NTI Development

Proposed NTIs for Commission Consideration

May 20, 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.	On-Track	MMIS 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. Drafted supplemental funding request to fund all compliant applications ($15.8M).	On-Track	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 each MCR provider.	On-Track	Contracts signed and finalized.
3B	Crisis Receiving and Stabilization Grants	Yes	6/30/24	HB 872 funds are awarded to crisis receiving and stabilization providers to expand capacity.	RFP Published. Established selection committee and review process.	On-Track	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.	On-Track	Contract finalized with University of Montana.
5A	DD Healthcare Workforce Training	Yes	5/10/24	HB 872 funds are awarded to providers to train their workforce in supporting people with IDD.	Went live on 5/7/24.	On-Track	Analyze course enrollment and completion data to guide continued marketing efforts.
5B	DSP Workforce Grants	Yes	4/15/24	HB 872 funds are awarded to providers to help DSPs obtain certification in providing services to people with IDD.	Launched on 4/18/24 and have begun receiving applications.	On-Track	Awardees selected and notified.
6	Family Peer Supports	Pending	TBD	HB 872 funds are awarded to organizations with a proven track record of providing family peer support services in Montana.	Passed BHSFG commission meeting on 3/29/24.	Initiative Launch Pending	TBD pending Governor approval.

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

Beth McLaughlin, Court Administrator, Montana Judicial Branch

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

Near-Term Initiatives | Executive Summary of Proposed NTIs

There are recommendations to create four new NTIs and add additional funding for the previously-passed Residential Grants NTI.

#	NTI	Goal	Funding Amount
1	Residential Grants Supplemental Funding Request	An additional $5.8M of HB 872 funds to expand existing residential grant NTI.	**Up to $5.8M** in additional funding.
2	Fair Market Rent Reevaluation Study	HB 872 funds are awarded to the Montana National Association of Housing and Redevelopment Officials (MT NAHRO) 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.	**Up to $1M** to complete the FMR study.
3	Access to Naloxone and Fentanyl Test Strips	HB 872 funds are awarded to distribute fentanyl test strips and naloxone.	**Up to $400K** to distribute fentanyl test strips and naloxone.
4	Funding to Launch Occupational Therapy Doctorate and Physician Assistant Programs	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 (UM).	**Up to $3.2M** to cover course start up costs.
5	Support for Tribal and Urban Indian Organizations to Expand BH and DD Capacity	HB 872 funds are available to provide Tribes and Urban Indian Organizations (UIO) with grants to improve BH and DD service delivery.	**Up to $6.5M** in total funding to distribute to Tribes and Urban Indian Organizations.

Residential Grants Supplemental Funding

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

Residential Grants | Executive Summary

Place in Continuum	BHSFG Priority Alignment	Projected Additional Cost
Treatment	Adult Behavioral Health Children's Mental Health Developmental Disabilities	Up to $5.8M

Supplemental Funding Recommendation

- The Department successfully launched the Grants to Increase Residential Bed Capacity program on March 8th, 2024. Following this launch, the **program received nearly $30M** worth of applications, almost three times the total funding amount allotted through the NTI.
- The Department subsequently **reviewed all applications** to ensure they were **compliant** with all application and **departmental requirements**, including provider reporting requirements. The Department also ensured that applicants would be awarded no more than the maximum funding level available for the type(s) of application they submitted.
- Through this screening process, the Department determined there are **$15.8M** worth of compliant applications**.**
- Due to the number of quality applications that demonstrated the ability to expand residential bed capacity to help meet the state's needs, the Commission requests **$5.8M of additional** funding to ensure all compliant applications can receive the funding needed to complete their projects. Doing so will significantly enhance the state's residential bed capacity and will help Montana build behavioral health and developmental disabilities systems necessary to meet the needs of future generations.

