BHSFG Commission Meeting

June 28th, 2024

DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES

Executive Summary | Meeting Agenda and Next Steps

Goals of today's meeting:

1. Update the Commission on the status of approved NTIs and review one new proposed NTI.
2. Review changes to the draft Commission report, including a new recommendation around Certified Community Behavioral Health Clinics.
3. Discuss the Department's draft framework for prioritizing recommendations for implementation.
4. Receive Commissioner input on next steps.

Next steps after today:

- **July 23rd Joint Legislative Interim Committees meeting:** The Commission and DPHHS present the report and prioritization framework for Committee feedback and input.
- **Between July 23rd and August 8th:** The Commission and DPHHS incorporate Committee feedback and develop a refined list of prioritized recommendations.
- **August 8th Commission meeting:** The Commission reviews and approves a prioritized list of recommendations that incorporates the perspective of the Joint Legislative Interim Committees.

Near-Term Initiatives

Status Update and Summary of Proposed NTI

June 28th, 2024

DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES

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	TBD	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	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 of the grant is to increase Housing Choice Voucher (HCV) utilization across the state of Montana.	Passed BHSFG commission meeting on 5/20/24.		TBD
8	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
9	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
10	Support for Tribal and Urban Indian Organizations to Expand BH and DD Capacity	Pending	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.		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

Funding to Pilot Local Innovations in Behavioral Health through Grants to Counties and Tribes

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

Grants for Local Innovation Pilots | Executive Summary

Place in Continuum	BHSFG Priority Alignment	Projected Cost
All	Adult Behavioral Health Children's Mental Health	Up to $2.5M

Problem Statement

- **Rural** and frontier counties and Tribes across Montana have **heightened behavioral health (BH) needs** and often lack the resources necessary to address them. Access to BH facilities is particularly limited in rural and frontier counties.
- Rural communities have been hit hard with **the opioid epidemic** and face **high rates of suicide** and other **mental health challenges**.
- Statewide efforts to improve Montana's BH systems will be far more impactful if **local communities** are engaged to help lead strategic efforts designed to meet their specific BH needs.
- Given that rural and frontier counties and Tribes have a diversity of complex BH challenges, **there is no "one size fits all" approach to improving their BH outcomes**. The state can play an important role in providing rural and frontier counties and Tribes with additional resources to design and implement solutions that are tailored to specific, county-level and Tribal-level needs.

Recommendation

- Provide **grants to up to 10 rural and/or frontier counties and Tribes to pilot innovative behavioral health solutions** designed to meet the unique needs of these communities.
- Counties and Tribes could apply for one of two tracks under this program:
    1. **System-level innovation:** this track will support collaboration at the local level to transform the way health systems work together to complement existing BH services. A portion of funds will be used to contract with the Montana Public Health Institute (MTPHI) for administrative capacity and technical assistance.
    2. **Local-based community health workers:** Catalyst for Change has demonstrated success in supporting rural and frontier communities with a model that connects local, county-based, community health workers (CHWs) to infrastructure that includes training, clinical supervision, and a telehealth network of licensed professionals. This track would expand Catalyst for Change's work across MT.
- These **one-time only grants** would last for **two years** and do not guarantee long-term state funding.

Grants for Local Innovation Pilots | Problem Statement

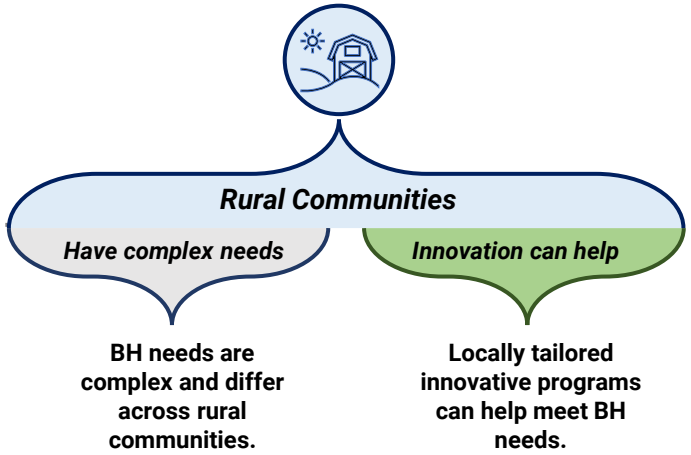
- **Rural and frontier** counties and Tribes across Montana have **heightened BH needs** and often lack the resources necessary to address them. Access to BH facilities is particularly limited in rural and frontier counties.
- Rural communities have been hit hard with **the opioid epidemic** and face **high rates of suicidality** and other **mental health challenges**.
- Statewide efforts to improve Montana's BH systems will be far more impactful if local communities are engaged to help lead strategic efforts designed to meet the specific BH needs of local communities.
- Given that **rural and frontier counties and Tribes have a diversity of complex BH challenges**, there is **no "one size fits all" approach** to improving rural BH outcomes.
- The state can play an important role in providing rural and frontier counties and Tribes with additional resources to design and implement solutions that are tailored to specific, community needs.

