



**DEPARTMENT OF  
PUBLIC HEALTH &  
HUMAN SERVICES**

*Serving Montanans in their communities to improve health, safety, well-being, and empower independence.*

ANNUAL PERFORMANCE REPORT

FY2024

## DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES (DPHHS)

Director Charlie Brereton was appointed to lead DPHHS by Governor Greg Gianforte in June 2022 and subsequently confirmed by Montana’s Senate. Director Brereton leads the state’s comprehensive health and human services agency to ensure an integrated, strategic, and transformative approach to **servicing Montanans in their communities to improve health, safety, well-being, and empower independence**. In comparison to many other states, Montana is unique in that essential health and human services functions rest within one state agency; this allows for greater cross-program collaboration, innovation, and outcomes for those served by DPHHS.

Director Brereton, in partnership with his executive leadership team, is responsible for ensuring the provision of critical state and federal assistance programs across Montana. The Director’s executive leadership team is comprised of a Deputy Director, Human Services Executive Director, Medicaid and Health Services Executive Director, Public Health and Community Affairs Executive Director, Health Care Facilities Executive Director, Chief Financial and Operating Officer, Chief Legal Counsel, Chief Information Officer, Chief Human Resources Officer, and State Medical Officer.

The Director’s Office is further supported by the offices of Budget and Finance, Legal Affairs, Human Resources, Communications, Strategy and Transformation, Research and Data Analytics, Faith and Community Based Services, and American Indian Health.

Of DPHHS’s 12 divisions, 10 are housed within its four core practices: **Human Services, Medicaid and Health Services, Public Health and Community Affairs, and Health Care Facilities**; the remaining two divisions exist within the Director’s Office. Descriptions of DPHHS’s budgeted programs are below.

### Director’s Office

#### *Business and Financial Services Division (BFSD)*

BFSD enables DPHHS to achieve its strategic objectives through accurate and efficient management of the agency’s financial resources and support services.

#### *Technology Services Division (TSD)*

TSD delivers innovative and timely information technology (IT) solutions across the breadth of DPHHS’s health and human services programs. The division coordinates strategic IT investments to ensure citizen access to reliable, secure, high-quality data and technologies to address complex and evolving health and human services needs. TSD is committed to providing secure, accessible, and responsive IT services to DPHHS.

### Human Services Practice

#### *Disability Employment and Transitions Division (DETD)*

DETD advances the independence and employment of Montanans with disabilities by promoting opportunities for individuals with disabilities to have rewarding careers and achieve maximum personal potential through informed choice.

Many programs are provided to support Montanans with disabilities, notably the Montana Telecommunications Access Program (MTAP), which ensures those who are deaf or speech impaired can use traditional telecommunications equipment and services.

#### *Human and Community Services Division (HCSD)*

HCSD oversees eligibility services and the policy and processes associated with program access for Montana's Temporary Assistance for Needy Families (TANF) program, Supplemental Nutrition Assistance Program (SNAP), Medicaid Programs, and Healthy Montana Kids (HMK) Programs across the state. The division also administers the Community Services Block Grant, which is used by ten Human Resource Development Councils statewide to provide a wide range of community-based human services programs.

#### *Child Support Services Division (CSSD)*

CSSD works to improve the economic stability of families through the establishment and enforcement of child support and medical support orders. Services include locating parents, establishing paternity, establishing financial and medical support orders, and enforcing or modifying child support orders including medical support orders.

#### *Child and Family Services Division (CFSD)*

CFSD administers child protective services, child abuse and neglect services, prevention services, and other programs designed to keep children safe and families strong. CFSD is organized into six regions and a central office that administer child welfare programs across Montana. CFSD regional offices are advised by Local Family Services Advisory Councils, which serve as links between local communities and DPHHS.

#### *Early Childhood and Family Support Division (ECFSD)*

ECFSD provides coordinated services and resources to promote the well-being, health, and development of children, families, and communities. Programs administered by ECFSD include childcare and home visiting services, food security and nutrition education, violence and neglect prevention, family support, and preventative health care. The division is committed to supporting consistency, efficiency, and better-coordinated services for children and families across Montana.

