BHSFG Commission Meeting

August 26th, 2024

DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES

Executive Summary | Meeting Agenda and Next Steps

Goals of today's meeting:

1. Update on the status of approved and proposed NTIs
2. Potential changes to the draft Commission report
3. Proposed framework on sequencing recommendations
4. Commission Discussion
5. Public Comment

Near-Term Initiatives

Funding to Launch PA and OTD Programs | Amendment

Place in Continuum	BHSFG Priority Alignment	Projected Additional Cost
Prevention Crisis Intervention Treatment Recovery	Adult Behavioral Health Children's Mental Health Developmental Disabilities	Up to $800,000

Amendment to the NTI

The Commission passed the Funding to Launch Occupational Therapy Doctorate and Physician Assistant Programs NTI on May, 20th. Following this, the Department sent the NTI to Governor Gianforte for his review. The Governor supported the NTI with one proposed amendment.

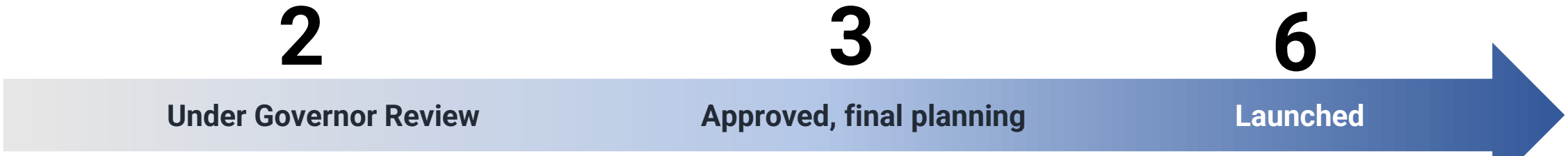
Governor Gianforte seeks to **expand the eligibility criteria** associated with this NTI so that **any institution of higher education** authorized to issue degrees in Montana by the Board of Regents per 20-25-106, MCA—not just those listed in the previously approved NTI—**is eligible to apply for one-time grant funding** to support start up costs associated with launching a Physician Assistant or Occupational Therapy Doctorate program.

Following the Governor's guidance, the Department recommends **allocating an additional $800,000** to the previously passed NTI, so that a total of $4M are available to cover start-up costs associated with these programs.

Near-Term Initiatives | Executive Summary

Overview of the NTI Process and Progress to Date:

- In October 2023, the Commission identified the opportunity to focus on immediately addressable gaps within Montana's BH and DD systems, establishing Near-Term Initiatives (NTIs) with execution support from the Department using BHSFG funding.
- NTIs provide funding to providers and community partners through a combination of grant programs and contracts that rapidly distribute needed resources into the systems and coincide with the more strategic recommendations issued in the Commission's full report.
- To date, the Commission has passed **11 NTIs — 9 of which have been approved by the Governor** — that span the continua of care across the BH and DD systems; these initiatives focus on expanding residential capacity, enhancing crisis services, addressing workforce shortages, and providing services tailored to meet the needs of specific communities across Montana.



DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

Near-Term Initiatives | Executive Summary

Status:	**Under Governor Review**	**Approved, final planning**	**Launched**
NTI:	• Funding to Launch Occupational Therapy Doctorate and Physician Assistant Programs • Funding to Pilot Local Innovations in Behavioral Health through Grants to Counties and Tribes	• Support for Tribes and Urban Indian Health Organizations • Fair Market Rent Reevaluation Study • Access to Naloxone & Fentanyl Test Strips	• Incentivize Community-Based Court Ordered Evaluations • Increase Residential Bed Capacity • Support Mobile Crisis Response and Crisis Receiving and Stabilization Services • Development and Deployment of a Comprehensive Crisis Worker Curriculum and Certification Course • Healthcare and I/DD Workforce Training and Certification • Family Peer Support Pilot Program
Expected Outcomes:	**Workforce investments and community partnerships to increase system capacity**	**Increased community and government partnerships to expand service delivery**	**Workforce investments and community partnerships to increase system capacity**
Available Funding:	**$6M**	**$8M**	**$32M**

*Note: *Available funding is not to exceed the amounts approved by the BHSFG Commission and Governor. Some funds may be reverted back to the state special revenue account if not required to accomplish the outcomes identified in the NTI.*