Rural Barriers to BH Supports

Rural communities have a diversity of complex BH challenges including disproportionately **high suicide rates**, high **substance use disorder rates**, and increased overdose fatalities.

Rural communities face **transportation barriers** to accessing care.

There is no "**one size fits all" approach** to addressing the complex variety of BH needs across rural communities in Montana.



Local Innovation Can Improve Outcomes

Targeted, **locally developed solutions** to BH needs are important given the variety of challenges, as well as the different assets and resources, that exist across rural communities in Montana.

The state can **provide resources** to launch pilot programs based on **promising models** that can address BH needs in rural communities across the state.

By funding **innovative pilot programs,** the state can **gather and analyze data** on best practices for meeting rural BH needs.

Grants for Local Innovation Pilots | Recommendation

The Commission can provide one-time funding to pilot innovative programs to address local BH needs in rural communities.

Recommendation

- Provide **grants to up to 10 rural and/or frontier counties and Tribes to pilot innovative behavioral health solutions** designed to meet the unique needs of these communities.
- Counties and Tribes will apply to work on community-led innovation partnering with existing organizations for technical assistance, infrastructure, and other needed supports. Counties and Tribes could apply for one of two tracks under this program:
    1. **System-level innovation:** this track will support collaboration at the local level to transform the way health systems work together to complement existing BH services. A portion of funds will be used to contract with the Montana Public Health Institute (MTPHI) for administrative capacity and technical assistance.
    2. **Local-based community health workers:** Catalyst for Change has demonstrated success in supporting rural and frontier communities with a model that connects local, county-based CHWs to existing infrastructure that includes training, clinical supervision, and a telehealth network of licensed professionals. This would expand Catalyst for Change's work in Montana.

- These **one-time only grants** would last for **two years** and do not guarantee long-term state funding.
- Awardees will be **required to collect data to be analyzed** on the performance of their pilot programs.

Grants for Local Innovation Pilots | Supporting Data and Information

Rural communities face heightened barriers to providing care, but there are promising models that the state can work to expand.

Heightened BH Needs Across MT

There are heightened, complex BH needs across Montana that are particularly unaddressed in rural areas.

- More than 10% of all Montanans aged 12 or older have a substance use disorder, compared to 7.4% nationally.
- In 2021, 35% of adult Montanans reported symptoms of anxiety or depression.
- In 2020, 32% of Montanans over the age of 18 reported binge alcohol use in the past month, compared to 25% of adults nationally.
- In 2022, Montana ranked highest for suicide mortality rates of any state in the country, with 28.7 suicides per 100,000 individuals.
- Suicide is the second leading cause of death for people ages 10 to 44 across Montana.
- Rural communities lack the necessary resources to help address these significant problems.

The State Can Invest in Proven Models

Despite these challenges, there are promising models to address BH needs in rural communities.

- One promising model stems from the work of MTPHI and supports collaboration at the local level to transform the way health systems work together to complement existing BH services. This model does not provide direct services at the individual level nor replace existing services. Instead, it funds dedicated change leaders to engage communities to assess existing BH services and identify ways to strengthen local systems to increase resilience and mental wellness through a coordinated community effort.
- Catalyst for Change has demonstrated success in supporting rural and frontier communities with a model that connects local, county-based CHWs to an existing infrastructure which includes training, clinical supervision, and a telehealth network of licensed professionals. This model has shown promising results in rural communities to date.

The Bottom Line: Montana can help improve rural BH outcomes by funding locally designed, innovative programs.

BHSFG Commission Report

Summary of Changes and Proposed Prioritization Framework

June 28th, 2024

DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES

Summary of Report Changes

BHSFG Commission Report | New Recommendation: CCBHCs

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

Recurring Operational:	$53.6M

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

BHSFG Commission Report | Other Changes

The report draft underwent several rounds of additional review after the May 20th Commission meeting. Material changes made during this process are reflected below.

