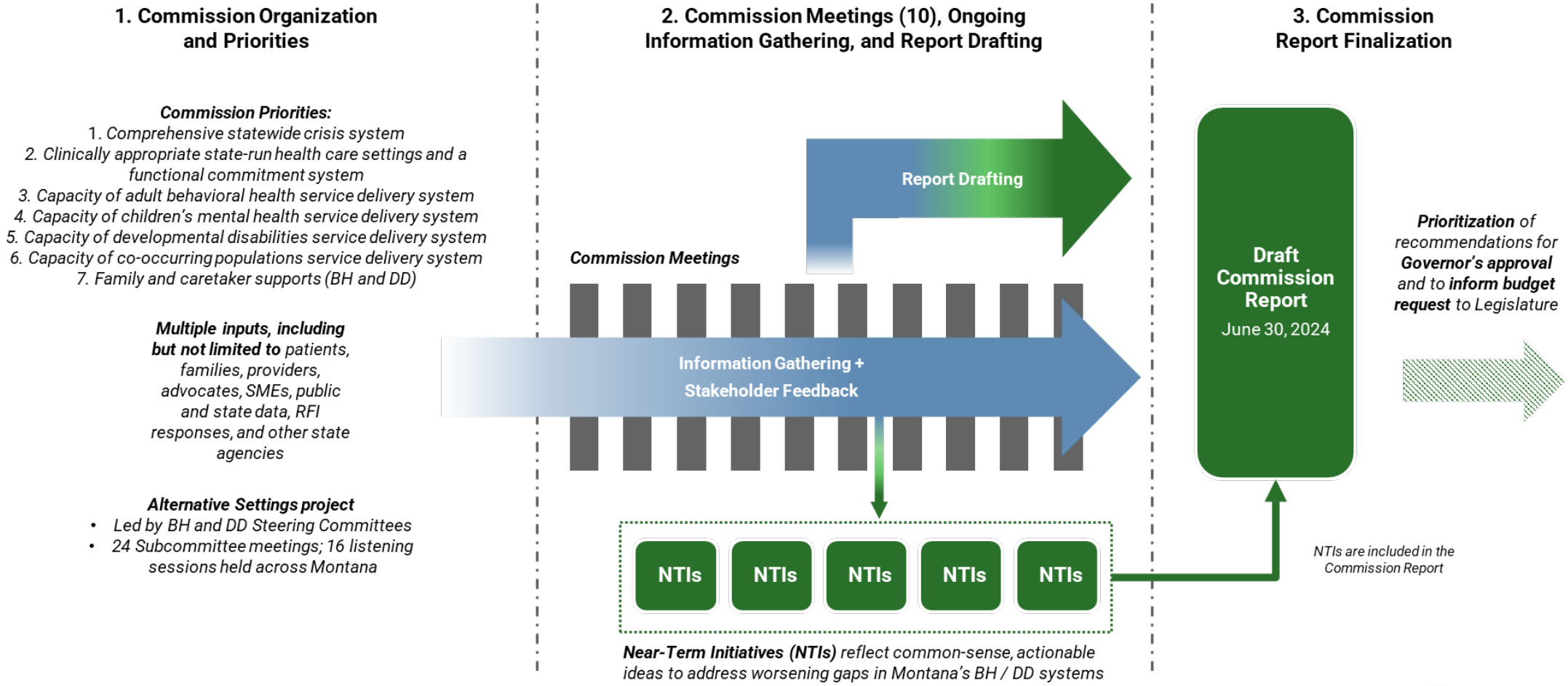
The Montana Behavioral Health System for Future Generations (BHSFG) Commission Report

July 23rd, 2024

DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES

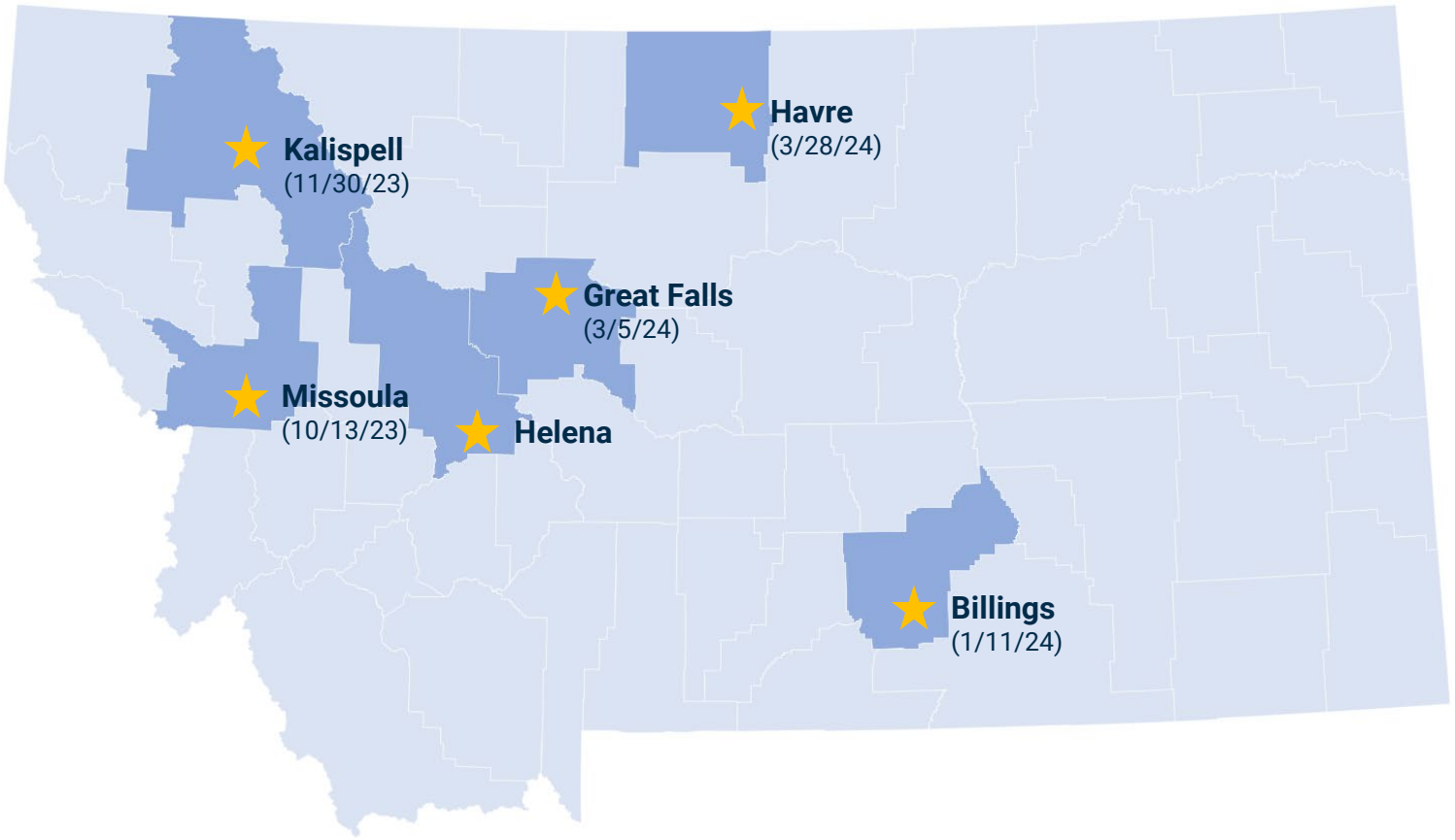
BHSFG Recommendations | Commission Process

The diagram below visualizes how the Commission collected and synthesized information to develop its recommendations.



BHSFG Recommendations | Commission Meetings Across Montana

Locations of BHSFG Commission Meetings



BHSFG Recommendations | Summary of Development

BHSFG Priorities

Ensure the recommendations span the entire integrated BHDD continuum of care, reaching all populations and domains.

Department Input

Recommendations that build upon existing DPHHS programs or infrastructure where and when possible.

Stakeholder Feedback / Input

Consider a wide range of inputs, including responses to the Commission's RFIs.

Near-Term Initiatives (NTIs)

Recommendations that are already in flight, coming from the Department.

Alternative Settings Report

Recommendations from the Guidehouse Alternative Settings Report.

Commissioner Input

Consider and include the perspectives of each Commissioner as recommendations are developed.