Near-Term Initiatives | Status Update

#	NTI	Approved (Governor)	Launch Date[1]	Goal	Progress to Date	Status	Next Milestone
1	Community COE and Stabilization Funds	Yes	3/8/24	HB 872 funds are available for providers to use for community-based COE and/or stabilization services.	Successfully launched NTI on 3/8/24. Have completed, and paid for, multiple COEs in community settings. This has started to reduce the waitlist at Galen.		SABHRS changes are complete.
2	Residential Setting Grants	Yes	2/5/24	HB 872 funds are awarded to residential setting providers to increase capacity.	Selected and notified awardees.		Agreements with all awardees are fully executed.
3A	Mobile Crisis Grants	Yes	5/31/24	HB 872 funds are awarded to existing mobile crisis providers to enhance financial stability.	Received executed agreements with six of seven providers.		Begin distributing funds to providers.
3B	Crisis Receiving and Stabilization Grants	Yes	7/30/24	HB 872 funds are awarded to crisis receiving and stabilization providers to expand capacity.	RFP closed. Received nearly $29M in proposals. Selection committee has begun the reviewing and scoring process.		Awardees selected and notified.
4	Crisis Curriculum	Yes	8/1/24	HB 872 funds are awarded to a university partner to develop (with DPHHS) and host a crisis curriculum for all crisis workers.	Drafted contract with University of Montana.		Finalize contract with University of Montana.
5A	DD Healthcare Workforce Training	Yes	5/7/24	HB 872 funds are awarded to providers to train their workforce in supporting people with DD.	Went live on 5/7/24. More than 30 people have already enrolled in the training.		Analyze course enrollment and completion data to guide continued marketing efforts.
5B	DSP Workforce Grants	Yes	4/18/24	HB 872 funds are awarded to providers to help DSPs obtain certification in providing services to people with DD.	Held kickoff call with awardees.		Awardees begin enrolling DSPs into credentialing program.
6	Family Peer Supports	Yes	7/31/24	HB 872 funds are awarded to organizations with a proven track record of providing family peer support services in Montana.	Launched grant application on 7/31/24		Review and select awardees.
7	Tribal and UIO Supports	Yes	8/30/24	HB 872 funds are awarded to Tribal nations and Urban Indian Health Organizations to BH and DD services in Native American Communities.	Have begun drafting grant application.		Go live with grant application on Submittable

1. *Launch date marks when relevant entities may first access program; date is **subject to change** as NTI programs are implemented.*

Status Key: On Track | At Risk | Behind Schedule | Initiative Launch Pending

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

Near-Term Initiatives | Status Update

#	NTI	Approved (Governor)	Launch Date[1]	Goal	Progress to Date	Status	Next Milestone
8	Fair Market Rent Reevaluation Study	Yes	9/13/24	HB 872 funds are awarded to the MT Department of Commerce to conduct a Fair Market Rent Reevaluation Study to determine the level of funding needed to help supplement housing cost for low-income Montanans.	MOU between the Department of Commerce and DPHHS has been signed.		Transfer funds to Department of Commerce.
9	Access to Naloxone and Fentanyl Test Strips	Yes	TBD	HB 872 funds are awarded to distribute fentanyl test strips and naloxone.	Passed BHSFG commission meeting on 5/20/24.		TBD
10	Funding to Launch Occupational Therapy Doctorate and Physician Assistant Programs	Pending	TBD	HB 872 funds are awarded to cover start-up costs to launch an Occupational Therapy Doctorate (OTD) and Physician Assistant (PA) program at the University of Montana (potential other institutions if amended).	Passed BHSFG commission meeting on 5/20/24.		TBD
11	Funding to Pilot Local Innovations in Behavioral Health through Grants to Counties and Tribes	Pending	TBD	HB 872 funds are awarded to rural counties and Tribes across Montana to pilot innovative behavioral health solutions designed to meet the unique needs of these communities.	Passed BHSFG commission meeting on 6/28/24		TBD

1. *Launch date marks when relevant entities may first access program; date is **subject to change** as NTI programs are implemented.*

Status Key: On Track; At Risk; Behind Schedule; Initiative Launch Pending

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

Summary of Report Changes

Summary of Report Changes

The report draft has undergone several rounds of review since the July 23rd Joint Legislative Committee meeting, during which additional input from stakeholders and legislators was incorporated. The major changes made during this process are reflected below.

#	Report Section	Recommendation (if applicable)	Summary of Change
1	Executive Summary, Recommendations	All	• Updated the budget figures for relevant recommendations.
2	Recommendations	Recommendation #9: Adopt Electronic Bed Registry and Enhance 988	• Re-framed Recommendation #9 to more strongly emphasize the electronic bed registry.
3	Recommendations	All	• Renamed “Key Performance Indicators” to “Performance Measures.” • Updated each recommendation to align with updated performance measures.
4	Appendix C: Performance Measures	All	• Added detailed updates in the appendix on key performance measures to align with HB 190, including illustrative baseline data, examples of data sources, and the timeline for baseline availability.
5	Appendix D: Recommendation Sequencing	N/A	• Added information to the appendix outlining the process for recommendation sequencing and explaining the relationships between foundational recommendations and other recommendations across different phases.

