's Association to launch a Prevent Suicide Montana public awareness campaign through a series of TV and Radio public service announcements (PSA)s to share approaches to suicide prevention, such as knowing signs. The PSAs will continue to air through 2019 on 155 TV and radio stations across Montana.



Improving Tribal Health: Tribal Health Improvement Program (T-HIP)

The Tribal Health Improvement Program (T-HIP) is a historic partnership among the tribal, state, and federal governments to provide health promotion and disease prevention programs for American Indians who are eligible for Medicaid and reside on a reservation in Montana. This innovative program aims to address the factors that contribute to increased health disparities affecting American Indians. On average, the lifespan of American Indians in Montana is twenty years less than their non-Indian neighbors, friends, and coworkers. T-HIP encompasses three service tiers: Tier 1 focuses on high-risk, high cost members who are provided intensive care coordination to improve the health of members with chronic illness or are at risk of developing serious health conditions; and Tier 2 and Tier 3 address specific health focus areas that contribute to health disparities and will generally focus on improving the health of a population within a respective reservation. Tribes have full authority to decide if they wish to participate and to what level of Tier implementation. This program provides a unique opportunity for tribes to incorporate cultural practices into their respective health promotion programs.

Goal 2 in Action: Strengthen the economic and social well-being of Montanans across the lifespan.

This goal focuses on encouraging individual and family stability; supporting individuals' ability to work and be self-sufficient; and maximizing opportunities for independence, well-being, and health among older adults, people with disabilities, and their families and caregivers.

Reducing Food Insecurity for Children

Montana No Kid Hungry is dedicated to ending childhood hunger in Montana through a public-private partnership among DPHHS, the Governor's office, and a national non-profit organization called Share Our Strength. Montana No Kid Hungry raises awareness and improves food access and nutrition education for children across the state with the aim of helping them grow into healthy and successful adults. We are already seeing improvements in food insecurity in the state. The percentage of children living with food insecurity continues to decline, from 20.1% in 2016 to 17.0% in 2018, which means we can now say **1 in 6 children live in food insecure homes**, rather than 1 in 5.



Providing Respite to Caregivers

The Montana Lifespan Respite Program supports family caregivers of children or adults with special needs by providing a temporary break for family and individual caregivers and may include in-home care, companionship or outings. To date, the program has awarded 400 caregivers respite vouchers in 38 counties. The oldest care recipient is 104 and the youngest is under 1 year. The caregivers' age range is 24 – 97.

The program allows a self-directed, person-centered approach, which gives the primary caregiver flexibility to use the respite vouchers.

Goal 3 in Action: Ensure all children and youth in Montana achieve their highest potential.

Goal 3 aims to improve birth outcomes for mothers and babies, support the developmental needs of children and youth, and increase access to high-quality care and education.

Expanding High Quality Early Childhood Education: STARS Preschool

In 2017, Governor Bullock worked with the legislature to secure \$6 million to expand high-quality early childhood educational services for Montana's children ages four and five. STARS supports preschool programs to create pilot programs to test multiple delivery models, focusing on rural and urban locations. Participants in the program realized a 21% gain in school readiness.

Protecting Montana Kids

DPHHS and our partners across the state worked to implement five of the Protect Montana Kids initiatives passed into law in the 2017 Legislative Session, including:

- Creating the Child Abuse and Neglect Review Commission, composed of a multidisciplinary team of experts from across the state to examine child fatalities in a positive, collaborative, and culturally sensitive manner;
- Completing a Strategic Plan to Reduce Child Abuse and Neglect;
- Increasing Transparency in the Child Welfare System by legislators working with the DPHHS Office of Legal Affairs to request and review files;
- Ensuring Children are Represented by CASA;
- Expediting Decisions for Children and Families;
- Supporting Development Growth in Youth in Foster Care by working with field offices as they complete permanency staffing for children; and
- Requiring Release of Case Records if Children are Exposed to Dangerous Drugs, which includes DPHHS now sharing toxicology reports with the county attorneys.

DPHHS Launches Parenting Montana Website

DPHHS announced on January 2019 a new comprehensive set of resources to better equip anyone in a parenting role, youth, prevention specialists, counselors, and others with easy-to-use tools to support the success of Montana’s children from kindergarten through the teen years.

Parenting Montana is a universal prevention effort that braids together supportive tools grounded in evidence-based practices to help Montana families thrive. The specific goal is to cultivate a positive, healthy culture among Montana parents with an emphasis on curbing underage drinking, and to provide tools and resources to address every day parenting challenges.