Budget

Budget | Recommendation Cost Estimate Definitions

The estimated costs to launch and operationalize each recommendation are categorized into the following components:

BHSFG Funding		Long-Term Sustainability		
One-Time Only	**Operational**	**Total Recurring**	**Federal Share**	**State Share**
BHSFG funded grants, contract RFPs, or other initial investments to stand up and launch the recommendation. ***Includes capital cost estimates for relevant recommendations.***	BHSFG funding available to finance the initial operational needs for the recommendation prior to inclusion in the "base budget." ***Figures will vary depending on the timing to launch each recommendation.***	Total recurring costs included in the "base budget", on an ongoing annual basis, funded through both state and federal sources. ***The total annual recurring costs going forward.***	The share of total recurring costs funded through federal sources, such as Medicaid match or federal grants. ***The amount of total recurring costs offset by federal funds.***	The share of total recurring costs funded through state sources, such as the general fund. ***The amount of total recurring costs that impact the state's budget going forward.***

Budget | BHSFG Fund Cost Estimates, by Recommendation

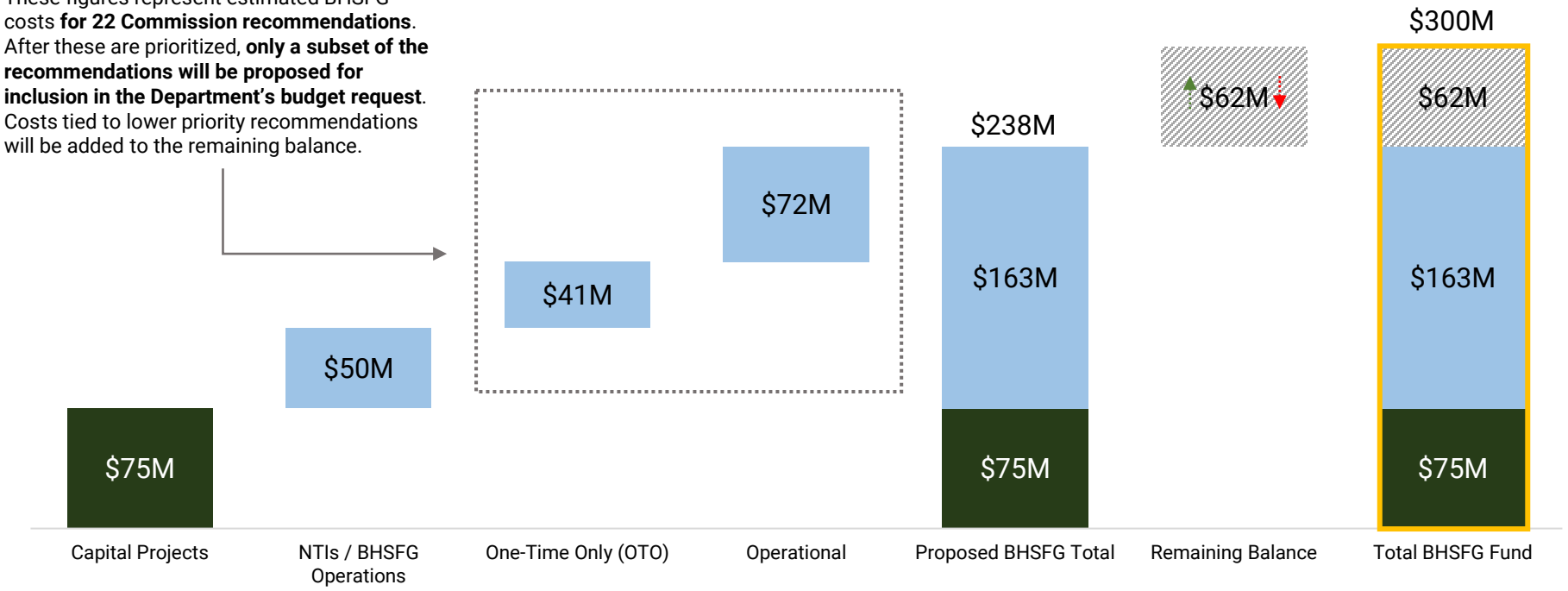
		BHSFG Funding	
Recommendation	**Domain**	**OTO**	**Operational**
1. Refine and Reconfigure the Current 0208 Comprehensive Waiver Services Rates	DD	$1.3M	$300K
2. Expand Access to Waiver Services Through a §1915(c) Supports Waiver	DD	$250K	$66K
3. Expand the Service Delivery System to Support Individuals with Complex Needs	DD	$1.9M	$17.7M
4. Redefine and Reopen E&D Clinics to Support Families More Effectively	DD	$50K	$2M
5. Conduct an In-Depth Study of the Current DDP Waitlist Management Process	DD	$625K	$100K
6. Enhance the Targeted Case Management Program	BH	$585K	$1.5M
7. Develop a Targeted Case Management Training Program	BH	$1M	$200K
8. Implement a Care Transitions Program	BH	$248K	$2M
9. Enhance Information Technology	BH	$4.1M	$6.1M
10. Expand Mobile Crisis Response to Additional Regions	BH	$1.4M	$770K
11. Introduce New Crisis Stabilization and Receiving Center Services	BH	$13.8M	$3.8M
12. Expand Scope of the Certified Adult Peer Support Program	BH	$300K	-
13. Increase Support for Individuals with SMI and/or SUD Experiencing Homelessness	BH	$1.1M	$781K
14. Launch a Media Campaign to Raise Awareness and Reduce Stigma	BH	$1M	-
15. Reduce Transportation-Related Barriers to Care	BH	-	$1.7M
16. Expand the Family Peer Support Program for Parents and Caregivers	BH	$525K	-
17. Redesign Rates to Improve In-State Youth Residential Services	BH	$75K	-
18. Invest in School-Based Behavioral Health Initiatives	BH	$200K	$6M
19. Incentivize Providers to Join the BH and DD Workforce	BH	$7.8M	$500K
20. Expand Training Content Available to BH and DD Workforce	BH	$2M	-
21. Enhance Behavioral Health Integration Efforts	BH	$2M	$3.9M
22. Expand and Sustain Certified Community Behavioral Health Clinics	BH	$500K	$24.8M
	Total:	**$41M**	**$72M**

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

Budget | Build Up of BHSFG Fund Cost Estimates

The chart below shows the cost estimate build up of the Commission's recommendations against the total $300M in available funds. This includes the already-appropriated $75M in capital project funding, as well as Commission-approved NTIs.

These figures represent estimated BHSFG costs **for 22 Commission recommendations**. After these are prioritized, **only a subset of the recommendations will be proposed for inclusion in the Department's budget request**. Costs tied to lower priority recommendations will be added to the remaining balance.



Long-Term Costs

The Commission anticipates investing BHSFG funds to **stand up and operationalize** recommendations, most of which will have **recurring long-term costs**. These are addressed in subsequent slides.

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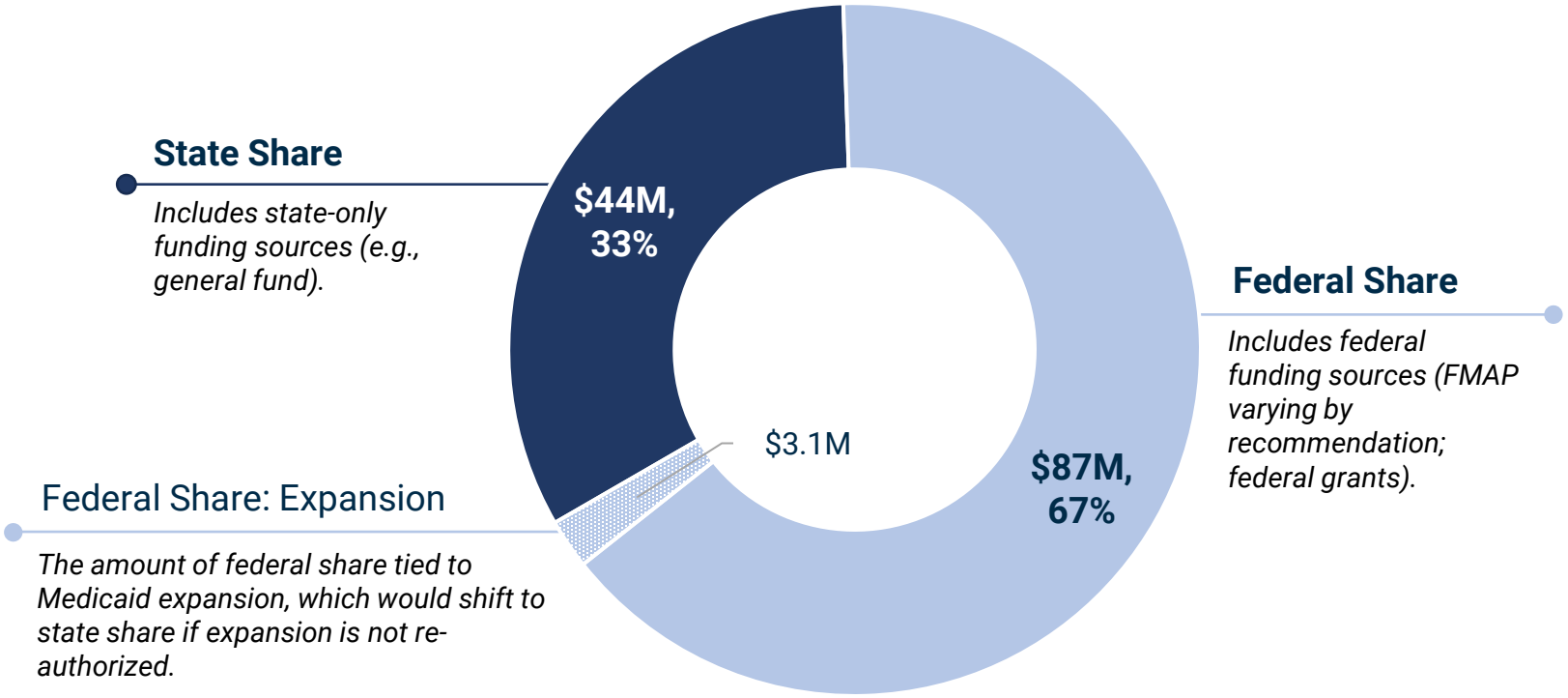
Budget | Base Budget Cost Estimates, by Recommendation