Performance Measures | Summary of Process

The process includes establishing a centralized list of performance measures. These areas are intended to provide guidance and illustrate the parameters under consideration for each recommendation. Specific data and timelines for each recommendation will be defined upon finalization of detailed project plans.

1. **Reframed Performance Measures**: Aligned terminology with H.B. 190 by standardizing "key performance measures" to "performance measures."
2. **Centralized Performance Measures**: Consolidated the performance measures based on identified themes into a centralized, standardized list of measures.
3. **Identified Examples of Data Collection Sources**: Selected illustrative sources for data collection, focusing on leveraging existing data over initiating new collection efforts, when possible.
4. **Identified Examples of Baseline Data**: Established example baselines for data collection to provide a foundation for initial metrics.
5. **Timeline to Baseline Availability**: Identified an illustrative timeline for potential data collection periods, estimating when data will be available for analysis.

Performance Measures | Summary Table

Below is a summary table included in the report's appendix. Performance measures have been updated to align with the new groupings. The timeline outlines potential data collection periods and estimated analysis availability, though exact data remains uncertain until project plans are finalized.

Performance Measures	Definition	Rec #	Baseline Data Examples	Data Source Examples	Timeline to Baseline Availability
Decrease ED Utilization	Reducing inappropriate ED visits by individuals through improved access to alternative care options, improved preventative care, and better management of chronic conditions.	1, 2, 6, 11, 12, 16, 21, 22	❖ Annual number of ED visits for Medicaid enrolled participants avoidable with BH and/or DD diagnosis receiving defined services to be determined by DPHHS.	❖ Claims Data ❖ EHR Data ❖ Cost Reports ❖ Administrative Data	12+m
Increase Access to Community-based Services	Increasing the utilization of specific, key available services to ensure beneficiaries receive appropriate community-based and comprehensive care tailored to their individual needs and levels of care instead of more costly, restrictive care options.	1, 4, 5, 6, 10, 11, 13, 14, 15, 18	❖ Annual number of Montana Medicaid beneficiaries receiving community-based services, examples include: residential habilitation, day habilitation, personal support services, TCM services, or tenancy supports services ❖ Percentage of individuals with documented discharge plans in place prior to release	❖ Claims Data ❖ Administrative Data	12+m
Decrease Out-of-State Placements	Decreasing the number of individuals receiving out-of-state residential level of care (i.e., PRTF) due to the complexity of support they need.	1, 2, 3,11, 17	❖ Annual number of Montana Medicaid beneficiaries receiving out-of-state residential services	❖ Claims Data ❖ Program Reports	0-6m
Decrease 0208 Waiver Waitlist	Improving the data management of current waitlist management systems and/or reducing the number of people on waitlists through increased service access.	1, 2, 4, 5	❖ Avg. length of wait time prior to 0208 Waiver access ❖ Annual number of individuals on the 0208 Waiver waitlist	❖ Waitlist Reports ❖ Claims Data	6-12m
Increase Workforce Training and Capacity	Expanding and improving the educational and professional development opportunities for staff to recruit new and enhance the skills and effectiveness of direct support workers.	7, 12, 16, 18, 19, 20, 22	❖ Tenure of direct care staff ❖ Turnout rate of direct support workers ❖ Annual unduplicated number of people enrolled in a DPHHS approved education or training program that offers a credential recognized by an industry or occupational organization.	❖ Program Reports ❖ Survey	12+m
Decrease Reliance on State-operated Facilities	Reducing the likelihood of individuals being readmitted to state-operated facilities and decreasing their dependency on these facilities by expanding the use of alternative service providers and models.	1, 2, 3, 8, 9, 17	❖ Number of patients readmitted to MSH and IBC within specified periods (e.g., 30, 60, 90, or 180 days) after initial discharge. ❖ Annual number of involuntary commitments	❖ Administrative Data ❖ Program Reports ❖ EHR Data	12+m
Increase Follow-Up After ED Visit for Mental Illness	Increasing the percentage of follow-up visits for a principal mental illness diagnosis within 30 days of an ED visit for a mental health related event.	8, 10, 21, 22	❖ Annual number of Montana Medicaid beneficiaries who received a follow up BH or PCP visit within 30 days post ED visit. For a principal mental illness visit.	❖ EHR Data ❖ Claims Data	0-6m

Sequencing Overview

BHSFG Recommendation Sequencing | Summary

The graphic below depicts the step-wise progression the BHSFG Commission has utilized to refine a selection of recommendations to move forward for initial funding appropriated through H.B. 872. This process, in which each step builds upon the others, seeks to provide a strategic starting point for the recommendation implementation and subsequent sequencing of remaining recommendations.