Parenting Montana includes a new media campaign and website with detailed information about the many challenges youth face as they mature. The new resources include evidence-based information to many common concerns parents struggle with, such as reducing risky behaviors like underage drinking.

The website features practical tools for parents who want to know more about issues such as anger, bullying, chores, confidence, conflict, discipline, friends, homework, listening, lying, peer pressure, reading, routines and stress, and underage drinking. The tools use a socially- and emotionally-informed process that is developmentally appropriate.

The website is organized by age-appropriate topics for age five all the way up to 19-year-olds.

The ParentingMontana.org website is now available, and the media campaign of TV and radio PSAs will begin in February 2019.



Reducing Child Abuse, Neglect and Child Deaths in Montana: First Years Initiative

The First Years Initiative (FYI) focuses on providing targeted resources, education, and services during the early critical period in the lives of children and their parents—from pregnancy through the first years of a child's life. As one of the first such partnerships in the country, we hope the evidence-based evaluations of this approach to early intervention will offer a model for reducing child fatalities and child abuse and neglect across the country. FYI is comprised of three separate components: home visiting, perinatal behavioral health, and safe sleep.



FIRST YEARS INITIATIVE

- **FYI Home Visiting—Supporting new parents:** DPHHS uses federal funding to collaborate with current, established home visiting sites in public health departments and non-profits to hire additional home visitors that work alongside child protection workers located in 13 counties across the state. These additional home visitors are exclusively dedicated to Child and Family Service Division cases and are housed within the current infrastructure of the statewide federally-funded home visiting program. Each home visitor carries a caseload of 18-25 families who are referred to home visiting by the local CPS offices. The active FYI communities/counties include: Butte (two sites serving three counties), Cascade, Custer, Dawson, Flathead, Gallatin, Lewis & Clark, Mineral, Missoula, Park, and Yellowstone.
- **FYI Perinatal Behavioral Health Initiative (PBHI)—Increasing access to perinatal behavioral health services:** The second pillar of the FYI is a new public-private partnership with the Montana Healthcare Foundation. The initiative will make more than \$5 million in federal and private funding available to providers to increase timely access to care and to improve outcomes for pregnant and postpartum women experiencing behavioral health challenges, such as mental health disorders and substance abuse. PBHI will help medical practices establish integrated care teams of obstetric providers, behavioral health providers, care coordinators, and peer supports to screen and assess patients; provide effective outpatient interventions; coordinate services to address social factors, such as transportation and housing; and establish referral networks for women who need more care. Over the next five years, the PBHI aims to support at least one practice in each of the communities with healthcare facilities that deliver babies.
- **FYI Safe Sleep Initiative—Reducing infant sleep-related deaths:** Sleep-related infant (under 12 months of age) deaths constitute the majority of infant deaths in Montana. The third pillar of the FYI, known as the Safe-Sleep Initiative, addresses this issue through a collaborative effort among state and non-profit organizations to provide Pack n' Play cribs and safe sleep education to at-risk families.

Goal 4 in Action: Effectively engage stakeholders.

Goal 4 seeks to improve and expand engagement with clients; enhance collaboration with tribal agencies and organizations serving American Indians; and engage additional stakeholders essential to program and service delivery.

Naming the American Indian Health Director

In 2015, Governor Steve Bullock established the American Indian Health Director to coordinate efforts within DPHHS branches and divisions to develop, implement, and monitor strategies that reduce health disparities within Montana’s American Indian populations. Through this office, DPHHS leadership prioritized its partnerships with tribal governments and other tribal health entities across the state to better serve the American Indian populations. Karen Cantrell currently serves as the American Indian Health Director.

Conducting Spring and Fall Tribal Tours

DPHHS conducts spring and fall tribal tours for federal government partners to meet with tribal partners in their government chambers to share information, seek feedback and guidance, and discuss items of importance to tribal governments and the Indian Health Service.

Holding Formal Tribal Consultations

In the last biennium, DPHHS held numerous formal Tribal Consultations to review proposed policy and administrative rule changes, seek feedback and discuss mutual issues that have impact on tribes, Urban Indians, and the Indian Health Service, on topics such as Medicaid, child welfare, and public health.



Participants speak at one of the Tribal Consultations in 2018.

Establishing an Indian Health Collaborative

DPHHS has established an internal Indian Health Collaborative comprised of key DPHHS leaders who meet regularly to discuss issues impacting tribal health and to discuss ways to improve the partnership we share with tribal governments, the Urban Indian Health Centers and Indian Health Service partners. One example is the department’s formal Tribal Consultation process. DPHHS seeks to improve communication and resource sharing when a formal Tribal Consultation is not warranted but information could be shared. Reviewing the policy and seeking feedback from tribal governments is important to developing a good policy that works for both the state and the tribes.