		Long-Term Sustainability		
Recommendation	**Domain**	**Total Recurring**	**Federal Share**	**State Share**
1. Refine and Reconfigure the Current 0208 Comprehensive Waiver Services Rates	DD	$7.4M	$4.6M	$2.8M
2. Expand Access to Waiver Services Through a §1915(c) Supports Waiver	DD	$21M	$13.4M	$7.6M
3. Expand the Service Delivery System to Support Individuals with Complex Needs	DD	$8.7M	$5.6M	$3.1M
4. Redefine and Reopen E&D Clinics to Support Families More Effectively	DD	$1M	$500K	$500K
5. Conduct an In-Depth Study of the Current DDP Waitlist Management Process	DD	$100K	$75K	$25K
6. Enhance the Targeted Case Management Program	BH	$2.8M	$2M	$800K
7. Develop a Targeted Case Management Training Program	BH	$100K	-	$100K
8. Implement a Care Transitions Program	BH	$1M	$714K	$277K
9. Enhance Information Technology	BH	$3.8M	$1.9M	$1.9M
10. Expand Mobile Crisis Response to Additional Regions	BH	$1.4M	$1M	$385K
11. Introduce New Crisis Stabilization and Receiving Center Services	BH	$8.7M	$6.3M	$2.4M
12. Expand Scope of the Certified Adult Peer Support Program	BH	$1.3M	$842K	$473K
13. Increase Support for Individuals with SMI and/or SUD Experiencing Homelessness	BH	-	-	-
14. Launch a Media Campaign to Raise Awareness and Reduce Stigma	BH	-	-	-
15. Reduce Transportation-Related Barriers to Care	BH	$1.7M	$900K	$860K
16. Expand the Family Peer Support Program for Parents and Caregivers	BH	$1.8M	$1.1M	$625K
17. Redesign Rates to Improve In-State Youth Residential Services	BH	$6.6M	$4.3M	$2.3M
18. Invest in School-Based Behavioral Health Initiatives	BH	$7.2M	$2.8M	$4.4M
19. Incentivize Providers to Join the BH and DD Workforce	BH	$250K	-	$250K
20. Expand Training Content Available to BH and DD Workforce	BH	-	-	-
21. Enhance Behavioral Health Integration Efforts	BH	$1.9M	$1.2M	$685K
22. Expand and Sustain Certified Community Behavioral Health Clinics	BH	$53.6M	$39.3M	$14.3M
	Total:	**$131M**	**$87M**	**$44M**

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

Budget | Base Budget Cost Estimates, by Funding Source

The chart below shows the projected total annual recurring costs in the state's base budget, if all recommendations were implemented. **The total annual funding requirement would be $131M,** which includes both federal and state funding sources.



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Recommendations

Developmental Disabilities

Refine and Reconfigure Waiver Services Rates

Recommendation #1

Refine and Reconfigure the Current 0208 Comprehensive Waiver Services Rates

- Implement a standardized assessment tool that can measure level and complexity of support needs.
- Re-engineer the reimbursement model for Residential Habilitation, Day Habilitation, and other Personal Support services to account for level of acuity and support needs.

Summary of Findings

Current DDP practices do not utilize a standardized, valid assessment tool to measure the level of need or acuity of individuals being served. While the current reimbursement model does include service tiers, these tiers are only differentiated by number of hours of support, and do not take into consideration altered staffing ratios, enhanced support needs, or other provider operating costs to support people with more complex needs. Selecting and implementing a standardized assessment tool and refining the rate schedule to account for level of need and setting size will improve funding alignment, support state budgeting and tracking activities, and have a broad-ranging impact across the service system.

Theme:	Continuum Capacity
Population Impacted:	DD — Adults
Place in Continuum:	Supports/Services
BHSFG Priority # (1-7):	5. Capacity of DD service system 6. Capacity of co-occurring populations
Stakeholder Input:	Alt. Settings Report, BHSFG Commission Meetings – Panels and Public Comment

HB 872 Requirements

Intended Outputs

1. More expansive rate methodology with tiered rates set by level of acuity across service domains.
2. DDP provider cost reporting at a set cadence to support ongoing rate maintenance.

Intended Outcomes

1. Providers are more appropriately incentivized to support individuals with complex needs.
2. The needs of individuals with DD are better met by service reimbursement rates that are more aligned to their unique needs.

Key Performance Indicators (KPIs)

1. ED and/or out-of-state placements are reduced.
2. Greater detail is available through MMIS to support state budgeting and waitlist management.
3. Provider capacity is stabilized and/or expanded.
4. Reliance on state-operated facilities is reduced.

Proposed Funding

HB 872 Investment

OTO:	$1.3M
Operational:	$300K

Long-Term Investment

Total Recurring:	$7.4M
Federal Share:	$4.6M
State Share:	$2.8M

Expand Access to Waivered Services Through a Supports Waiver

Recommendation #2

Expand access to waivered services through a §1915(c) Supports Waiver

- Implement a new §1915(c) Supports Waiver focused on in-home support services.
- Expand the service reimbursement rates to include services under the new Supports Waiver.

Summary of Findings

Under current DDP operations, eligible individuals and families on the current waitlist access State Plan service options which are limited in type, scope, and duration, and focused primarily on Targeted Case Management and therapy-based services. These individuals and families on the waitlist lack a more robust service array, placing greater unfunded demand on them which may increase crisis situations. This recommendation would enable DDP to offer more cost-effective services upstream which in turn reduces the reliance on 24/7 care.

Theme:	Continuum Capacity
Population Impacted:	DD — Adults and Children
Place in Continuum:	Supports/Services
BHSFG Priority # (1-7):	5. Capacity of DD service system 6. Capacity of co-occurring populations 7. Family and caretaker supports
Stakeholder Input:	Alt. Settings Report, BHSFG Commission Meetings – Public Comment (Families)

HB 872 Requirements

Intended Outputs

1. Expanded service options and improved access to services for families at a lower cost.

Intended Outcomes

1. More timely access for individuals and families to a limited-service array, reducing crisis points.
2. Increase in service options and choice for individuals that better align with their unique needs.
3. Earlier access to services that reduce reliance on more costly options.

Key Performance Indicators (KPIs)

1. Reduced emergency department (ED) visits and/or out-of-state placements.
2. Reduced number of people on the waiting list.
3. Reduced length of time waiting for services.
4. Reduced reliance on state-operated facilities.

Proposed Funding

HB 872 Investment

OTO:	$250K
Operational:	$66K

Long-Term Investment

Total Recurring:	$21M
Federal Share:	$13.4M
State Share:	$7.6M

Expand Service Options for People with Dual Diagnosis

Recommendation #3

Expand the Service Delivery System to Support Individuals with Complex Needs

- Pilot the START Program to test a more comprehensive support model for those with the most complex needs.
- Procure training through a specialized vendor to provide comprehensive training and on-demand technical assistance for supporting people with complex needs across the current provider network.
- Develop an Enhanced Community Living service in the 0208 Waiver to provide specialized Residential Habilitation for people with complex medical and/or behavioral health needs; the service would be limited to no more than 4-person homes with higher staffing qualifications, lower staffing ratios, and specialized reimbursement rates.

Summary of Findings

Traditional services like Residential Habilitation use a consistent reimbursement structure regardless of level of support. While this approach is appropriate for the general population of people utilizing the service, individuals with complex behavioral and/or medical support needs often require higher staffing ratios and higher staffing qualifications that may not be met in a standard group home model. Additionally, the current crisis response system does not specifically target supporting individuals with developmental disabilities given their unique needs. This leads to individuals continuing to be served at IBC, other state-run facilities, or through out-of-state placements. While developing acuity-based rates (as outlined in Recommendation #1) would help circumvent this, establishing this three-pronged approach (START Program, Intensive On-Site Provider Support, and Enhanced Community Living Service) would provide DDP with a more comprehensive array of specialized service capacity to support those in the top and middle tiers of the service continuum triangle. Building this community capacity also provides an opportunity to evaluate how IBC interfaces with the system and consider changes in scope or location, in alignment with the Alternative Settings recommendations.