Fair Market Rent

Fair Market Rent | Executive Summary

Place in Continuum	BHSFG Priority Alignment	Projected Additional Cost
Prevention	Adult Behavioral Health Children's Mental Health Developmental Disabilities	Up to $1M

Problem Statement

- Individuals served in Montana's BH and DD systems are increasingly unable to access affordable housing. **A lack of affordable housing creates and exacerbates BH challenges and crises for vulnerable individuals.**
- Montana's market **rents have increased substantially** over the last several years, and there are now **nearly 28K MT renters who are severely cost burdened.**
- Vulnerable households who depend on Montana's behavioral health system are more likely to be cost-burdened or severely cost-burdened.
- Affordable housing significantly improves BH outcomes for vulnerable individuals and can **reduce strain on the BH system** and yield **significant cost savings** to emergency services.

Recommendation

- **Provide one-time grant funding** up to **$1M** to the Montana Department of Commerce to work in partnership with the MT NAHRO HUD Fair Market Rent Solutions Workgroup to **conduct a statewide FMR reevaluation project.**

Fair Market Rent | Problem Statement

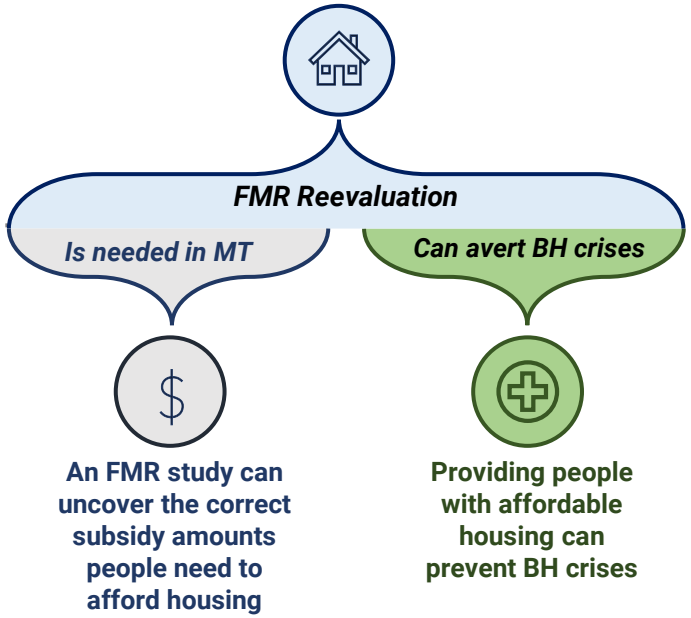
- Individuals served in Montana's BH and DD systems are increasingly unable to access affordable housing. **A lack of affordable housing creates and exacerbates BH challenges and crises for vulnerable individuals.**
- Montana's market **rents have increased substantially** over the last several years, and there are now **nearly 28K MT renters who are severely cost burdened.**
- Vulnerable households who depend on Montana's behavioral health system are more likely to be cost-burdened or severely cost-burdened.
- Affordable housing significantly improves BH outcomes for vulnerable individuals and can **reduce strain on the BH system** and yield **significant cost savings** to emergency services.

Challenges with Housing

Rents have **significantly increased** across Montana over the past few years.

A lack of affordable housing can create and exacerbate BH **challenges and crises.**

Increasing access to affordable housing **can yield cost savings** throughout the BH system.



Opportunities

Reevaluating **FMR** statewide can lead to **valuable insights** on the level of resources necessary to provide affordable housing.

DPHHS can formally partner with the Department of Commerce to facilitate this study via **one-time only funding.**

Using **one-time only funding** can develop insights that can help Montana ensure people with BH needs can afford housing for future generations.

Fair Market Rent | Supporting Data and Information

Montana households lack the access they need to housing vouchers that can help them afford rent.

Housing vouchers are useful tools to reduce housing insecurity, but Montana needs to offer more resources.

- Housing vouchers are **highly effective** at helping low-income people afford adequate, stable housing.
- Children whose families are homeless and receive **adequate housing vouchers** are less likely to be placed in foster care, experience behavioral problems, or have mental health challenges.
- The Montana Department of Commerce's statewide Public Housing Authority has **3,754 active and pending households on the** Housing Choice Voucher program. 57% of these families **have a family member with a disability.**
- There are **963 households on the HCV waitlist.**
- Even at 120% of FMR, only **48% of families in the HCV program could access housing within 120 days.**

Montana's current FMR rates leave monthly gaps compared to LIHTC restricted rent.