Key Stakeholder Meetings to Increase Ongoing Public and Provider Engagement

DPHHS is dedicated to working with key stakeholders to ensure their voices are heard during key decisions or proposed program changes. Director Hogan met with providers and other interested parties for a Listening Session on August 1, 2018 to hear budget priorities surrounding the \$30 million in budget restoration.

In November 2018, DPHHS also held a two-day community meeting in Helena to discuss care coordination and case management models. The goals of the meeting were to 1) assess care/case management delivery models, 2) improve alignment of care/case management services to the acuity needs of those receiving Medicaid services, and 3) maintain a benefit plan designed to achieve positive health outcomes while valuing the patient experience and ensuring cost-effectiveness. Nearly 150 providers, key stakeholders, and interested parties attended. Next

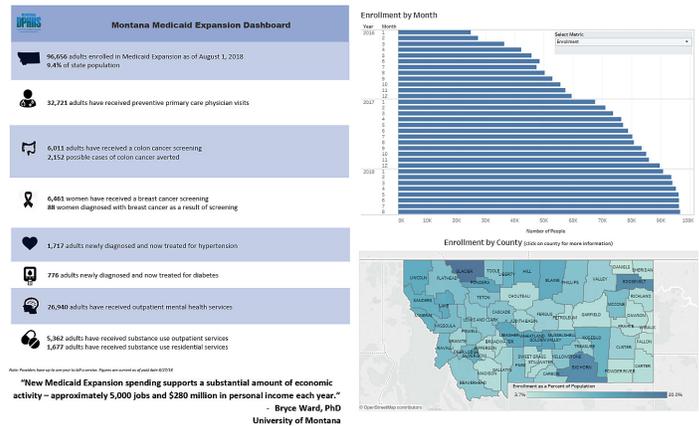
steps will include evaluating and assessing models that were shared and identifying models that ensure our Medicaid members are receiving the right care at the right time.

Goal 5 in Action: Ensure core business services are efficient, innovative and transparent.

Goal 5 focuses on increasing use of effective planning, evaluation, and management principles across the Department; strengthening coordination and collaboration across branches, divisions, and programs; enhancing the use of financial resources; and optimizing information technology investments to improve process efficiency and enable innovation.

Launching the Medicaid Expansion Dashboard

A new interactive online dashboard offers information about the health benefits and local impact of Montana’s Medicaid Expansion. The dashboard was created in collaboration with the Montana Healthcare Foundation as part of the Foundation’s ongoing analysis of the state’s Medicaid Expansion.



Streamlining Premium Processing for Medicaid Expansion Participants

Under Montana’s Medicaid Expansion program, certain expansion recipients are assessed premiums for their healthcare coverage. As a result of language passed in SB261, DPHHS ended its contract for third-party administration and implemented premium collections, billing, and call center functions internally. The agency successfully transitioned these services, billing over 20,000 clients and collecting an average of over \$350,000 monthly, at a significant costs savings to the program. DPHHS worked diligently to ensure high quality customer service and ease of payment for clients, including accepting credit card payments both online and over the phone. This transition was completed without individuals losing their coverage or ability to make the necessary premium payments.

Leadership Training

In August of 2018, DPHHS partnered with the Association of State and Territorial Health Officers (ASTHO) and the Center for Creative Leaders to sponsor a two-day training called “Boundary Spanning Leadership” (BSL). The Director’s Office staff, Branch Managers, and Division Administrators participated in the training, which is designed to “catalyze collaboration, drive innovation, and transform organizations”. The training helped agency leaders learn techniques to break down silos across programs and to work collaboratively to tackle challenges facing DPHHS.

Standardizing DPHHS’s Grant Application Process

Department staff selected the grant application process as the initial project to apply leadership principles and methodology. Department staff developed and implemented a roadmap for establishing a department-wide grant application process that fosters collaboration and data-

gathering across divisions. As programs submit potential grant applications for approval, the Department will have a clear process through which a designated team of staff analyze whether the grant aligns with the Department's strategic directions and whether DPHHS has the capacity to receive and administer the grant.