Recommendation Sequencing Process

Complexity and Impact Tool

- Recommendations are organized by **complexity and impact**, categorized by level of difficulty, resource requirements, and expected benefits.
- The output helps frame recommendation considerations for future planning activities.

Commissioner Identified Focus Areas

- BHSFG Commissioners identified their top behavioral health and developmental disabilities focus area recommendations.

Recommendation Sequencing

- The sequencing process considers relationships and contextualizes the results of the complexity and impact tool, along with BHSFG Commissioner and provider focus areas.
- Organizes recommendations into **3 phases** and **identifies relationships between them**.

BHSFG Recommendation Sequencing | Definitions

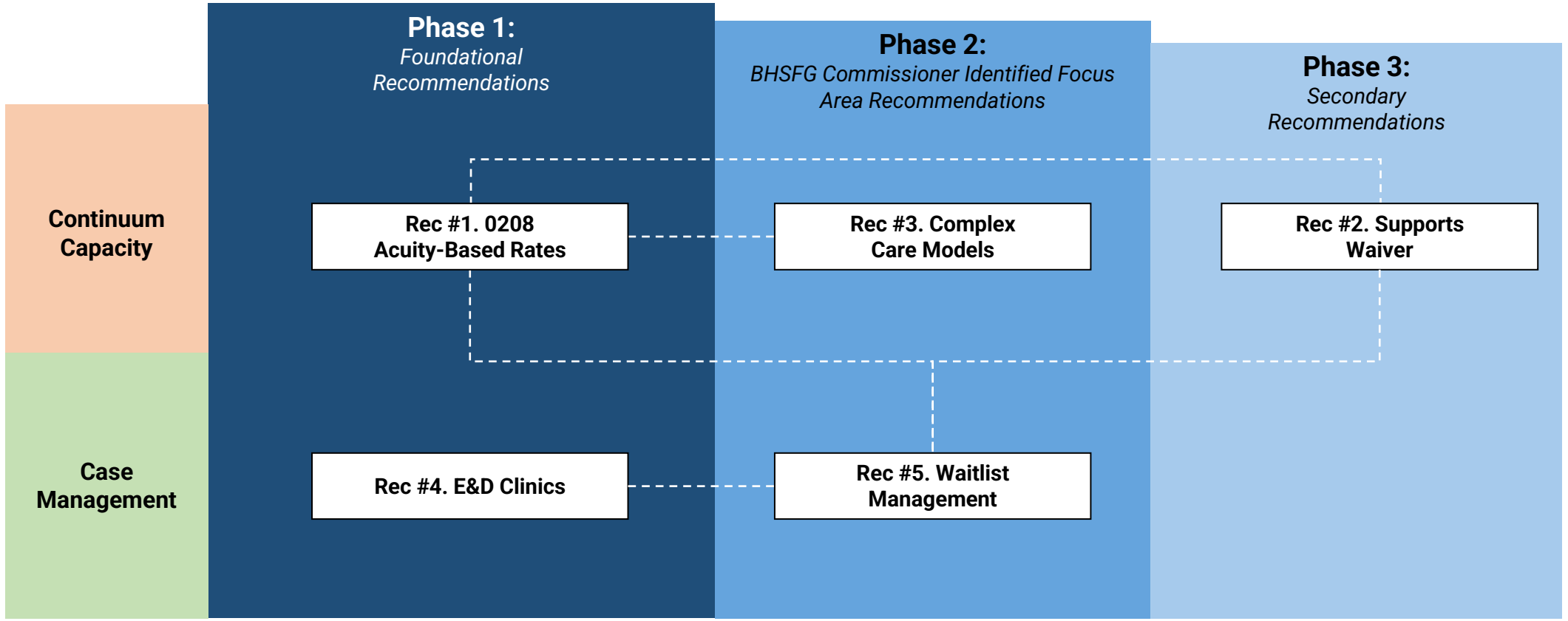
The table below identifies relationships that should be considered in sequencing recommendation implementation activities. Recommendations are represented in phases to help identify the step-wise progression between recommendations, where applicable.

Phase	Recommendation Type	Definition
Phase 1	**Foundational Recommendations**	• A **foundational recommendation** builds the needed infrastructure for subsequent recommendations to succeed **AND/OR** is critical to strengthening and sustaining system operations.
Phase 2	**BHSFG Commissioner Identified Focus Area Recommendations**	• A **BHSFG Commission Identified Focus Area recommendation** is one in which the Commission identified, through polling, as a leading focus area which may be impacted by the completion of a foundational recommendation and/or is not foundational in nature.
Phase 3	**Secondary Recommendations**	• A **secondary recommendation** is an area identified through the Commission as a value-add to the service delivery system in the future but less immediate of a need to impact service access, capacity or quality.