Theme:	Continuum Capacity
Population Impacted:	DD — Adult and Children
Place in Continuum:	Supports/Services
BHSFG Priority # (1-7):	5. Capacity of DD service system 6. Capacity of co-occurring populations 7. Family and caretaker supports
Stakeholder Input:	Alt. Settings Report

HB 872 Requirements

Intended Outputs

1. Reduced out-of-state placements.
2. Increased severability of people with complex needs from providers.

Intended Outcomes

1. Increased ability for people with complex support needs to remain in their local communities, leverage natural supports, and receive adequate services and resources to meet their needs.

Key Performance Indicators (KPIs)

1. Reduced out-of-state placements.
2. Reduced reliance on state-operated facilities.

Proposed Funding

HB 872 Investment

OTO:	$1.9M
Operational:	$17.7M

Long-Term Investment

Total Recurring:	$8.7M
Federal Share:	$5.6M
State Share:	$3.1M

Redefine and Reopen Evaluation and Diagnostic Clinics

Recommendation #4

Redefine and Reopen Evaluation and Diagnostic Clinics to Support Families More Effectively

- Engage with stakeholders (families, medical professionals, and service providers) to redefine the intent and scope of Evaluation and Diagnostic (E&D) clinics to better meet family and state needs.
- Launch a pilot of E&D clinics operating under the newly defined role to evaluate effectiveness.

Summary of Findings

Due to budget cuts during SFY 2017/2018, three previously operating E&D clinics were discontinued. Closure of these clinics has caused a significant bottleneck for families seeking evaluations for gaining access to DDP services. The decrease in availability of these services has driven an extended waitlist for screening, further extending the time families spend waiting for services. Conversely, nationally, DD programs have worked to establish a more robust "No Wrong Door" system by expanding access to service eligibility screening. The intent of this approach is to reduce the frequency scenarios occurring wherein individuals otherwise unknown to the service system are coming forward at points of crisis. Earlier interactions can also serve as an opportunity to engage individuals and families with peer networks, unfunded services and/or state-plan services that may reduce or delay the need of waiver funded services.

Theme:	Case Management
Population Impacted:	DD — Children
Place in Continuum:	Supports/Services
BHSFG Priority # (1-7):	5. Capacity of DD service system 7. Family and caretaker supports
Stakeholder Input:	BHSFG Commission Meetings – Panels and Public Comment

HB 872 Requirements

Intended Outputs

1. Increased effectiveness and efficiencies in screening for service eligibility.
2. Expanded opportunities for family peer connection.
3. Increased coordination between early childhood services and DDP programs.
4. Establishment of a No Wrong Door-like system.

Intended Outcomes

1. Increased access to and reduced wait times for screening services for individuals and families, and increased efficacy in identifying appropriate/eligible services.

Key Performance Indicators (KPIs)

1. Reduced wait times for screening.
2. More accurate and up-to-date data on service eligibility and demand.

Proposed Funding

HB 872 Investment

OTO:	$50K
Operational:	$2M

Long-Term Investment

Total Recurring:	$1M
Federal Share:	$500K
State Share:	$500K

Conduct an In-Depth Study of the Current DDP Waitlist Management Process

Recommendation #5

Conduct an In-Depth Study of the Current DDP Waitlist Management Process

- Identify process changes to collect more robust information about individuals waiting for service (including priority of need, type of services needed, and level of support needed).
- Identify opportunities to modify current information technology systems to modernize and centralize data input, tracking, and reporting support operations.
- Identify and secure federal funding options for long-term program sustainability.

Summary of Findings

DDP currently manages a waitlist of approximately 2,100 individuals (almost equal to the number of people receiving funded waiver services). However, the current process collects limited data that, due to staffing and operating systems constraints, is not updated consistently or frequently. Lacking key information on waitlist participants hinders DDP in its ability to forecast service demand and provider capacity, and to provide legislative appropriation requests that meet the needs of those waiting for services.

Theme:	Case Management
Population Impacted:	DD — Adults and Children
Place in Continuum:	Supports/Services
BHSFG Priority # (1-7):	5. Capacity of DD service system 7. Family and caretaker supports
Stakeholder Input:	Alt. Settings Report, BHSFG Commission Meetings – Public Comment

HB 872 Requirements

Intended Outputs

1. Improved ability to project current and future service needs for supporting capacity development and budget planning.

Intended Outcomes

1. Improved access and reduced wait times for individuals and families eligible to receive services.

Key Performance Indicators (KPIs)

1. Increased ability for DDP to make targeted budget requests that promote improved access to and sustain the growth of needed program services.

Proposed Funding

HB 872 Investment

OTO:	$625K
Operational:	$100K

Long-Term Investment

Total Recurring:	$100K
Federal Share:	$75K
State Share:	$25K

Behavioral Health

Enhance the Targeted Case Management Program

Recommendation #6

Enhance the Targeted Case Management Program

- Re-evaluate the current TCM reimbursement model (e.g., by population, quality, intensity, and outcomes) for all TCM services.
- Expand the TCM program, service availability, and current met and unmet service need.
- Support and incentivize providers to measure outcomes on a path toward more value-based models.

Summary of Findings

Montana's long-term vision is to provide robust care coordination, case management, and discharge planning to successfully transition individuals with BH and DD needs from higher levels of care to home and community settings. In SFY23, TCM was delivered to approximately 8,000 Medicaid members, accounting for 2% of the Medicaid population. This recommendation would update the Targeted Case Management model for individuals with severe disabling mental illness and/or substance use disorder, and children with SED and developmental disabilities.

Theme:	Case Management
Population Impacted:	All
Place in Continuum:	All
BHSFG Priority # (1-7):	3. Capacity of adult BH service delivery 4. Capacity of children's BH service delivery 5. Capacity of DD service delivery system 6. Capacity of co-occurring populations delivery system 7. Family and caretaker supports
Stakeholder Input:	BHSFG Commission Meetings - AMH, CMH

HB 872 Requirements

Intended Outputs

1. New reimbursement model that considers TCM eligibility requirements, acuity, health related social needs, and clinical presentation.
2. Specific requirements by intensity for level of effort and subsequent rates.

Intended Outcomes

1. Decreased utilization of avoidable, high-cost services (e.g., inpatient psychiatric) for people receiving TCM.
2. Increased utilization of preventive care for people receiving TCM.

Key Performance Indicators (KPIs)

1. Reduced emergency department (ED) visits.
2. Increased primary care visits for people receiving TCM.

Proposed Funding

HB 872 Investment

OTO:	$585K
Operational:	$1.5M

Long-Term Investment

Total Recurring:	$2.8M
Federal Share:	$2M
State Share:	$800K

Develop a Targeted Case Management Training Program

Recommendation #7

Develop a training program for targeted case managers

- Develop a training curriculum that provides tools and skills for targeted case managers that (1) promotes understanding of best practices, service planning, and treatment options, (2) ensures fidelity to the TCM model, and (3) ensures delivery of TCM with a focus on outcomes.
- Improve the quality and consistency of TCM delivery, qualification standards, and workforce stability through a prescribed learning path with a certification.
- Integrate staff training that addresses the cultural and linguistic diversity reflective of Montana's unique populations (i.e., Integrate staff training that addresses the cultural and linguistic diversity reflective of Montana's unique populations (i.e., American Indian / Tribal population).

Summary of Findings

A new TCM curriculum would ensure (1) program compliance, (2) the employment of effective case management practices, (3) capacity to effectively deliver a revised TCM model (recommended in this report), and (4) fidelity to the model. There are several states (e.g., AL, KY, MN) that offer TCM training programs as well as existing national trainings that Montana could leverage for training curriculum, some with certification. The proposed TCM training curriculum would focus on population-specific interventions, engagement strategies, use of assessment tools, compliance with TCM rules (eligibility, services, and staffing), and model fidelity approaches and considerations.

Theme:	Case Management
Population Impacted:	All
Place in Continuum:	All
BHSFG Priority # (1-7):	3. Capacity of adult BH service delivery 4. Capacity of children's BH service delivery 5. Capacity of DD service delivery system 6. Capacity of co-occurring populations delivery system
Stakeholder Input:	BHSFG Commission Meetings

HB 872 Requirements

Intended Outputs

1. TCM teams more effectively identify level of need and assign case managers more systematically, with caseloads considering service intensity.
2. All TCM staff members receive the training.

Intended Outcomes

1. Increased skill among targeted case managers as measured through competency-based surveys (e.g., pre-and post-tests).
2. Increased speed and efficacy of targeted case management services, as measured by post-event (ED, mobile crisis response) tracking.