### **Medicaid and Health Services Practice**

#### *Senior and Long-Term Care Division (SLTC)*

SLTC plans, administers, and provides publicly funded long-term care services for Montana's senior citizens and persons with disabilities. Additionally, the division offers aging and long-term care education and support to Montanans of all ages, including Older Americans Act services, Medicaid community services, Big Sky Rx services, and Adult Protective Services.

#### *Health Resources Division (HRD)*

HRD works to improve and protect the health and safety of all Montanans through administering components of the state's Medicaid Program, including Medicaid primary care services, HMK, and the Medicaid Expansion Program. The division reimburses public and private providers for a wide

range of preventative, primary, and acute care services.

#### *Behavioral Health and Developmental Disabilities Division (BHDD)*

BHDD administers a wide range of Medicaid and grant-funded services to facilitate the delivery of effective services to adults and children with behavioral health challenges and/or developmental disabilities. The division's work is guided by the goal of providing Montanans with the support to live full, independent lives within their communities. BHDD also supports Montana's Suicide Prevention Program.

### **Public Health and Community Affairs Practice**

#### *Office of Inspector General (OIG)*

OIG promotes the efficiency, effectiveness, and integrity of DPHHS programs and ensures the health and safety of Montanans served by health care facilities. OIG provides a range of services, including certifying and licensing various healthcare facilities, detecting and investigating public assistance program fraud and abuse, and recovering overpayment claims for SNAP, TANF, Medicaid, and the Low Income Home Energy Assistance Program (LIHEAP).

#### *Public Health and Safety Division (PHSD)*

PHSD works to improve the health of Montanans through a wide range of public health services aimed at disease prevention and the promotion of healthy lifestyles. Services are offered through private and public providers, including local and tribal public health departments, clinics, hospitals, and other community-based organizations. The division also includes epidemiology, scientific support, and laboratory services that are used by clinicians to aid in diagnosis and treatment. PHSD also supports responses to disease outbreaks or water contamination.

### **Health Care Facilities Practice**

#### *Healthcare Facilities Division (HFD)*

HFD currently operates seven health care facilities across Montana, each serving populations with unique needs and challenges. These facilities include the Montana State Hospital (MSH) and its Forensic Mental Health Facility (FMHF), Montana Mental Health Nursing Care Center (MMHNCC), Montana Chemical Dependency Center (MCDC), Montana Veterans Home (MVH), Southwest Montana Veterans Home (SWMVH), Eastern Montana Veterans Home (EMVH), and the Intensive Behavior Center (IBC). The division is responsible for overseeing the state's safety net health system, which serves certain Montanans living with mental illness, developmental disabilities, aging-related health conditions, and/or substance use disorders.

## Strengthen and Stabilize Montana’s Health Care Delivery System

Implement Medicaid provider rate adjustments to better align reimbursement rates with the true cost of providing physical and behavioral health care services to over 300,000 low-income Montanans.

In coordination with the Behavioral Health System for Future Generations (BHSFG) Commission, develop strategic plans with implementation recommendations to reform Montana’s behavioral health and developmental disabilities service delivery systems.

Establish a pathway to U.S. Centers for Medicare and Medicaid Services (CMS) recertification of the Montana State Hospital.

Develop a singular value-based payment Medicaid Primary Care Delivery Model.

Continuously address Healthcare Facilities Division vacancies, including through the implementation of recruitment and retention strategies, with an emphasis on reducing contract staff utilization.

Increase in-state access to services for children with high-acuity needs.



### Strategic Outcome

# # 1

#### Key Measures

- 100% approval of CMS State Plan and waiver amendments to implement provider rate adjustments by CYE23.  
**DPHHS achieved 100% approval of the CMS State Plan and waiver amendments necessary to implement provider rate adjustments by CYE23.**
- Increase access by 5% for Behavioral Health, Primary Care, and Developmental Disabilities services.  
**DPHHS’s FY2025 Annual Plan was published in September 2024. By that time, DPHHS was able to establish baseline data utilizing the number of Behavioral Health, Primary Care, and Developmental Disabilities Services providers and units billed and will further report on performance in its FY2025 Annual Performance Report.**
- Launch the BHSFG Commission and secure the governor’s approval of at least 2 Commission-recommended initiatives by CYE23.