BHSFG Recommendation Sequencing | Developmental Disabilities

*Below is a graphic that presents the shared relationships among the recommendations and their impact. This is **not** meant to serve as an implementation plan; it is intended to inform future program planning and execution.*

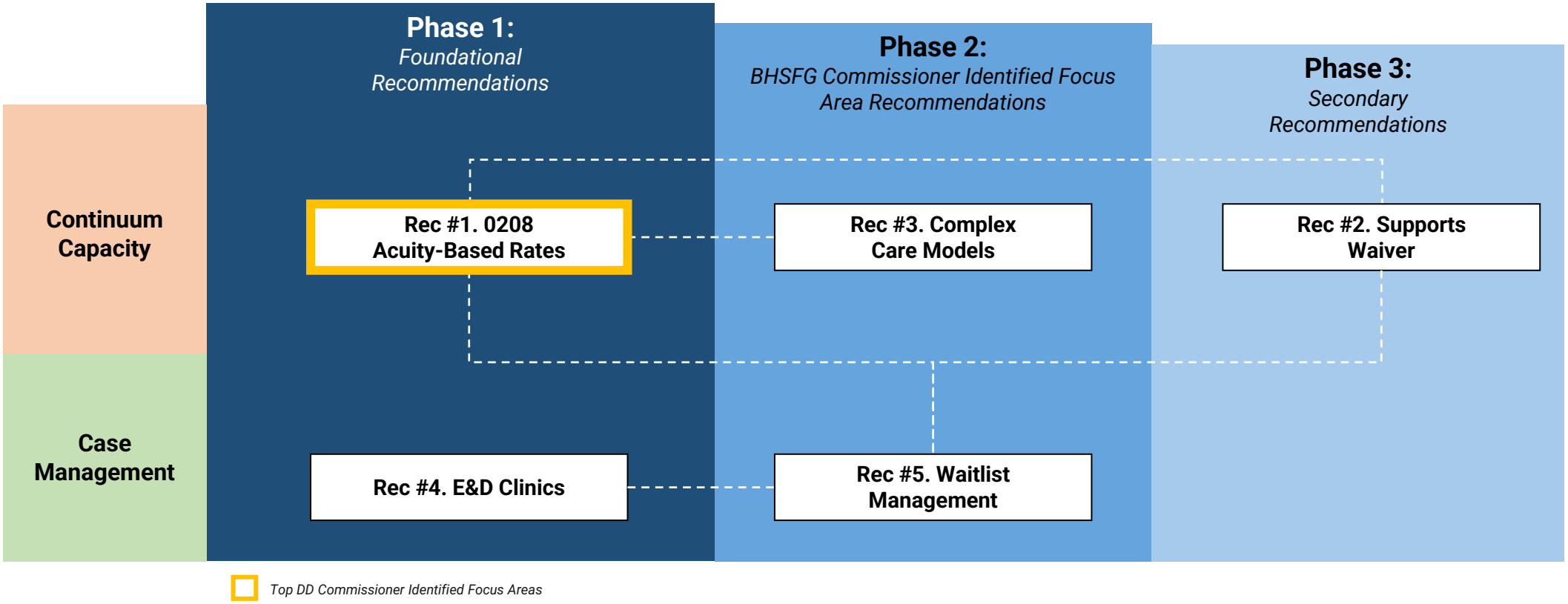
Figure 1. DD Recommendation Sequencing by Phases *(View of Relationships)*



BHSFG Recommendation Sequencing | Developmental Disabilities

*Below is a graphic that presents the shared relationships among the recommendations and their impact. This is **not** meant to serve as an implementation plan; it is intended to inform future program planning and execution.*