Key Performance Indicators (KPIs)

1. Increased quality of the workforce.
2. Improved compliance with staffing requirements.

Proposed Funding

HB 872 Investment

OTO:	$1M
Operational:	$200K

Long-Term Investment

Total Recurring:	$100K
Federal Share:	-
State Share:	$100K

Implement a Care Transitions Program

Recommendation #8

Implement a care transitions program

- Design and implement a care transitions service for individuals discharged from institutions that facilitates reintegration back into their communities.
- Provide culturally and linguistically responsive discharge planning that reflects the diversity of unique populations across Montana (i.e., American Indian / Tribal population).
- Identify and secure federal funding options for long-term program sustainability.

Summary of Findings

Hospital and inpatient readmissions represent poor social outcomes for patients, increase state inpatient costs, and add to the pressure on already-strained hospital systems. The causes of these readmissions are varied, but often share a common thread: little to no intensive support of patients as they leave the hospital and reintegrate into their communities. Case management is a dynamic, person-centered approach, occurring in a variety of settings where medical care, behavioral health care, and social supports are delivered. Montana offers several case management services for eligible individuals with complex needs that aim to improve transitions from higher levels of care (e.g., inpatient hospitals, correctional settings). This recommendation aims to enhance existing TCM programs and initiate a new case management program (e.g., Critical Time Intervention) for people transitioning from specific settings.

Theme:	Case Management
Population Impacted:	BH – Adults
Place in Continuum:	Recovery
BHSFG Priority # (1-7):	2. Clinically appropriate state-run health care 3. Capacity of adult BH service delivery
Stakeholder Input:	BHSFG Commission Meetings - AMH

HB 872 Requirements

Intended Outputs	Intended Outcomes	Key Performance Indicators (KPIs)	Proposed Funding
1. People discharged from psychiatric hospitals with care transitions support have a tailored discharge/reintegration plan and community connections. 2. Increase post-acute appointment attendance.	1. Reduced readmissions for people discharged from inpatient psychiatric care. 2. Reduced length of stay for individuals readmitted to a hospital.	1. Increase in the number of individuals re-integrated into the community following discharge. 2. Decrease in readmissions to psychiatric settings.	**HB 872 Investment** **OTO:** $248K **Operational:** $2M **Long-Term Investment** **Total Recurring:** $1M **Federal Share:** $714K **State Share:** $277K

Enhance Information Technology

Recommendation #9

Enhance Information Technology

- Formalize agreements with Public Safety Answering Points (PSAPs) to appropriately respond to individuals in crisis.
- Support 988 call centers' capacity to support real-time virtual coordination with first responders for de-escalation when mobile crisis response services are not locally available.
- Support virtual technology solutions for first responders and mobile crisis teams.
- Support a web-based system that monitors real-time BH bed availability and maintains an updated inventory of state-wide and community resources.

Summary of Findings

- The Department has identified a need to make further investments in information technology (IT) for its behavioral health system of care. This includes providing additional funding to enhance the 988 call center IT systems, virtual technology for mobile crisis and first responders, and to develop an electronic bed registry.
- Other rural states have invested in innovative virtual technology solutions to connect first responders to BH professionals when people are experiencing a crisis. Montana, like many other states, seeks to improve its coordination of behavioral health services by making a web-based bed registry accessible to front line crisis counselors in local behavioral health agencies, mobile crisis teams, crisis call centers, and hospital emergency departments.

Theme:	**Continuum Capacity**
Population Impacted:	All
Place in Continuum:	Crisis
BHSFG Priority # (1-7):	1. Comprehensive crisis system
Stakeholder Input:	BHSFG Commission Meetings

HB 872 Requirements

Intended Outputs

1. Implement formal dispatch protocol for responders to crises.
2. Provide first responders with technology to coordinate with BH providers during crisis calls.
3. Enhance access to BH crisis services in rural areas.
4. Implement electronic bed registry for behavioral health providers.

Intended Outcomes

1. Decrease the number of calls that require emergency department or higher levels of intervention.
2. Decrease the number of people with BH crisis who are arrested.
3. Increase the number of service connections made through 988.
4. Increase registry participation by having a minimum of 25 providers join in the first year.

Key Performance Indicators (KPIs)

1. Agreements between 988 and local 911 are formalized.
2. Decreased readmissions to psychiatric settings.
3. Agreements between bed registry vendor and providers are formalized.

Proposed Funding

HB 872 Investment

OTO:	$4.1M
Operational:	$6.1M

Long-Term Investment

Total Recurring:	$3.8M
Federal Share:	$1.9M
State Share:	$1.9M

Expand Mobile Crisis Response to Additional Regions

Recommendation #10

Expand Mobile Crisis Response to Additional Regions

- Offer grant funding to providers for 1) start-up and 2) non-billable service costs, to expand access to Medicaid-covered mobile crisis response (MCR) in densely populated regions where MCR is not currently delivered.
- Issue an RFP for new rural approaches to MCR services in areas with extreme staffing shortages and low forecasted utilization rates. Models may include leveraging existing providers (e.g., CMHCs) to virtually support local MCR teams, first responders, and/or available providers to respond rapidly in-person.
- Assess potential adjustments to the MCR rate to consider regional differences (e.g., additional response time in rural areas).

Summary of Findings

Montana has 6 mobile crisis teams, and none in the eastern part of the state. There is concern that mobile crisis teams may not have the utilization in underserved areas to sustain their operating costs. Innovative solutions should be leveraged, such as a hub and spoke model that includes a central "hub" of staff (e.g., BH professionals, CMHCs) virtually connecting with the "spoke" — e.g., peers, Community Health Workers, Emergency Medical Technicians, and MCR teams – deployed in the community to assist people in crisis.

Theme:	Continuum Capacity
Population Impacted:	All
Place in Continuum:	Crisis
BHSFG Priority # (1-7):	1. Comprehensive crisis system 3. Capacity of adult BH service delivery
Stakeholder Input:	Alt. Settings Report, BHSFG Commission Meetings

HB 872 Requirements

Intended Outputs	Intended Outcomes	Key Performance Indicators (KPIs)	Proposed Funding
1. Increased MCR reach to cover underserved regions. 2. Increased capacity of MCR teams to provide access to 24/7 crisis services.	1. Reduced number of BH emergencies resulting in jail or emergency department (ED) interaction. 2. Improved MCR team response time (within one hour of dispatch in urban areas, two hours for rural communities, and three hours for remote communities). 3. Increased number of individuals receiving MCR support.	1. Grant funding that prioritizes underserved regions, released in a timely manner. 2. Adherence to the Crisis Now model guidelines for "someone to respond" in urban areas. 3. Innovative model options for rural areas identified.	**HB 872 Investment** **OTO:** $1.4M **Operational:** $770K **Long-Term Investment** **Total Recurring:** $1.4M **Federal Share:** $1M **State Share:** $385K

Introduce New Crisis Stabilization and Receiving Center Services

Recommendation #11

Introduce new Crisis Stabilization and Receiving Center Services

- Provide one-time grant funding to fund new Crisis Stabilization Services for adults in high priority need areas with service gaps, severe staffing shortages, and low forecasted utilization rates.
- Release an RFP to fund new child and adolescent pilot programs for individuals (1) experiencing a behavioral health crisis who need immediate stabilization services, and (2) with emerging behavioral health conditions that need services and supports who do not present as an imminent threat of harm to self or others.
- Assess the long-term costs, sustainability, and development of new Medicaid services and rates for crisis stabilization service models for children and adolescents.

Summary of Findings

Montana has several crisis stabilization and receiving centers for adults that operate in select regions throughout the state. Crisis receiving and stabilization services offer the community a no-wrong-door access to provide critical triage, assessment, and services to people experiencing a crisis. However, many people live hours from these existing centers, and they do not offer services to children and adolescents. The Commission heard from stakeholders who shared support for providing crisis services to children and adolescents. Establishing crisis stabilization centers for children and adolescents will allow those experiencing a mental health crisis immediate, rapid triage and assessment of level of care. This should assist in keeping them out of emergency departments and other facilities and ensure referrals and access to specialized mental health treatment for stabilization support and recovery services. This recommendation proposes to fund construction and start-up costs for between 4-8 crisis stabilization and receiving centers or BH urgent care facilities throughout the state, based on need and demand. Provider types include behavioral health providers, FQHCs, critical access hospitals, and other identified entities.

Theme:	Continuum Capacity
Population Impacted:	All
Place in Continuum:	Crisis
BHSFG Priority # (1-7):	1. Comprehensive crisis system 3. Capacity of adult BH service delivery 4. Capacity of children's BH service delivery
Stakeholder Input:	Alt. Settings Report, BHSFG Commission Meetings

HB 872 Requirements

Intended Outputs

1. Increased access to rapid stabilization services for children and adolescents.
2. Increased access to crisis services in high priority/need areas.