Type of Apartment	Avg. Gap between Montana's 2023 FMR and LIHTC Restricted Rent per Month
Studios	($262)
1 Bedroom	($261)
2 Bedroom	($271)

Fair Market Rent | Recommendation

The funding requested under this NTI will be used to launch a study to reevaluate FMR.

Recommendation Summary

- **Provide one-time grant funding** up to **$1M** to the Montana Department of Commerce to work in partnership with the MT NAHRO HUD Fair Market Rent Solutions Workgroup to **conduct a statewide FMR reevaluation project.**

Fair Market Rent | Impact

Target Outputs and Outcomes

Target Outcomes

Completed FMR reevaluation study.

Target Outputs

Increase affordable housing options for Montana families.

Reduce BH crises for Montana families currently facing housing insecurity.

Implementation Activities and Milestones

1. Draft contract via appropriate procurement tool to distribute funding to the Department of Commerce to complete the FMR reevaluation study.
2. Monitor progress to ensure timely completion of study and appropriate use of funding.

Access to Naloxone and Fentanyl Test Strips

Naloxone and Fentanyl Test Strips | Executive Summary

Place in Continuum	BHSFG Priority Alignment	Projected Cost
Prevention Treatment	Adult Behavioral Health	Up to $400K

Problem Statement

- The **opioid epidemic** is a statewide crisis, as overdose deaths continue to increase at alarming rates.
- **Naloxone** (sometimes referred as NARCAN), a medication that can reverse opioid overdose, is a critical tool in addressing this issue, as are **fentanyl test strips** that can detect the presence of fentanyl in different kinds of drugs and drug forms.
- Distributing naloxone and fentanyl test strips across Montana could provide necessary resources to reduce the number overdose deaths.
- However, there are **barriers to accessing** and distributing naloxone and fentanyl test strips including:
    - Limited access to naloxone;
    - Stigma;
    - Lack of awareness and training; and
    - Distribution challenges.

Recommendation

- Provide one-time funding to build **24 naloxone and fentanyl test strip vending machines** in communities across the state. This would include vending machines in:
    - 6 PATH programs (Projects for Assistance in Transition from Homelessness);
    - 8 community-based Drop-In Centers (DICs) where individuals can receive ongoing support and skill enhancement; and
    - 10 new DIC's created through a competitive RFP process.
- Addressing the naloxone and fentanyl test strips distribution problem requires a **multi-faceted approach** that includes the expansion of access, reduction of costs by implementing alternative strategies within communities, and providing awareness and education. We can increase access to naloxone and fentanyl test strips and save lives in the fight against the opioid epidemic.

Naloxone and Fentanyl Test Strips | Problem Statement

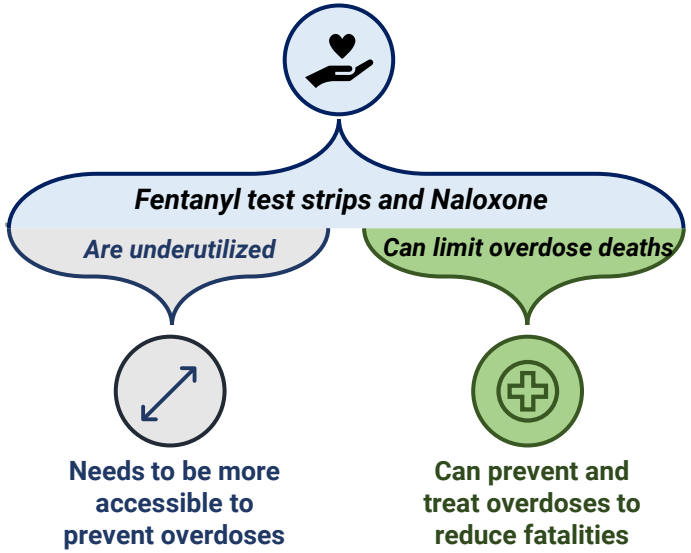
- The **opioid epidemic** is a statewide crisis, as overdose deaths continue to increase at alarming rates.
- **Naloxone** (sometimes referred as NARCAN), a medication that can reverse opioid overdose, is a critical tool in addressing this issue, as are **fentanyl test strips** that can detect the presence of fentanyl in different kinds of drugs and drug forms.
- Distributing naloxone and fentanyl test strips across Montana could provide necessary resources to reduce the number overdose deaths.