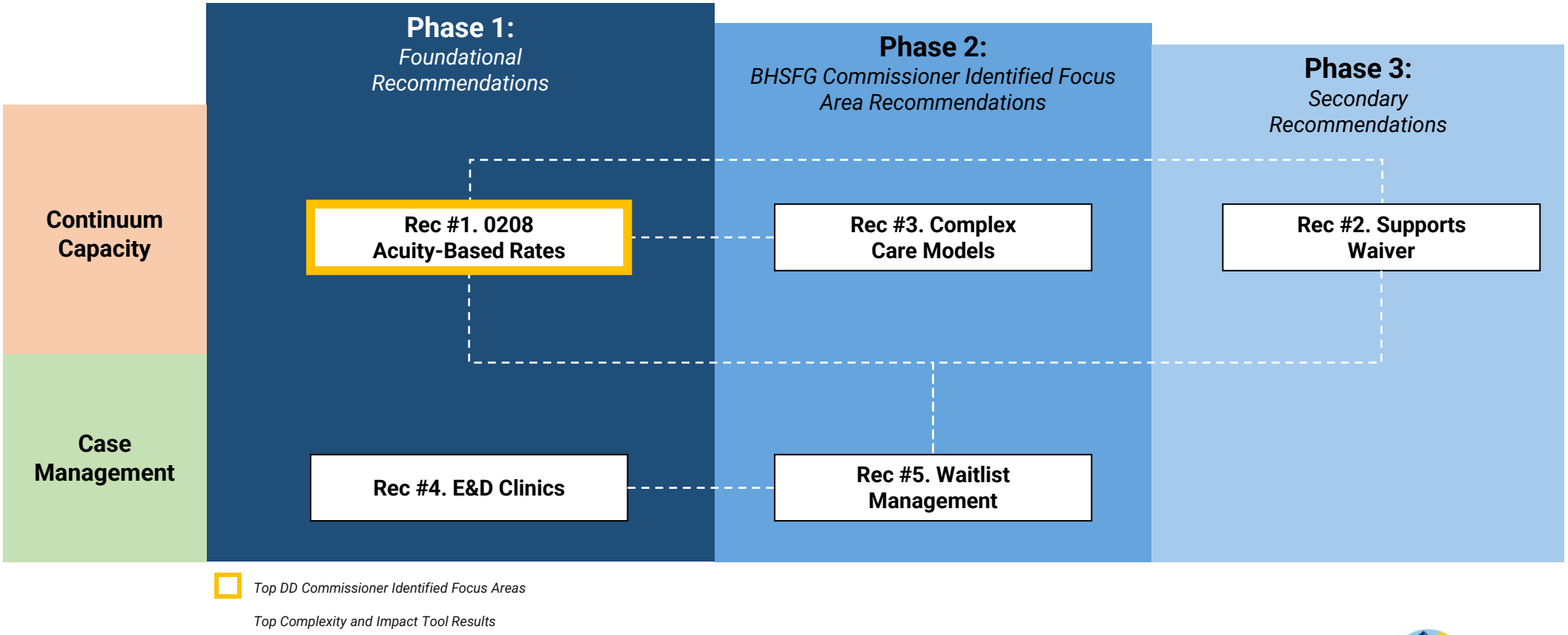
Figure 2. DD Recommendation Sequencing by Phases (*Top DD Commissioner Identified Focus Areas*)



BHSFG Recommendation Sequencing | Developmental Disabilities

*Below is a graphic that presents the shared relationships among the recommendations and their impact. This is **not** meant to serve as an implementation plan; it is intended to inform future program planning and execution.*

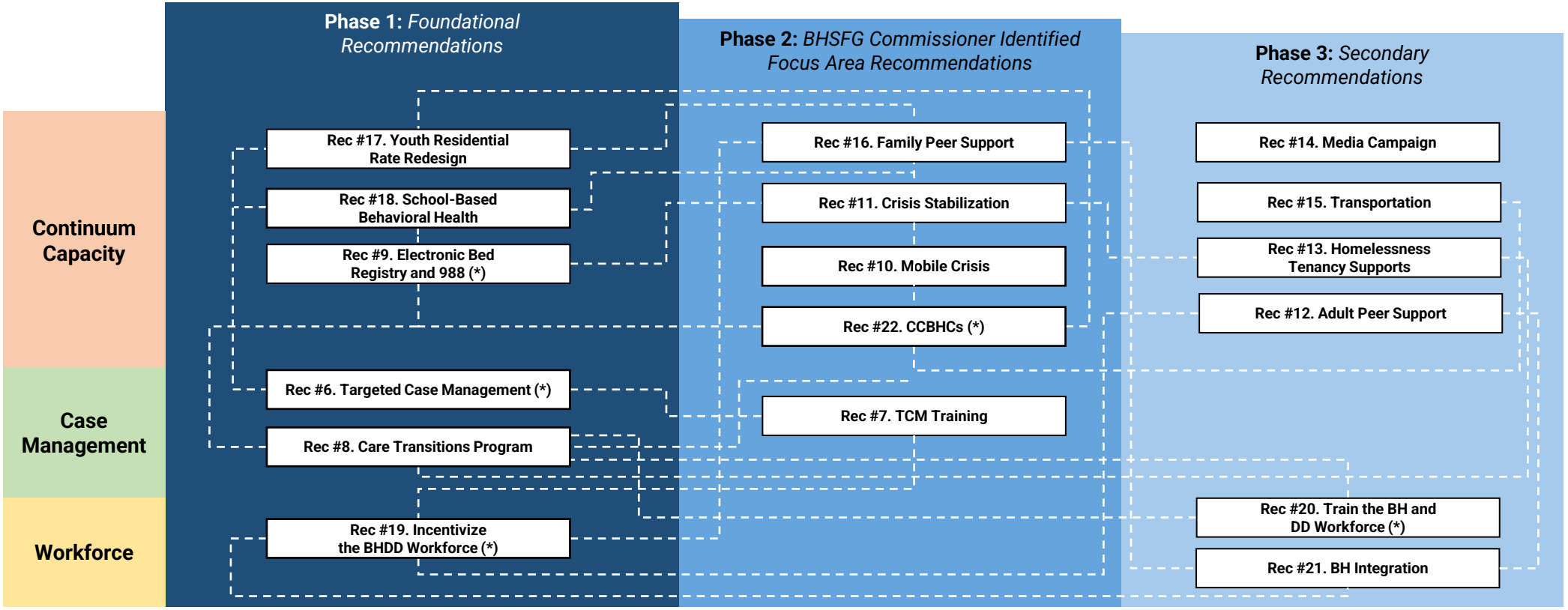
Figure 3. DD Recommendation Sequencing by Phases *(Top DD Commissioner Identified Focus Areas and Complexity / Impact Tool Results)*