Intended Outcomes

1. Decreased emergency department (ED) visits related to BH crises.
2. Decreased utilization of psychiatric hospitalization.

Key Performance Indicators (KPIs)

1. Established regulations, Medicaid policies, and reimbursement rates for child and adolescent services.
2. Decreased utilization of emergency department (ED) boarding among youths.

Proposed Funding

HB 872 Investment

OTO:	$13.8M
Operational:	$3.8M

Long-Term Investment

Total Recurring:	$8.7M
Federal Share:	$6.3M
State Share:	$2.4M

Expand Scope of the Certified Adult Peer Support Program

Recommendation #12

Expand Scope of the Certified Adult Peer Support Program

- Amend the certified peer support Medicaid benefit to include (1) non-Severe Disabling Mental Illness (i.e., individuals with moderate behavioral health conditions), and (2) settings designated as "licensed agencies" in the State Plan.
- Encourage the recruitment and hiring of additional certified peer support specialists through new start-up and incentive funding.

Summary of Findings

Peer support services reduce stigma, connect people to services, and minimize dependence on more disruptive emergency treatment. In SFY23, 33 providers (8 Mental Health Centers, 21 SUD providers, and 4 FQHCs) provided peer support services. Certified adult behavioral health peer support services are currently available to individuals with (1) a severe disabling mental illness, and/or (2) a substance use disorder diagnosis. Non-SDMI members are currently not eligible. Current eligible settings include (1) agencies licensed to operate as mental health centers, and (2) agencies which are both state-approved and licensed as an SUD residential or outpatient facility.

Theme:	Continuum Capacity
Population Impacted:	BH — Adults
Place in Continuum:	Prevention, Treatment
BHSFG Priority # (1-7):	3. Capacity of adult BH service delivery
Stakeholder Input:	Alt. Settings Report, RFI

HB 872 Requirements

Intended Outputs

1. Peer support services offered to people with moderate mental health diagnoses.
2. Increased number of individuals reached by peer support specialists by adding eligible settings.

Intended Outcomes

1. Increased preventive service utilization.
2. Increased retention in mental health treatment.

Key Performance Indicators (KPIs)

1. Inclusion of Medicaid benefit amendment in State Plan.
2. Increased number of certified peer support specialists.

Proposed Funding

HB 872 Investment

OTO:	$300K
Operational:	-

Long-Term Investment

Total Recurring:	$1.3M
Federal Share:	$842K
State Share:	$473K

Increase Support for People with SMI and/or SUD Experiencing Homelessness

Recommendation #13

Increase Support for People with Serious Mental Illness (SMI) and/or Substance Use Disorder (SUD) Experiencing Homelessness

- Provide funding for tenancy support specialists to assist adults with qualifying substance use disorder and/or serious mental illness who are also experiencing or are at risk of homelessness.

Summary of Findings

Montana, like many states, is struggling to address a growing number of people experiencing homelessness. Many of these individuals often also experience mental illness and/or substance use issues. There are nearly 2,200 Montanans experiencing homelessness, with an estimated 460 with a serious mental illness. According to the National Alliance to End Homelessness, Montana's homeless population increased by 38% between 2007 and 2022. The state's rate of homelessness was 14.1 per 10,000 in 2022, the 18th highest in the nation. A lack of reliable housing can compound behavioral health issues, leading to adverse outcomes. Funding tenancy support specialists would help individuals with SUD and/or SMI at risk of homelessness access personalized assistance, prevent homelessness barrier resolution, and enable early intervention.

Theme:	Continuum Capacity
Population Impacted:	All
Place in Continuum:	Prevention
BHSFG Priority # (1-7):	3. Capacity of adult BH service delivery
Stakeholder Input:	BHSFG Commission Meetings – CMH, MT Coalition to Solve Homelessness

HB 872 Requirements

Intended Outputs	Intended Outcomes	Key Performance Indicators (KPIs)	Proposed Funding
1. Expanded coverage of tenancy support services.	1. Increased number of people with SMI/SUD experiencing homelessness receiving BH services. 2. Reduce ED utilization for people with SMI/SUD experiencing homelessness.	1. increased funding allocation for tenancy support specialists.	**HB 872 Investment** **OTO:** $1.1M **Operational:** $781K **Long-Term Investment** **Total Recurring:** - **Federal Share:** - **State Share:** -

Launch a Media Campaign to Raise Awareness and Reduce Stigma

Recommendation #14

Launch a Media Campaign to Raise Awareness and Reduce Stigma

- Communicate consistent messaging to all communities about ways to connect to and access BH supports and services.
- Offer clear "How do I engage with DPHHS providers?" guidance to anyone in need of behavioral health care.
- Campaign materials, messaging, and delivery integrates cultural and linguistic diversity across Montana that is reflective of its unique populations (i.e., American Indian / Tribal population).

Summary of Findings

Montana's frontier nature can be challenging and for many may contribute to a sense of isolation, misunderstanding of symptoms, and disconnect from potential life-saving services. All states face unique issues related to engagement and stigma. Some have created campaigns that incorporate their state's identity. Montana can borrow applicable ideas from other state campaigns. The BHSFG Commission is expanding services and improving access, which a statewide campaign could highlight to raise awareness of existing and new opportunities for people to access help, especially for high-need services like 988 crisis call centers.

Theme:	Continuum Capacity
Population Impacted:	All
Place in Continuum:	Prevention
BHSFG Priority # (1-7):	All
Stakeholder Input:	Alt. Settings Report, RFI

HB 872 Requirements

Intended Outputs	Intended Outcomes	Key Performance Indicators (KPIs)	Proposed Funding
1. Delivery of the BHSFG Commission's message to defined target populations statewide; channels may include: (a) TV/radio, (b) billboards, bulletins, posters, (c) news publications, (d) digital programming (e.g., social media).	1. Increased use of mental health and SUD services among people in need. 2. Decreased use of mental health and SUD services provided by emergency departments and law enforcement (when avoidable).	1. Increased community engagement with campaign materials and platform.	**HB 872 Investment** **OTO:** $1M **Operational:** - **Long-Term Investment** **Total Recurring:** - **Federal Share:** - **State Share:** -

Reduce Transportation-Related Barriers to Care

Recommendation #15

Reduce Transportation-Related Barriers to Care

- Reduce administrative barriers to member claiming and reimbursement through a mileage pre-pay program.
- Reassess current NEMT supply and explore options that may include contracting with NEMT broker companies.

Summary of Findings

For non-emergency medical transportation (NEMT), Montanans overwhelmingly use private vehicles (70%), predominantly due to the lack of public transport options. Reimbursement lags are a reason stated for lower rates of "kept" appointments. Montana has limited public transportation options, especially in rural communities. Efficient selection of transportation options (e.g., hired taxi or van) may be improved through active management. Montana previously sought an NEMT broker through an RFI, with no responses. States use NEMT broker-led models to improve access, efficiency, and client experience.

Theme:	Continuum Capacity
Population Impacted:	BH – Adults and Children
Place in Continuum:	Prevention, Treatment
BHSFG Priority # (1-7):	3. Capacity of adult BH service delivery 4. Capacity of children's BH service delivery
Stakeholder Input:	RFI

HB 872 Requirements

Intended Outputs	Intended Outcomes	Key Performance Indicators (KPIs)	Proposed Funding
1. Increase access to safe, reliable transportation.	1. Increased number of completed non-emergency transports to appointments. 2. Decreased use of ambulances or law enforcement for transport.	1. Improved average time from dispatch to pick up. 2. Improved average driver turnaround.	**HB 872 Investment** **OTO:** - **Operational:** $1.7M **Long-Term Investment** **Total Recurring:** $1.7M **Federal Share:** $900K **State Share:** $860K

Expand the Family Peer Support Program for Parents and Caregivers

Recommendation #16

Expand the Family Peer Support Program for Parents and Caregivers

- Offer start-up grants to provider agencies seeking to hire a family peer supporter.
- Add family peer support to the State Plan as a Medicaid-reimbursable service.

Summary of Findings

While certified BH peer support for SED, SDMI and SUD is growing, family peer support (FPS) is minimally offered in Montana and is not yet certified. It is therefore not yet Medicaid billable. In SFY23, 33 providers (8 Mental Health Centers, 21 SUD providers, and 4 FQHCs) provided peer support services. Peer support is an evidence-based program supported by CMS that reduces stigma and delivers help to people who may not seek it. The Commission approved an NTI to extend and expand current FPS grants; this recommendation complements that effort.

Theme:	Continuum Capacity
Population Impacted:	BH and DD — Children
Place in Continuum:	Prevention, Recovery
BHSFG Priority # (1-7):	3. Capacity of adult BH service delivery 4. Capacity of children's BH service delivery 5. Capacity of DD service system 7. Family and caretaker supports
Stakeholder Input:	BHSFG Commission Meetings – CMH, MT's Peer Network

HB 872 Requirements

Intended Outputs

1. Increased number of family peer support workers in Montana.
2. Formalized path to certification for family peer support workers.