Barriers: Naloxone, Fentanyl Test Strips

Limited access to naloxone is compounded by **distribution challenges.**

There is **stigma** around both naloxone and fentanyl test strips that needs to be addressed.

There is a lack of awareness regarding the impact of these products.



These Tools Can Reduce Fatalities

These are **cost-effective measures** that can significantly reduce overdose fatalities.

The state can expand distribution of these resources to **help meet people's needs.**

Distributing fentanyl test strips and naloxone **is a promising step** towards preventing and treating overdoses.

Naloxone and Fentanyl Test Strips | Recommendation

The Commission can provide one-time funding to build naloxone and fentanyl test strip vending machines that reduce overdose fatalities.

Recommendation

- Provide one-time funding to build **24 naloxone and fentanyl test strip vending machines** in communities across the state. This would include vending machines in:
  - 6 PATH programs (Projects for Assistance in Transition from Homelessness);
  - 8 community-based Drop-In Centers (DICs) where individuals can receive ongoing support and skill enhancement; and
  - 10 new DIC's created through a competitive RFP process.

- Addressing the naloxone and fentanyl test strips distribution problem requires a **multi-faceted approach** that includes expanding access, reducing costs by implementing alternative strategies within communities, and increasing awareness and education. The Commission can increase access to naloxone and fentanyl test strips and save lives in the fight against the opioid epidemic.

Naloxone and Fentanyl Test Strips | Supporting Data and Information

Data shows that naloxone and fentanyl test strips can reduce overdose fatalities.

The Opioid Epidemic

Montana is experiencing a worsening opioid epidemic.

- In 2023, there were **969 opioid overdose-related 911** responses by ground transporting EMS agencies across Montana.
- Naloxone was only documented in 40% of EMS responses cases.
- Local organizations can request up to 100 units of naloxone per month from DPHHS, but many **rural and frontier counties** have not utilized this service. As of March 2024, **32 out of 56 Montana counties did not receive naloxone from DPHHS.**
- Despite their ability to detect traces of the highly fatal fentanyl, DPHHS does not currently provide test strips to community providers.

Naloxone and Test Strips Can Help

Naloxone and Fentanyl test strips can reduce fatalities.

- When used by EMS agencies, **81% of individuals who used naloxone had significantly improved** responses.
- The **vending machine model designed to distribute naloxone** has had promising results in reducing fatalities. A pilot naloxone vending machine program in Clark County, NV was associated with a **15% reduction in overdose fatalities in the first year.** A related program in Ohio found similar results.
- Detecting fentanyl in drugs is a powerful way to prevent people with SUD from using substances that could be fatal.

The Bottom Line: Montana can address the opioid epidemic with cost-effective interventions

Naloxone and Fentanyl Test Strips | Impact

Target Outputs and Outcomes

Target Outcomes

Increase access to naloxone and fentanyl test strips.

Target Outputs

Reduce number of opioid overdose fatalities.

Reduce number of fentanyl-related overdose fatalities.

Implementation Activities and Milestones

1. Develop grant application.
2. Conduct outreach to potential providers to build interest in the grant.
3. Review applications and select awardees.
4. Distribute funding to grant awardees.
5. Monitor progress and evaluate outcomes.

Funding to Launch Occupational Therapy Doctorate and Physician Assistant Programs

OTD and PA Program | Executive Summary

Place in Continuum	BHSFG Priority Alignment	Projected Cost
Prevention Treatment Crisis Intervention Recovery	Adult Behavioral Health Children's Mental Health Developmental Disabilities	Up to $3.2M

Problem Statement

- **PAs and occupational therapists (OTs) fill critical roles** in Montana's BH and DD continuum of care, particularly in rural and frontier areas.
- Montana has **critical workforce shortages** of both OTs and PAs, in large part due to a lack of affordable, accessible degree programs in these fields.
- Montana needs roughly **67 PAs each** year to fill current shortages and only has 36 PA graduates per year statewide. Montana needs about **33 additional OTs annually** to meet demand.
- There are **no public options** for OTD and PA programs in Montana and the only existing PA and OTD programs **do not meet workforce demand**.
- The University of Montana has been **planning PA and OTD programs** for years but **lacks the needed start up funding** to launch.