**DPHHS successfully launched the BHSFG Commission and secured Governor Gianforte's approval of at least two Commission-recommended initiatives by CYE23. The BHSFG Commission's Final Report was issued in September 2024, and Governor Gianforte has approved 11 Near-Term Initiatives and 10 Foundational Recommendations as of December 2024.**

- At least 8 BHSFG Commission meetings scheduled and held through end of SFY24.

**DPHHS successfully scheduled and held 10 BHSFG Commission meetings during SFY24.**

- Complete 75% of HB 5 capital improvement projects for CMS recertification of MSH by the end of SFY24.

**DPHHS, in partnership with the state Architecture and Engineering Division (A&E), completed 10% of HB 5 capital improvement projects for CMS recertification of MSH by the end of SFY24. These complex capital improvement projects remain underway with an estimated completion date between December 2025 and June 2026 as of issuance of this report.**

- Achieve 75% of required MSH CMS recertification activities by September 2024 and 100% by December 2024.

**Excluding HB 5 capital improvement projects, DPHHS achieved 80% of required MSH CMS recertification activities by September 2024 and 85% by December 2024.**

- Reduce traveler costs by 10% for HFD and increase state HFD FTE by 5%.

**DPHHS achieved a 10.58% reduction in traveler costs for HFD and a 6% increase in state HFD FTE by the end of SFY24.**

- 100% completion of the Behavioral Health and Developmental Disabilities Alternative Settings Design

Proposal and Implementation Plan, and presentation to the BHSFG Commission, by May 1, 2024.

**DPHHS achieved 100% completion of the Behavioral Health and Developmental Disabilities Alternative Settings Design Proposal and Implementation Plan and presented to the BHSFG Commission by May 1, 2024.**

- 5% reduction in out-of-state placement of children with complex physical and behavioral health needs.

**During SFY24, the number of children with complex physical and behavioral health needs in out-of-state placement increased by 6.2%. DPHHS continues to take a multi-pronged approach to reduce out-of-state placements of children with complex needs. In SFY24, the Department created two Complex Care Coordinator positions that work toward keeping clients with complex needs in-state, as well as implemented a Complex Case Qualified Provider Pool (QPP) Pilot Project to increase the capacity of communities to serve children with complex needs in-state. Pursuant to recommendations from the Guidehouse Provider Rate Study, DPHHS aligned the reimbursement rates of in-state and out-of-state Psychiatric Residential Treatment Facilities (PRTFs). DPHHS also advanced a recommendation through the BHSFG Commission Report (#17) to design an acuity-based rate structure to assist providers in meeting the resource-intensive needs of high-acuity youth, with an intended outcome of reducing out-of-state residential placements over time.**



## Strategic Outcome

# # 2

### Drive Independence and Accountability through Public Assistance Programs

Redesign Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF) Employment and Training service provision models to better meet the needs of Montanans.

Conduct a timely and accurate redetermination of eligibility for all Montana Medicaid and Healthy Montana Kids (HMK) members.

Increase opportunities for non-custodial parents engaged in child support services to improve economic stability for themselves and their children.

Increase access to quality childcare for working families.

Increase opportunities for older youth in foster care to obtain skills necessary for economic stability as adults.

#### Key Measures

- At least a 25% reduction in Public Assistance Helpline (PAHL) wait times.

**DPHHS's FY2025 Annual Plan was published in September 2024. By that time, DPHHS had concluded the Medicaid redetermination process and was able to establish baseline data post-redeterminations. The Department will further report on performance in its FY2025 Annual Performance Report.**

- 100% completion of Medicaid and HMK eligibility redeterminations.

**DPHHS will successfully redetermine the eligibility of 100% of Medicaid and HMK members by December 31, 2024.**

- Execution of at least 1 new performance-based contract for statewide SNAP and TANF employment and training services provision.