Leveraging Grant Funding Sources to Support Increased and Improved Services

In the last biennium, DPHHS staff worked tirelessly to leverage grant funding and strategically collaborate with our partners to address key issues Montana faces. We secured competitive grant funding to address numerous needs across the state, including:

New Grants Secured for Addressing Substance Use Disorders and Opioid Abuse

- **Expanding opioid response services:** DPHHS's Addictive and Mental Health Division secured two SAMHSA (Substance Abuse and Mental Health Services Administration) grants to support opioid use disorder prevention systems of care and develop comprehensive services for opioid use disorder treatment. The State Opioid Response and the State Targeted Response grants will be implemented statewide to expand prevention, treatment, and recovery support services among five target populations: Native Americans, pregnant women and women of childbearing age, veterans, justice system-involved persons, and older adults.
- **Implementing comprehensive opioid abuse programs in correctional facilities:** The Partnership to Reduce Prescription Drug Abuse five-year, \$500,000 grant is focused on planning and implementing Medication-Assisted Treatment in correctional facilities.
- **Partnering to reduce prescription drug abuse:** DPHHS used a Partnership for Success \$730,000 federal grant to help reduce the misuse and abuse of prescription drugs by increasing the number of communities using medication disposal boxes. The grant monies allowed for an additional 116 new 38-gallon boxes and starter packs of liners to be offered at no cost to retail pharmacies, hospitals, and clinics with on-site pharmacies to be used to collect and dispose of prescription drugs. There are now a total of 171 places across Montana to drop off unused medications. The State Targeted Response grant also helped to distribute 100,000 Deterra medication disposal bags to easily and safely dispose of extra or expired household medications across Montana.

New Grants Secured for Enhancing Perinatal Care for Women and At-Risk Newborns

Perinatal Behavioral Health Initiative: In November 2018, DPHHS and the Montana Healthcare Foundation (MHCF) announced more than \$5 million in federal and private funding to improve timely access to care and outcomes for pregnant and postpartum women experiencing behavioral health challenges, such as mental health disorders and substance abuse.

DPHHS was awarded a \$3.2 million federal grant and the MHCF pledged up to \$1.2 million in additional funding each year in 2019 and 2020 to launch the Perinatal Behavioral Health Initiative (PBHI) as part of the First Years Initiative mentioned earlier, with support expected to continue for this initiative through 2023.

The PMHI will give women around Montana prompt access to effective, supportive care for mental health issues and drug and alcohol use. The growing need for perinatal behavioral health support and the limited supply of health care providers, especially in rural and underserved areas, creates the opportunity for the state to creatively address these gaps.

New Grants Secured for Expanding Pediatric Psychiatry Care

Increasing access to timely, affordable and effective health services is one of DPHHS' strategic objectives. Telehealth technologies offer a tool to achieve this in a geographical expansive and rural state like Montana. DPHHS was awarded a federal grant of \$2.2 million in partnership with a large healthcare system in Montana to launch a new program called the Montana Access to Pediatric Psychiatry Network (MAPP-Net), which will connect pediatric psychiatrists to providers across the state caring for children and youth with mental and behavioral health issues in order to provide expert consultation, resources, training and support to benefit Montana's youth.

Goal 6 in Action: Improve organizational health and be the employer of choice.

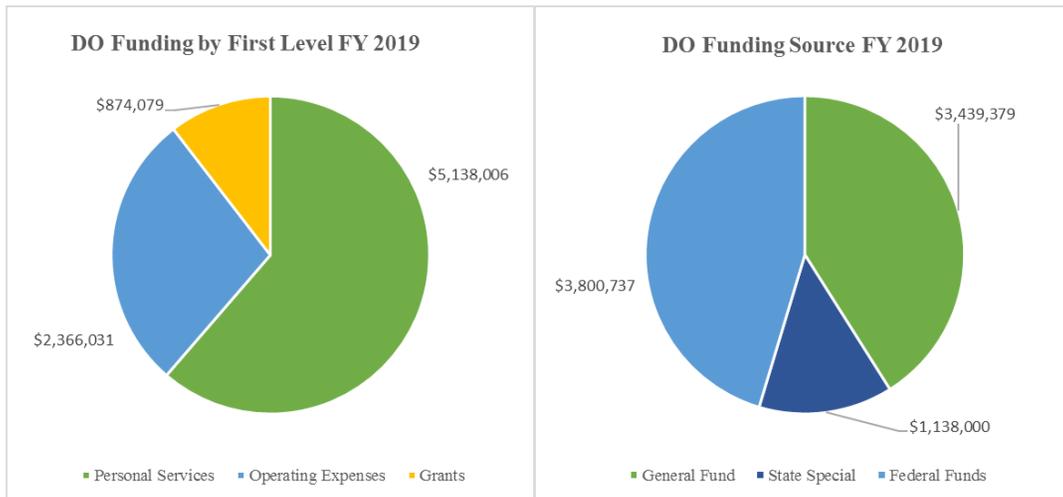
Goal 6 aims to build and sustain DPHHS's organizational infrastructure and workforce to advance equity, diversity, and inclusion; support skill building, advancement, and mobility in the workforce; and promote work-life balance, workplace health and wellness, and safety in Department activities and policies.