#	Section	Recommendation (If Applicable)	Summary of Change
1	Recommendations	Recommendation #19, Incentivizing Providers to Join the Behavioral Health and Developmental Disabilities Workforce	Added “dual enrollment” option to recommendation, which would allow high school students to enroll in and receive credit for college-level courses.
2	Global	N/A	Added quotations of testimony from people with lived experience and advocates, sourced from previous Commission meetings.
3	Executive Summary / Conclusion	N/A	Added mention of pending DPHHS RFIs to determine the most effective means of allocating $75M in BHSFG capital project funding.
4	BH and DD Systems Overview	N/A	Added language to capture the role of critical access hospitals (CAHs) as a key component of the Montana health care delivery system.

Public Comment

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

Recommendation Prioritization

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BHSFG Recommendation Prioritization | Summary

The proposed approach outlined below depicts how measuring the relative complexity and anticipated impact of recommendations will potentially inform how recommendations are prioritized for implementation.

1 Categorize by **complexity** (High – Medium – Low) to organize recommendations by the relative level of difficulty and risk required to implement; a summary view of this breakdown is provided in the draft report.

2 Measure **impact and alignment** (High – Medium – Low) to organize recommendations by the relative level of positive change expected to benefit individuals served in the system.

3 Plot a **prioritization** chart that visualizes the two measures and provides an emerging list of recommendations on which to focus first for implementation planning purposes.

We welcome feedback and input from the Commission to help inform how to refine the prioritization framework.

BHSFG Recommendation Prioritization | Complexity

Complexity: The relative level of difficulty, resourcing, time, and risk required to implement a recommendation.

Develop an initial perspective on relative complexity for each recommendation.

Key Considerations

1. Steps to launch
2. Staffing support
3. Timeline
4. Cost (initial, recurring)
5. Risk

Complexity	
Tier	**Description**
High # of Recs = 10 (45%)	Require multiple launch steps such as the issuance of an RFP for the engagement of actuarial services, legislative and/or regulatory compliance applications (e.g., waiver amendment), or significant provider and other key stakeholder engagement with advocates and people with lived experience. Timeline to launch is expected to be 12+ months.
Medium # of Recs = 5 (23%)	Require fewer steps to implement than the higher-tier recommendations with fewer associated risks but may still require up to 12 months to implement and a significant amount of funding, but stand to make a broad impact on the system.
Low # of recs = 7 (32%)	Require steps to implement such as a provider contract amendment or issuance of an RFP and Department oversight and project management; initiative complexity levels are similar to that of NTIs though in many cases will require a longer timeline to implement and are more strategic in nature.

BHSFG Recommendation Prioritization | Impact and Alignment

Impact and Alignment: The relative level of positive change anticipated from implementing a recommendation.

Determine the relative impact and alignment for each recommendation as a next step.

Key Considerations

Draft metrics and considerations outlined for discussion; focused on the impact on both individuals and the broader system.

Impact and Alignment	
Metric	**Description**
1) Alignment with Commission priorities	• The alignment with priorities identified and adopted by the Commission.
2) Individuals to be impacted	• The number of individuals estimated to be served annually through the recommendation once implemented.
3) Acuity level of the population served	• The acuity levels of the individuals expected to benefit (i.e., receive service) from the recommendation.
4) Impact on BH and DD workforce	• The estimated benefit to the BH and DD workforce, including increases in individuals in the workforce or increases in retention through training and other employee supports.
5) Timing of impact	• The estimated timeframe for the impact of the recommendation to be realized post-implementation.
6) Potential cost savings	• The estimated reduction of other costs within the BH and DD system which would result from implementation of the recommendation.