Recommendation

- Provide **one-time funding** to support **start up costs** for **PA and OTD** programs at the University of Montana College of Health.
- This funding will allow the University to launch each program within the next two years to address important behavioral health and developmental disability workforce shortage gaps in rural Montana communities.
- Following this funding, **these programs will be sustainable** in the long run when they **receive tuition revenue**. They are projected to be revenue neutral by SFY 2026.

OTD and PA Program | Problem Statement

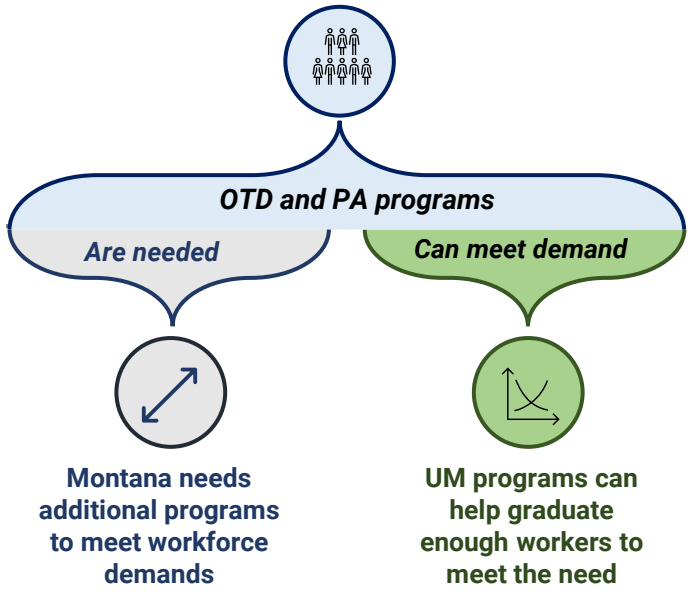
- **PAs and OTs fill critical roles** in Montana's BH and DD continuum of care, particularly in rural and frontier areas.
- Montana has **critical workforce shortages** of both OTs and PAs, in large part due to a lack of affordable, accessible degree programs in these fields.
- Montana needs roughly **67 PAs each** year to fill current shortages and only has 36 PA graduates per year statewide. Montana needs about **33 additional OTs annually** to meet demand.
- There are **no public options** for OTD and PA programs in Montana and the only existing PA and OTD programs **do not meet workforce demand**.
- The University of Montana has been **planning PA and OTD programs** for years but **lacks the needed start up funding** to launch.

Current Workforce Challenges

Montana needs more PAs and OTDs to meet demand.

There are not enough **affordable in-state programs** to generate the graduates necessary to meet demand.

The University of Montana has been developing PA and OTD programs for years, but lacks **start up funds necessary** to launch.



New Programs Can Meet Needs

The University of Montana **has been planning PA and OTD programs** for years but lacks the start-up funding needed to launch.

With **one-time only funding** UM can launch these programs to meet workforce demand.

These programs will be **sustainable in the long-run** by receiving **tuition revenue.**

OTD and PA Program | Supporting Data and Information

Montana needs more affordable OTD and PA programs to meet the state's workforce demands.

Montana Needs to Enhance Its BH and DD Workforce

- According to the Montana Department of Labor and Industry, the state **needs 67 PA graduates per year, but only currently graduates 36 annually, on average.**
- The Department of Labor and Industry projects that Montana needs **33 OTD graduates to meet workforce demands,** but there are currently no graduates from Montana colleges and universities.
- In 2022, 7 Montana counties had **no licensed physician assistants.**
- In 2022, 12 Montana counties had **no licensed occupational therapists.**
- In January 2023, **there were 7 unfilled OT positions in Montana schools** that did not have quality candidate pools and have remained unfilled.
- Research suggests that **PAs and OTs** play critical roles in addressing BH and DD needs, particularly for rural and frontier communities.
- Failing to have enough **PA and OT** graduates can threaten the state's ability to provide the BH and DD workforce it needs to meet its current, and future, demand.