Supporting Staff Development and Training

DPHHS is committed to improving and enhancing staff recruitment and retention practices. The agency aims to ensure a diverse workforce, reflecting a range of life experiences and perspectives. The Department's incredibly dedicated and competent team are the strong force behind the work we do every day to improve the health and well-being of all Montanans. As an example, the Child and Family Services Division (CFSD) recently launched a Staff Development and Training program to support first year caseworkers, as more training support in the field was identified by staff and supervisors. Workers are paired with staff development specialists from the University of Montana's Workforce Development Center who provide on-the-job coaching and mentoring throughout the first year of employment.

Funding & FTE Information

Director's Office	FY 2019 Budget	FY 2020 Request	FY 2021 Request
FTE	60.50	60.50	60.50
Personal Services	\$5,138,006	\$5,854,009	\$5,848,088
Operating Expenses	\$2,366,031	\$2,566,129	\$2,566,152
Grants	\$874,079	\$1,174,079	\$1,174,079
TOTAL COSTS	\$8,378,116	\$ 9,594,217	\$ 9,588,319
	FY 2019 Budget	FY 2020 Request	FY 2021 Request
General Fund	\$3,439,379	\$3,822,361	\$3,819,288
State Special	\$1,138,000	\$1,685,472	\$1,685,062
Federal Funds	\$3,800,737	\$4,086,384	\$4,083,969
TOTAL Funds	\$8,378,116	\$9,594,217	\$9,588,319



Change Packages

Present Law Adjustments:

SWPL – 1 – Personal Services

The budget includes \$716,003 in FY 2020 and \$710,082 in FY 2021 to annualize various personal services costs including FY 2019 statewide pay plan, benefit rate adjustments, longevity adjustments related to incumbents in each position at the time of the snapshot, and vacancy savings.

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2020	\$382,898	\$47,476	\$285,629	\$716,003
FY 2021	\$379,806	\$47,066	\$283,210	\$710,082
Biennium Total	\$762,704	\$94,542	\$568,839	\$1,426,085

SWPL – 2 – Fixed Costs

The request includes a reduction of \$1,342 in FY 2020 and \$1,665 in FY 2021 to provide the funding required in the budget to pay fixed costs assessed by other agencies within state government for the services they provide. Examples of fixed costs include liability and property insurance, legislative audit, warrant writer, payroll processing, and others. The rates charged for these services are approved in a separate portion of the budget.

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2020	(\$476)	(\$166)	(\$700)	(\$1,342)
FY 2021	(\$591)	(\$205)	(\$869)	(\$1,665)
Biennium Total	(\$1,067)	(\$371)	(\$1,569)	(\$3,007)

SWPL – 3 – Inflation/Deflation

This change package includes an increase of \$1,440 in FY 2020 and \$1,786 in FY 2021 to reflect budgetary changes generated from the application of inflation to specific expenditure accounts. Affected accounts include those associated with the statewide Motor Pool operated by the Department of Transportation.

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2020	\$560	\$162	\$718	\$1,440
FY 2021	\$694	\$201	\$891	\$1,786
Biennium Total	\$1,254	\$363	\$1,609	\$3,226

New Proposals:

NP – 4001 – Montana Healthcare Information Exchange

This new proposal requests funding to support the development of a Montana Healthcare Information Exchange that will enable enhanced sharing of clinical determinatives of care and claims data between providers across the state. This framework will allow the electronic exchange of information across all healthcare sectors working to improve health outcomes built on a value-based system. This change package requests \$300,000 each year of the biennium in state special revenue funds.

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2020	\$0	\$300,000	\$0	\$300,000
FY 2021	\$0	\$300,000	\$0	\$300,000
Biennium Total	\$0	\$600,000	\$0	\$600,000

NP – 4002 – Improve Healthcare Data Access

This new proposal requests funding to enable small and rural providers to submit clinical data for computation of quality measures and risk scores. This will assist in the development of advanced analytics, targeted registries and predictive models for specific diagnoses and population groups. It will also deliver web-based access for providers to registries and analytics to improve the delivery of healthcare. The change package requests \$200,000 each year of the biennium in state special revenue funds.

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2020	\$0	\$200,000	\$0	\$200,000
FY 2021	\$0	\$200,000	\$0	\$200,000
Biennium Total	\$0	\$400,000	\$0	\$400,000