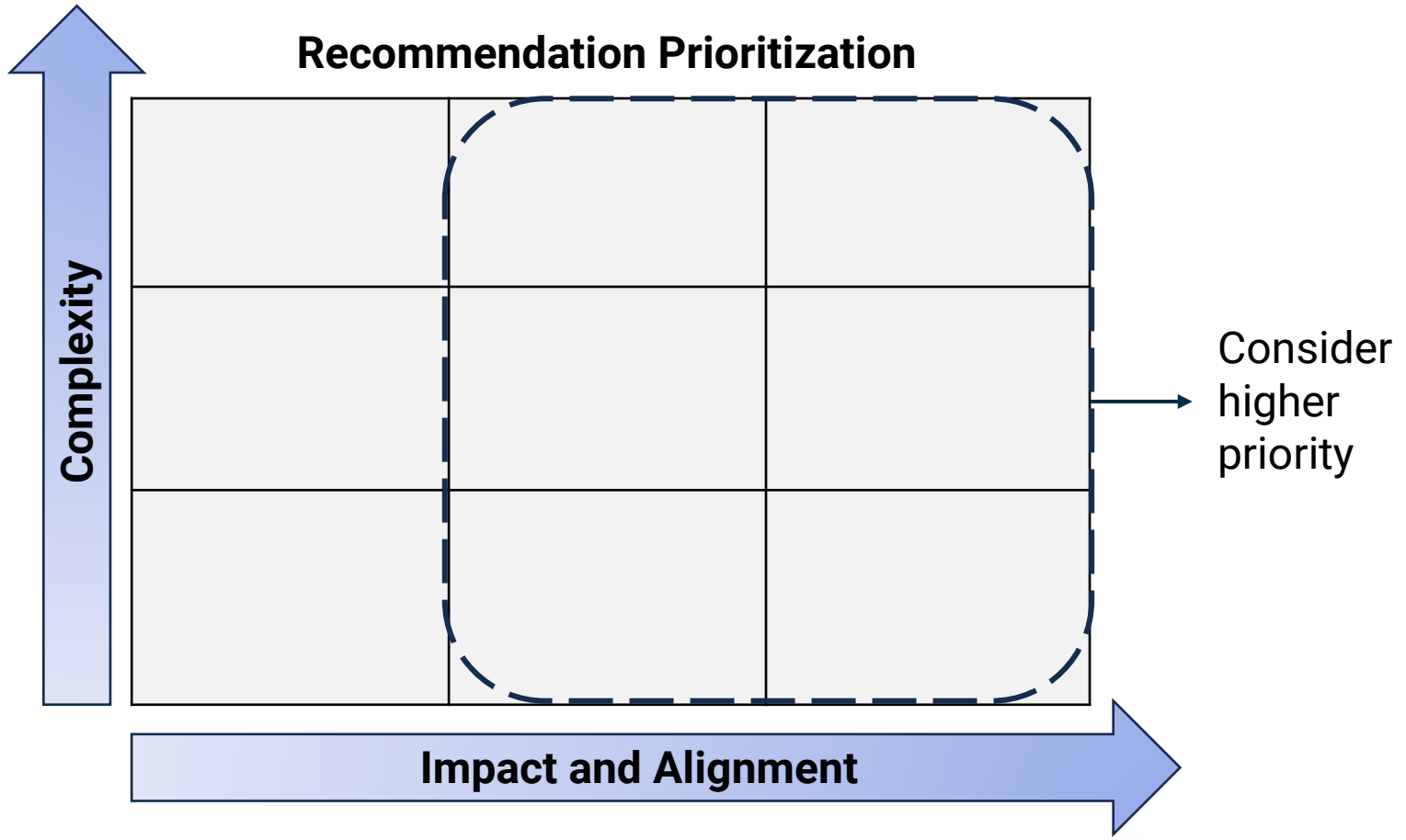
BHSFG Recommendation Prioritization | Priority Chart

Priority: The combination of complexity and impact helping to determine which recommendations to implement first.

Chart recommendations by relative complexity and impact.

Key Considerations

1. A mix of complexity levels contributes to a manageable list of recommendations to implement.
2. Lower complexity does not necessarily indicate low impact, and vice versa.
3. Metrics to measure impact are a work-in-progress.



BHSFG Recommendation Prioritization | Next Steps

Additional work is required to refine the prioritization framework.

1. **The cost benefit of each recommendation is one potential consideration for measuring impact**. While high-level cost (expenditure) estimates have been developed for each recommendation, additional analysis would estimate the cost benefits (savings or avoidance) anticipated by a recommendation.

2. **The impact metrics to be considered for each recommendation require further scrutiny and clarity of definition**, particularly when considering how to weight each metric to reflect relative importance; this is a critical next step within prioritization.

3. **The distribution of recommendations should reflect a combination or mix of implementation work** that is distributed across the bureau teams to ensure a balanced workload and that problems across the recommendation themes (i.e., workforce, case management, continuum capacity) are addressed through the implementation plan.

4. **Dependencies among recommendations should inform the order or sequencing of implementation.** For example, the implementation of acuity-based rates within the DD waiver would provide a beneficial foundation for then addressing the waitlist and applying for START Program certification.

Commission Discussion

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