**DPHHS successfully executed a performance-based contract for statewide SNAP and TANF employment and training services provision effective July 1, 2024.**

- 25% increase in referrals of non-custodial parents engaged in child support services to employment and training services.

**During SFY24, DPHHS designed a pilot project to increase referrals of non-custodial parents engaged in child support**



		<p><b>services to employment and training services. The Department will launch the pilot project in January 2025. DPHHS established baseline data and will further report on performance in its FY2025 Annual Performance Report.</b></p> <ul style="list-style-type: none"> <li>• 5% increase in the number of licensed childcare providers participating in the Best Beginnings Scholarship program.</li> </ul> <p><b>The initial measure of participation in the Best Beginnings Scholarship program was identified as flawed during this performance period because DPHHS was unable to control the outcome through previous contractual agreements. DPHHS has now secured a vendor that is incentivized to help providers accept more Best Beginning Scholarships moving forward. This measure was modified for inclusion in DPHHS’s FY2025 Annual Plan to reflect the number of providers participating in the Montana Quality Ratings System. DPHHS established baseline data for this new measure and will further report on performance in its FY2025 Annual Performance Report.</b></p>
		<ul style="list-style-type: none"> <li>• 50% increase in the number of foster youths aged 14 and older participating in vocational rehabilitation services.</li> </ul> <p><b>DPHHS achieved a 109% increase in the number of foster youths aged 14 and older participating in vocational rehabilitation services at the end of SFY24.</b></p>



## Strategic Outcome

# # 3

### Increase Data Literacy and Analytics Capacity for Performance Measurement and Decision-making

Establish and integrate an Office of Research and Data Analytics (ORDA) to catalyze the strategic use of data and analytics, including resource allocation, program evaluation, performance measurement, and operational decision-making.

#### Key Measures

- Complete data assets inventory and implement ongoing maintenance.
  - o 100% of data cataloged by the end of SFY24.
  - o 50% of data elements assessed and documented by population/customer, program impact, limitation, and gap by end of SFY24.

**DPHHS achieved 100% of Medicaid data cataloged and 50% of data elements assessed and documented by population/customer, program impact, limitation, and gap by the end of SFY24.**

- Complete data methodology design.
  - o 100% completion of detailed project timeline encompassing key milestones from the initial data collection phase to the final stages of analysis and reporting by the end of SFY24.
  - o 100% completion of data methodology design, including management tools and data analysis standards, by the end of SFY24.

**After hiring a Chief Analytics Officer and a Chief Data Officer, DPHHS determined that this measure was no longer relevant and instead developed detailed research agendas in coordination with department programs. DPHHS intends to launch several associated research projects in SFY25.**

- Develop data use strategy (i.e., development of a data collection and utilization plan).
  - o 100% identification of measures of key performance indicators by the end of SFY24.

**DPHHS successfully established an Office of Research and Data Analytics and initiated**

		<p><b>development of a data use strategy in SFY24. DPHHS strives to complete a data use strategy (i.e., development of a data collection and utilization plan) by the end of SFY25 and will report on its progress in the FY2025 Annual Performance Report.</b></p> <ul style="list-style-type: none"> <li>• Develop use case modeling for metrics and outcomes related to self-sufficiency/independence and population health. <ul style="list-style-type: none"> <li>o Implement at least 4 use cases with outcome measures for success (at least 2 for self-sufficiency/independence and 2 for population health) by end of SFY24.</li> </ul> </li> </ul> <p><b>DPHHS successfully established an Office of Research and Data Analytics in SFY24 and will further report on the implementation of at least four use cases for self-sufficiency/independence and population health in its FY2025 Annual Performance Report.</b></p> <ul style="list-style-type: none"> <li>• Hold at least 2 meetings of a new Data Governance Committee by the end of SFY24.</li> </ul> <p><b>With the recent hire of a Chief Data Officer, DPHHS is actively organizing its Data Governance Committee for launch in the second half of SFY25.</b></p>
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