Intended Outcomes

1. Reduction in interactions with law enforcement and DPHHS due to violence or neglect in the home.
2. Increased use of supportive services like respite, family counseling, and therapy.

Key Performance Indicators (KPIs)

1. Increased number of employed individuals within the family peer support network.
2. Formal inclusion of family peer support in the Medicaid State Plan.

Proposed Funding

HB 872 Investment

OTO:	$525K
Operational:	-

Long-Term Investment

Total Recurring:	$1.8M
Federal Share:	$1.1M
State Share:	$625K

Redesign Rates to Improve In-State Youth Residential Services

Recommendation #17

Redesign Rates to Improve In-State Youth Residential Services

- Design an acuity-based rate structure to assist providers in meeting the resource-intensive needs of high-acuity youth.
- Support smaller residences for higher acuity youth, as part of the proposed acuity-based model.

Summary of Findings

In SFY23, according to DPHHS, 174 youth received out-of-state placement in a Psychiatric Residential Treatment Facility (PRTF) and 65 received out-of-state placement in a Therapeutic Group Home (TGH). The Department has acted previously on recommendations to address PRTF rates. TGHs also serve youth with challenging behaviors, however, and have a rate less than half of PRTFs. Introduction of an acuity-based rate or payment modifier better aligns reimbursement with clinical and behavioral presentation.

Theme:	Continuum Capacity
Population Impacted:	BH — Children
Place in Continuum:	Treatment
BHSFG Priority # (1-7):	4. Capacity of children's BH service delivery
Stakeholder Input:	Alt. Settings Report, BHSFG Commission Meetings - CMH

HB 872 Requirements

Intended Outputs

1. The design of a tiered rate methodology that aligns levels of acuity with levels of service.
2. The secured buy-in of providers and other stakeholders to the adjusted rate methodology.

Intended Outcomes

1. Reduced out-of-state residential placements.
2. Unique needs of individuals in this population are addressed through improved service alignment.

Key Performance Indicators (KPIs)

1. Reduced out-of-state placement costs.
2. Improved patient outcomes (e.g., no re-entry to residential care in 180 days, readmissions).

Proposed Funding

HB 872 Investment

OTO:	$75K
Operational:	-

Long-Term Investment

Total Recurring:	$6.6M
Federal Share:	$4.3M
State Share:	$2.3M

Invest in School-Based Behavioral Health Initiatives

Recommendation #18

Invest in school-based behavioral health initiatives

- Identify priority communities for continued investments in existing school-based programs and release funding for one-time investments in school-based Multi-Tiered System of Support (MTSS), to include universal screening, referrals, and evidence-based interventions that support youth wellbeing.
- Enhance the supportive environment of schools through interprofessional training for school counselors, nurses, psychologists, social workers, administrators, and other professionals.
- Determine (1) the right policies in partnership with the Office of Public Instruction (OPI), and (2) funding sources to ensure sustainability, i.e., options like the reversal of the Medicaid free care rule.

Summary of Findings

Montana offers universal behavioral health screening in select schools to identify at-risk youth. This screening, combined with access and referral to the right services, can improve youth mental health and reduce adverse outcomes (e.g., crisis, ED visits, etc.). Montana provides the Comprehensive School and Community Treatment (CSCT) model. Montana's Office of Public Instruction has also invested in the Multi-Tiered System of Support (MTSS) in schools. Under this recommendation, additional support will be provided to schools for the expansion of universal screening and implementation of additional evidence-based practices.

Theme:	Continuum Capacity
Population Impacted:	BH – Children
Place in Continuum:	Prevention, Treatment
BHSFG Priority # (1-7):	4. Capacity of children's BH service delivery
Stakeholder Input:	Alt. Settings Report, BHSFG Commission Meetings - CMH, RFI

HB 872 Requirements

Intended Outputs

1. Advancement of the implementation of MTSS through comprehensive school-based mental health services for Montana youth.
2. Increased availability of youth mental health training and consultation for school personnel (e.g., counselors, guidance, social workers, teachers).

Intended Outcomes

1. Increased utilization of Medicaid BH services billed by school districts.
2. Increase in preventive and supportive BH services by youth, especially those at risk.

Key Performance Indicators (KPIs)

1. Funds released in a timely manner.
2. Increased number of school personnel receiving youth BH training and professional consultation.

Proposed Funding

HB 872 Investment

OTO:	$200K
Operational:	$6M

Long-Term Investment

Total Recurring:	$7.2M
Federal Share:	$2.8M
State Share:	$4.4M

Incentivize Providers to Join the BH and DD Workforce

Recommendation #19

Incentivize Providers to Join the Behavioral Health and Developmental Disabilities Workforce

- Develop a tuition reimbursement program that encourages behavioral health workers to practice in Montana. This program targets workers that are (1) essential to BHSFG initiatives, and (2) underrepresented in currently available tuition reimbursement programs.
- Create dual enrollment programs to offer tuition-free college-level courses to Montana high school students that prepare students to enter BH and DD professions.

Summary of Findings

Workforce shortages have significantly impacted Montana's behavioral health and developmental disabilities systems, impeding the delivery of services due to a lack of appropriate staff. This has a "ripple effect" throughout these systems: without appropriate staff, BH and DD providers are unable to deliver services they otherwise could, which then exacerbates the various BH and DD challenges experienced by Montana residents and communities. Economic factors, including the high cost of tuition for relevant education and credentials, further complicate efforts to alleviate workforce shortages. While tuition reimbursement programs exist for various healthcare professions, this recommendation specifically targets providing tuition reimbursement opportunities for the BH and DD workforce, including less credentialed members, such as case management staff and direct care workers. This recommendation would also create dual enrollment courses in conjunction with OPI and the Montana University System so that Montana high school students can earn college-level credits in BH and DD professions, tuition-free, before they graduate from high school. This program would allow students to stack credentials as they move through their career path. Tuition-free courses can expose high school students to BH and DD professions and help them earn college credit and build subject matter expertise, enabling Montana to improve its ability to recruit individuals to work in these critical positions.

Theme:	Workforce
Population Impacted:	All
Place in Continuum:	All
BHSFG Priority # (1-7):	All
Stakeholder Input:	BHSFG Commission Meetings – CMH, AMH, RFI

HB 872 Requirements

Intended Outputs

1. Increased number and geographic coverage of BH and DD workers.
2. Increased number of workers in targeted program types and regions with enhanced payments to cover high need areas and/or populations.
3. Increased number of individuals in the pipeline for BH and DD professions for years to come.

Intended Outcomes

1. Increased access for people seeking services impacted by workforce shortages.
2. Improved participant satisfaction with access to services.
3. Increased number of high school students enrolled in BH and DD focused college courses.

Key Performance Indicators (KPIs)

1. Decrease in the shortage of BH and DD workers in selected provider types across Montana.
2. Reduced waitlists for appointments in clinics and settings.

Proposed Funding

HB 872 Investment

OTO:	$7.8M
Operational:	$500K

Long-Term Investment

Total Recurring:	$250K
Federal Share:	-
State Share:	$250K

Expand Training Content Available to BH and DD Workforce

Recommendation #20

Expand Training Content Available to Behavioral Health and Developmental Disabilities Workforce

- Partner with a university to develop a learning platform that hosts and tracks training programs for the behavioral health and developmental disabilities workforce.
- Design and launch impactful training courses for middle managers, case managers, peers, community health workers (CHWs) and other BH workers on topics such as evidence-based interventions, harm reduction, and standards of cultural competence and diversity that are reflective of the unique needs of Montanans (i.e., American Indian / Tribal population).

Summary of Findings

A variety of factors impact Montana's ability to recruit and retain behavioral health workers. A workforce survey conducted by the University of Montana in 2023 predicted a 25% turnover over a six-month period, with emotional exhaustion by far the highest driver. Key strategies for decreasing burnout include professional development, leadership development, and supervisor/coaching programs. Training fulfills the dual role of imparting knowledge and bringing workers together to form a community. Creating a sense of belonging has a substantial impact on employee well-being.