The Bottom Line: Montana needs new PA and OTD programs

OTD and PA Program | Recommendation

Provide funding to cover start up costs to launch a new PA and OTD program at the University of Montana.

Recommendation Summary

- Provide **one-time funding** to support **start up costs** for **PA and OTD** programs at the University of Montana College of Health. The funding will allow UM to launch each program within the next two years to address important behavioral health and developmental disability workforce shortage gaps in rural Montana communities.
- Following this funding, **these programs will be sustainable** in the long run when they **receive tuition revenue** and will be revenue neutral by SFY 2026.

OTD and PA Program | Impact

Target Outputs and Outcomes

Target Outcomes

Increase the number of Pas in Montana's healthcare infrastructure by graduating a minimum of 25 PAs per year.

Increase the number of Ots in K-12 school systems and community settings by graduating at least 33 OTD students per year.

Target Outputs

Reduce barriers to healthcare in rural and frontier counties by increasing the availability of PAs and OTDs.

Increase access to the state's BH and DD systems to promote better health outcomes for Montanans with BH and DD needs.

Implementation Activities and Milestones

1. Receive detailed proposal from the University of Montana outlining intended OTD and PA programs.
2. Engage in the appropriate procurement method to establish a formal working relationship with the University of Montana.
3. The OTD program is set to begin accepting students in the Fall 2025 semester as it has already gained accreditation status.
4. The PA program will work to establish accreditation and will plan to begin enrolling students for the Fall 2026 semester.

Support for Tribal and Urban Indian Organizations to Expand BH and DD Capacity

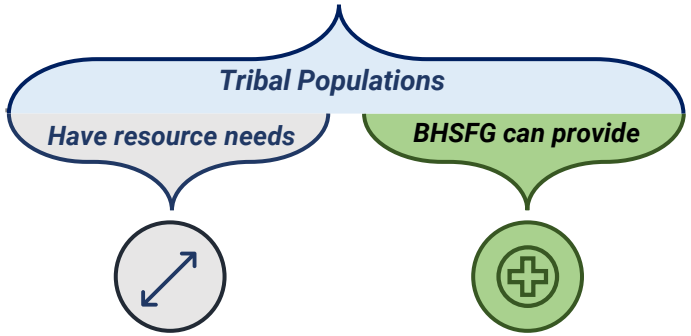
Support for Tribes and UIOs | Problem Statement

- Tribal communities in Montana have **heightened BH and DD** needs that **require additional resources** to address. Each of the Tribes in Montana, as well as the Urban Indian Health Organizations, play a vital role in coordinating BH and DD supports to Tribal populations.
- However, the Tribal nations and the Urban Indian Organizations would be better positioned to address the needs of the people they serve **if they had additional state resources**.
- While the **unique needs** of each Tribe and Urban Indian Organization **differ statewide**, all Tribal governments and Urban Indian Organizations have documented gaps in the BH and DD systems that could be addressed via **one-time only funding.**
- The **BHSFG Commission** is **well-suited** to provide each Tribe and Urban Indian Organization with **additional resources** to help address the BH and DD needs across the rich diversity of Tribal communities in Montana.
- A tailored program designed to help Tribes and Urban Indian Health Organizations meet their needs will ensure future generations of Tribal communities have **better access** to behavioral health and developmental disabilities supports.

Challenges

Tribal communities have **heightened BH and DD needs.**

Tribal communities and Urban Indian Organizations need **additional resources** to meet the needs of the people they serve.



Opportunities

The BHSFG Commission is **well-suited** to provide one-time only funding to help address urgent BH and DD needs.

A **tailored program** designed to help Tribes and Urban Indian Organizations meet their **unique needs** can enhance impact.

Support for Tribes and UIOs | Executive Summary

Place in Continuum	BHSFG Priority Alignment	Projected Cost
Prevention Crisis Intervention Treatment Recovery	Adult Behavioral Health Children's Mental Health Developmental Disabilities	Up to $6.5M

Problem Statement

- Tribal communities in Montana have **heightened BH and DD needs** that **require additional resources** to address.
- Each of the Tribes in Montana, as well as the Urban Indian Organizations, play a **vital role** in coordinating BH and DD supports to Tribal populations.
- However, the Tribal nations and the Urban Indian Organizations would be better positioned to address the needs of the people they serve **if they had additional state resources**.
- While the **unique needs** of each Tribe and Urban Indian Organization differ, all Tribal governments and Urban Indian Organizations have **documented gaps** in their BH and DD systems that could be addressed via **one-time only funding**.