BHSFG Recommendation Sequencing | Behavioral Health

*Below is a graphic that presents the shared relationships among the recommendations and their impact. This is **not** meant to serve as an implementation plan; it is intended to inform future program planning and execution.*

Figure 4. BH Recommendation Sequencing by Phases *(Comprehensive View of Relationships)*

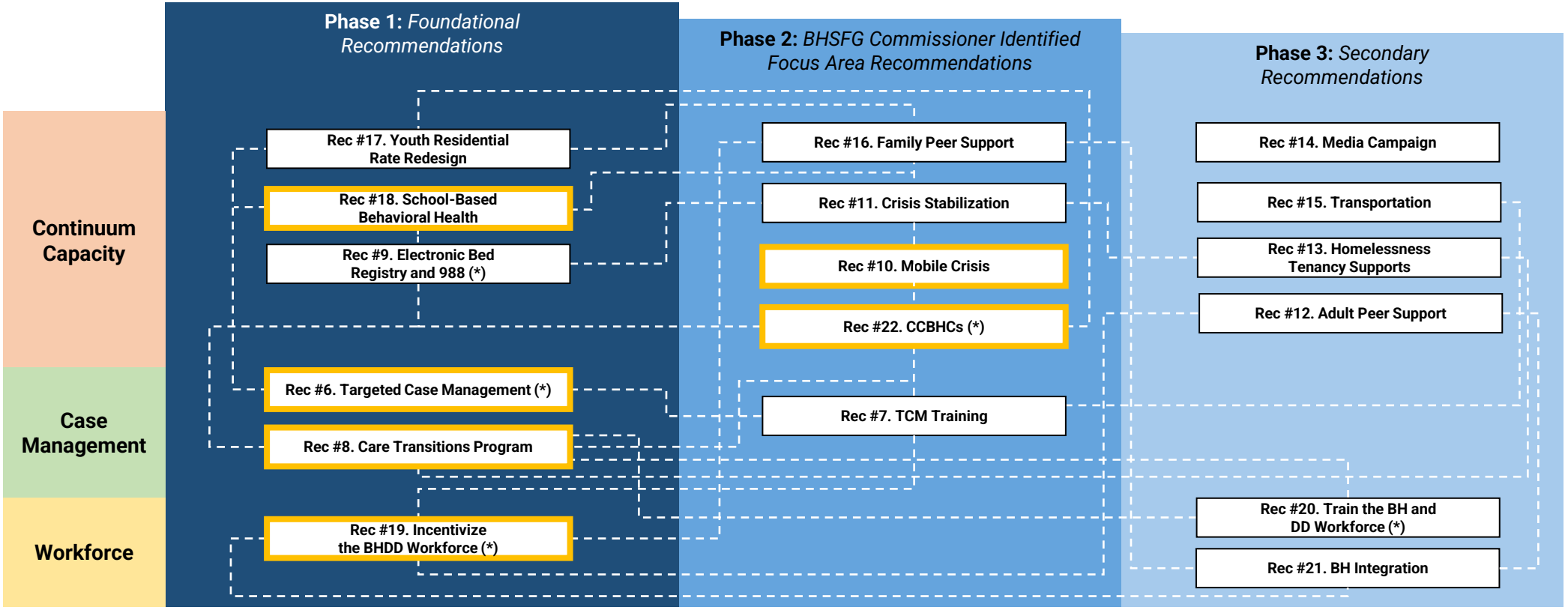


***Notes**: (*) Recommendations that are critical, impacting four or more other recommendations across the continuum of care.*