Theme:	Workforce
Population Impacted:	All
Place in Continuum:	All
BHSFG Priority # (1-7):	All
Stakeholder Input:	BHSFG Commission Meetings – CMH, AMH, RFI

HB 872 Requirements

Intended Outputs	Intended Outcomes	Key Performance Indicators (KPIs)	Proposed Funding
1. Additional training content for the workforce, targeting high attendance rates. 2. Increased number of workers in targeted program types and regions, with enhanced payments to cover high need areas and/or populations.	1. Decreased workforce turnover (by helping providers retain staff). 2. Improved workforce self-reported satisfaction scores (measured by survey).	1. Launch of the learning platform developed in partnership with a university.	**HB 872 Investment** **OTO:** $2M **Operational:** - **Long-Term Investment** **Total Recurring:** - **Federal Share:** - **State Share:** -

Enhance Behavioral Health Integration Efforts

Recommendation #21

Enhance Behavioral Health Integration Efforts

- Identify ways that optimize reimbursement for primary care practices using the Integrated Behavioral Health model.
- Develop a CHW pilot program for Montana providers currently providing services, to (1) provide short term "bridge" funding as needed, (2) collect data (e.g., cost reports; services such as screenings, assessments, and referrals), and (3) assess outcomes (e.g., remission of symptoms, 7 and 30 day follow up, decreased ED utilization).
- Use results from the pilot to define the scope of practice for CHWs in Montana, in coordination with the Montana CHW Committee, with a focus on specific population(s) and services.
- Evaluate the outcomes from the pilot to assess the potential of a Medicaid benefit for CHW services, including eligibility (i.e., groups served, services, program costs) and actuarially sound reimbursement rate.

Summary of Findings

The Montana Healthcare Foundation has invested significant funding into primary care practices for the Integrated Behavioral Health model to help reduce the demands on specialty care providers. This work includes identifying sustainable reimbursement options for integrated behavioral health models in primary care. Montana State University's "Montana Paraprofessional Workforce Report" (January 2022) estimates 108 CHWs were active in Montana in 2020, with 121 workers having completed the AHEC CHW training program. Current estimates suggest there are now over 200 active CHWs. Montana currently has a CHW program funded through the CDC, with funding set to expire in May 2025. 29 states allow Medicaid payment for CHWs. Nine (California, Indiana, Louisiana, Minnesota, North Dakota, Nevada, Oregon, Rhode Island, and South Dakota) allow payment for a specific set of services through the State Plan. CHWs in Montana are a growing workforce with the training and community connections needed to impact health outcomes. A targeted CHW pilot may enable insights into the most appropriate scope of practice for CHWs in Montana and how they may complement other services.

Theme:	Workforce
Population Impacted:	BH – Adults and Children
Place in Continuum:	Prevention
BHSFG Priority # (1-7):	3. Capacity of adult BH service delivery 4. Capacity of children's BH service delivery
Stakeholder Input:	Alt. Settings Report, BHSFG Commission Meetings – AMH, RFI, Primary Care Association

HB 872 Requirements

Intended Outputs

1. Identification of ongoing sustainable funding for integrated behavioral health models.
2. Extension of existing CHW pilot programs to continue capacity building in Montana.

Intended Outcomes

1. Increased number of primary care practices with sustainable integrated behavioral health models.
2. Increased provision of preventive health services, e.g., wellness checks, annual physical examinations, and outpatient therapy.

Key Performance Indicators (KPIs)

1. Increase in primary care visits for the assigned population.
2. Decrease in ED events for the assigned population.

Proposed Funding

HB 872 Investment

OTO:	$2M
Operational:	$3.9M

Long-Term Investment

Total Recurring:	$1.9M
Federal Share:	$1.2M
State Share:	$685K

Expand and Sustain Certified Community Behavioral Health Clinics

Recommendation #22

Expand and Sustain Certified Community Behavioral Health Clinics

- Enhance the capacity and infrastructure of Montana's BH system to adopt and sustain the CCBHC model statewide.
- Provide funding to CCBHC providers to support data, technology, and training capabilities that adhere to the SAMHSA CCBHC requirements.

Summary of Findings

Montana has taken significant steps to address its BH challenges by increasing access to an integrated behavioral health system. The Department identified CCBHCs, a model with specially designated clinics that provide access to coordinated behavioral health care, as a key component of its approach to building a more integrated system. CCBHCs are required to serve anyone who needs mental health or substance use services, regardless of their ability to pay, place of residence, age, or diagnosis. In 2023, DPHHS received a SAMHSA state planning grant that supported a needs assessment and the development of a reimbursement methodology to inform the design and implementation of a future statewide CCBHC model. There are four providers that have been recipients of two or more years of the SAMHSA CCBHC community grants. Currently, these providers are actively working with the Department to meet the full CCBHC certification requirements. The Department plans to submit its application in SFY25 to SAMHSA to become a CCBHC Medicaid demonstration state in SFY26.

Theme:	Continuum Capacity
Population Impacted:	BH – Adults, Children
Place in Continuum:	All
BHSFG Priority # (1-7):	3. Capacity of adult BH service delivery 4. Capacity of children's BH service delivery 6. Capacity of co-occurring populations delivery system
Stakeholder Input:	BHSFG Commission Meetings – CMH, AMH

HB 872 Requirements

Intended Outputs

1. Enhanced state infrastructure and capacity to support oversight and monitoring of a future Montana CCBHC network.
2. Increased access to integrated CCBHC services.
3. Increased capacity of Montana's CCBHC providers to meet the core SAMHSA requirements.

Intended Outcomes

1. Decreased avoidable, high-cost service utilization.
2. Increased capacity of CCBHCs to deliver integrated BH services.

Key Performance Indicators (KPIs)

1. Funding for CCBHC providers that support infrastructure and capacity.
2. Submission of a SAMHSA CCBHC Medicaid demonstration state proposal.
3. Adherence to the CCBHC standards, including the nine core services.
4. Additional technical assistance needs for providers that are identified.

Proposed Funding

HB 872 Investment

OTO:	$500K
Operational:	$24.8M

Long-Term Investment

Total Recurring:	$53.6M
Federal Share:	$39.3M
State Share:	$14.3M

Assumes the Department applies for the CCBHC demonstration program in SFY 2026 and is awarded entry.

Recommendation Prioritization | Proposed Approach

The Department and Commission anticipate following the approach outlined below to identify the highest priority recommendations that will advance to the Governor's Office and the Legislature for final approval.

1. Synthesize Commissioner and BHDD Staff Perspectives: Gather and integrate the perspectives of Commissioners and BHDD subject matter experts, leveraging their understanding of constituent needs and domain knowledge, respectively.

2. Estimate Implementation Complexity and Impact: Estimate the complexity and positive impact of each recommendation's implementation in order to ensure effective Department resource allocation and maximize impact across communities in Montana.

3. Map Dependencies and Sequence Recommendations: Identify and map the dependencies of recommendations prioritized based on the steps outlined above, in order to develop a strategic sequence for implementing high-priority recommendations.

Near-Term Initiatives

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.	Received 136 applications requesting a total of nearly $30M in proposals. Reviewed applications based on Departmental priorities. Received approval from Governor Gianforte to award all compliant applications for a total funding amount of $15.8M.		Awardees selected and notified.
3A	Mobile Crisis Grants	Yes	5/31/24	HB 872 funds are awarded to existing mobile crisis providers to enhance financial stability.	Shared draft contracts with MCR providers.		Contracts signed and finalized.
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 review and scoring process.		Awardees selected and notified.
4	Crisis Curriculum	Yes	TBD	HB 872 funds are awarded to a university partner to develop (with DPHHS) and host a crisis curriculum for all crisis workers.	Met with University of Montana and received draft course timeline, scope of work, budget, and sustainability plans.		Contract with University of Montana finalized.
5A	DD Healthcare Workforce Training	Yes	5/7/24	HB 872 funds are awarded to providers to train their workforce in supporting people with I/DD.	Went live on 5/7/24. More than 10 people have already enrolled and completed 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 I/DD.	Launched application on 4/18/24. Reviewed all applications and notified awardees on 6/21/24.		Contracts with awardees finalized.
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.	Governor Gianforte approved the initiative on 6/12/24. DPHHS launched its planning efforts and has begun drafting the application.		Launch grant application.

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 (Continued)

#	NTI	Approved (Governor)	Launch Date[1]	Goal	Progress to Date	Status	Next Milestone
7	Support for Tribal and Urban Indian Organizations to Expand BH and DD Capacity	Yes	TBD	HB 872 funds are available for providers to provide Tribes and Urban Indian Organizations with grants to improve BH and DD service delivery.	Passed BHSFG commission meeting on 5/20/24. Approved by Governor Gianforte on 7/16/24.		TBD
8	Fair Market Rent Reevaluation Study	Pending	TBD	HB 872 funds are awarded to the Montana NAHRO (National Association of Housing and Redevelopment Officials) Montana HUD Fair Market Rent Solutions Workgroup for a statewide FMR reevaluation project. The goal is to increase Housing Choice Voucher (HCV) use across Montana.	Passed BHSFG commission meeting on 5/20/24.		TBD
9	Access to Naloxone and Fentanyl Test Strips	Pending	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.	Passed BHSFG commission meeting on 5/20/24.		TBD
11	Grants for Local Innovation Pilots	Pending	TBD	HB 872 funds are available to rural and frontier counties and Tribes to pilot select innovative behavioral health models in their 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