Recommendation

- Provide **one-time grants** to Tribal nations and Urban Indian Organizations to stabilize or improve their capacity to meet the behavioral health needs of people they serve.
- Allowable uses of the grant funds would include:
  - Improving, repairing, or expanding **existing behavioral health facilities**;
  - Starting, improving, or repairing **mobile crisis response teams**;
  - Expanding transportation options to relevant facilities for people with behavioral health needs; and
  - Other potential **one-time only funds** to address **urgent** behavioral health needs.

Support for Tribes and UIOs | Supporting Data and Information

Data suggests that while Native Americans in Montana have heightened BH needs, Tribal governments and Urban Indian Organizations lack the resources to address those needs.

Native Americans Have Unmet Needs

- Native American populations face **disproportionately high rates** of mental health disorders, suicide, and substance use compared to the general population.
- **The suicide rate** among Montana's Native American youth is **more than five times the state average.**
- Between 2017-2021, more than **10% of all suicides in Montana were among Native Americans,** who represent only 6.5% of the state's population.
- Native Americans – in particular, Tribal communities – face heightened **transportation barriers that** make accessing BH supports even more challenging.
- Native communities too often lack **culturally responsive care** in a way that can **diminish the care options they do have.**
- **Tribal communities and Urban Indian Organizations** are left to fill in the gaps of the BH and DD systems that too often fail to meet the needs of Native Americans across Montana.

The Bottom Line: Native Communities Need Additional Investment

Support for Tribes and UIOs | Recommendation

The funding requested under this NTI will be used to help Tribes and Urban Indian Organizations expand their capacity to provide quality BH and/or DD care.

Recommendation Summary

- Provide **one-time grants** to **Tribal nations** and **Urban Indian Health Organizations** to stabilize or improve their capacity to meet the BH and/or DD needs of people they serve.
- Allowable uses of the grant funds would include:
  - Improving, repairing, or expanding existing behavioral health facilities;
  - Starting, improving, or repairing mobile crisis response teams;
  - Expanding transportation options to relevant facilities for people with behavioral health needs; and
  - Other potential one-time only funds to address urgent behavioral health needs that could be allocated within 18 months of receiving grant dollars.

Support for Tribes and UIOs | Impact

Target Outputs and Outcomes

Target Outcomes

Expand capacity to meet BH and DD needs across Native American communities.

Increased utilization of BH and DD services across organizations that serve Native American populations.

Improved culturally responsive care programming.

Target Outputs

Reduced suicide, SUD, and crisis rates across Native American communities in Montana.

Increased satisfaction of Native American populations with BH and DD service offerings.

Implementation Activities and Milestones

1. Develop grant application.
2. Conduct outreach to Tribes and Urban Indian Health Organizations to build interest in grant.
3. Review applications and select awardees.
4. Distribute funds to awardees and monitor their progress as measured towards their applications.

BHSFG Commission Report

Summary of Key Report Components

May 20, 2024

DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES

BHSFG Commission Report | Executive Summary

Goals of today's meeting:

1. Review key elements of the draft Commission report, specifically:
   - **Changes to select recommendations**: *summary of changes made to three recommendations since April;*
   - **Budget summary**: *overview of projected BHSFG expenditures; and*
   - **Implementation planning**: *initial point of view on implementation approach for recommendations.*

2. Receive Commissioner feedback and input on the draft report.

Next steps after today:

- **Between May and June meetings:** DPHHS further validates draft report with key stakeholders and works towards report finalization. Commissioners and public provide further input as needed during this period.