BHSFG Recommendation Sequencing | Behavioral Health

*Below is a graphic that presents the shared relationships among the recommendations and their impact. This is **not** meant to serve as an implementation plan; it is intended to inform future program planning and execution.*

Figure 5. BH Recommendation Sequencing by Phases *(Comprehensive View of Relationships: Top BH Commissioner Identified Focus Areas)*



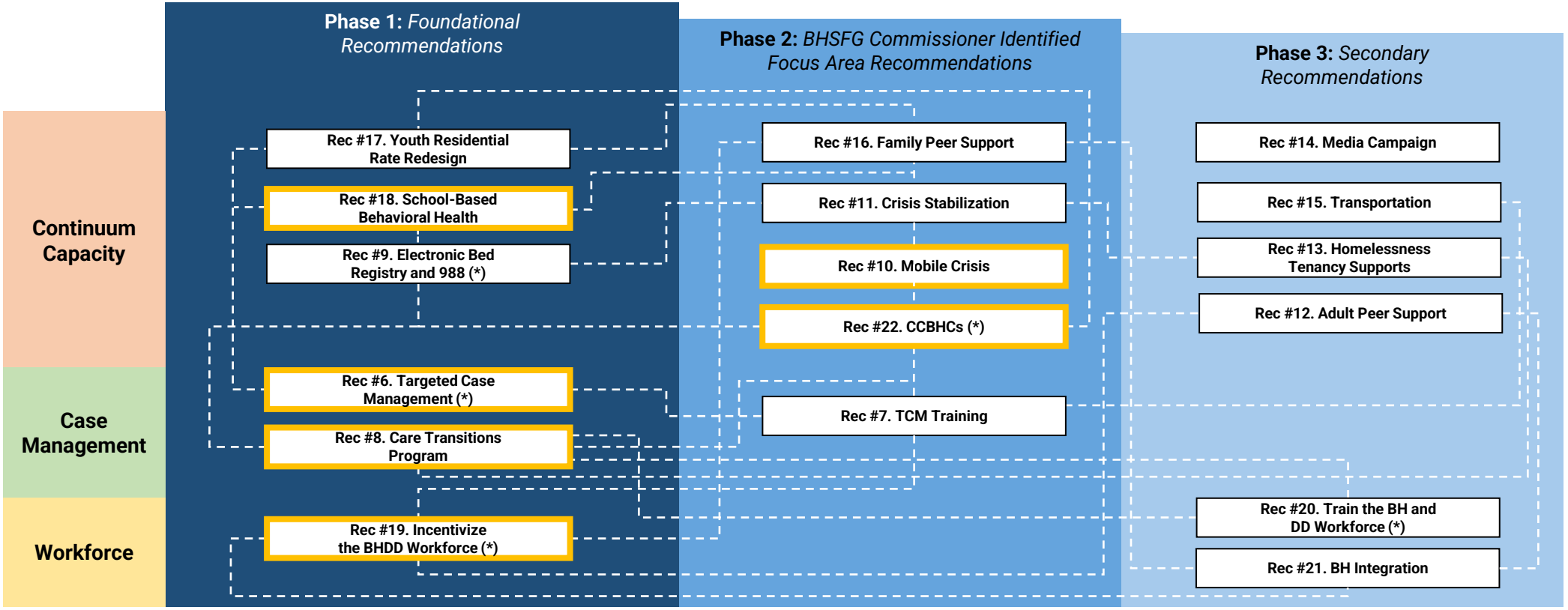
***Notes**: (*) Recommendations that are critical, impacting four or more other recommendations across the continuum of care.*

Top BH Commissioner Identified Focus Areas

BHSFG Recommendation Sequencing | Behavioral Health

*Below is a graphic that presents the shared relationships among the recommendations and their impact. This is **not** meant to serve as an implementation plan; it is intended to inform future program planning and execution.*

Figure 6. BH Recommendation Sequencing by Phases *(Comprehensive View of Relationships: Top BH Commissioner Identified Focus Areas and Complexity / Impact Tool Results)*



Notes: *(*) Recommendations that are critical, impacting four or more other recommendations across the continuum of care.*

Top BH Commissioner Identified Focus Areas

Top Complexity and Impact Tool Results

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

Meeting Break

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

Commission Discussion

Public Comment