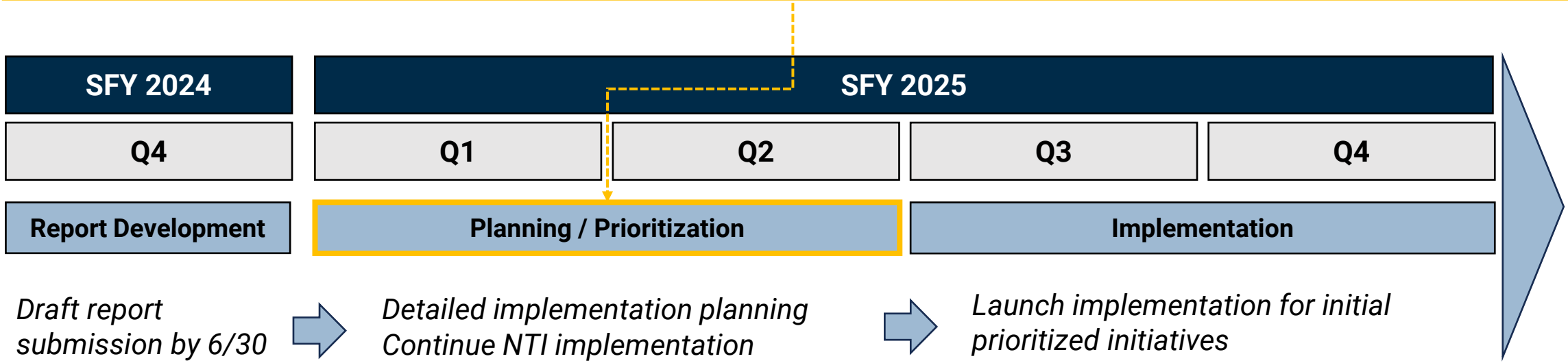
- **June Commission meeting:** DPHHS presents draft report to Commission.

BHSFG Commission Report | Proposed Implementation Timeline

While implementation will begin after the report's approval, DPHHS is already considering how to ensure success. Doing so now will inform and enhance implementation in SFY 2025 and beyond.

Planning period between report submission and approval by legislative interim committees and Governor's Office:

- The Department and Commission will strategize how recommendations become initiatives.
- This planning phase will coincide with the continued execution of NTIs and the launch of potential additional NTIs.



Disclaimer: *the timeline above is for illustrative purposes only and subject to review by the Commission, Governor's Office, and legislative interim committees. Proposed recommendations are pending review and various approvals.*

Changes to Select Recommendations

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

BHSFG Recommendations | Changes to Select Recommendations

Recommendation #3: Expand the Service Delivery System to Support People with Complex Needs

Summary / Description:

- 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-site 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.

The following changes have been made to the recommendation:

1. Added START Program from the Alternative Settings – I/DD Subcommittee Recommendations.

2. Added Intensive On-Site Provider Support from the Alternative Settings – I/DD Subcommittee Recommendations.

BHSFG Recommendations | Changes to Select Recommendations

Recommendation #9: Enhance Information Technology

Summary / Description:

- 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 MCR 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 statewide and community-specific resources essential to comprehensive care management.

The following changes have been made to the recommendation:

1. Updated the title to read as "Enhance Information Technology."

2. Added electronic bed registry for behavioral health providers from the BH Alternative Settings Recommendations.

BHSFG Recommendations | Changes to Select Recommendations

Recommendation #21: Enhance Behavioral Health Integration

Summary / Description:

- Support efforts to identify ways that optimize reimbursement for primary care practices using the Integrated Behavioral Health model.
- Develop a CHW pilot program for Montana providers currently offering services, to (1) provide short term "bridge" funding as needed, (2) collect data (e.g., cost reporting, services, insurance type), and (3) assess outcomes (e.g., 7 and 30 day follow up, emergency department utilization, etc.).
- 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), health prevention, promotion and literacy.
- 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 an actuarially sound reimbursement rate.

The following changes have been made to the recommendation:

1. Updated the recommendation to change the title from “Assess the Feasibility of Establishing a Community Health Worker Program” to “Enhance Behavioral Health Integration.”

Budget Summary

Budget Summary | Cost Categories and Development

Cost estimates in the draft report are broken into three categories to differentiate the types of investments that 1) can be made by BHSFG in the near future and 2) are likely ongoing costs that will need to be included in the state's regular biennial budget.

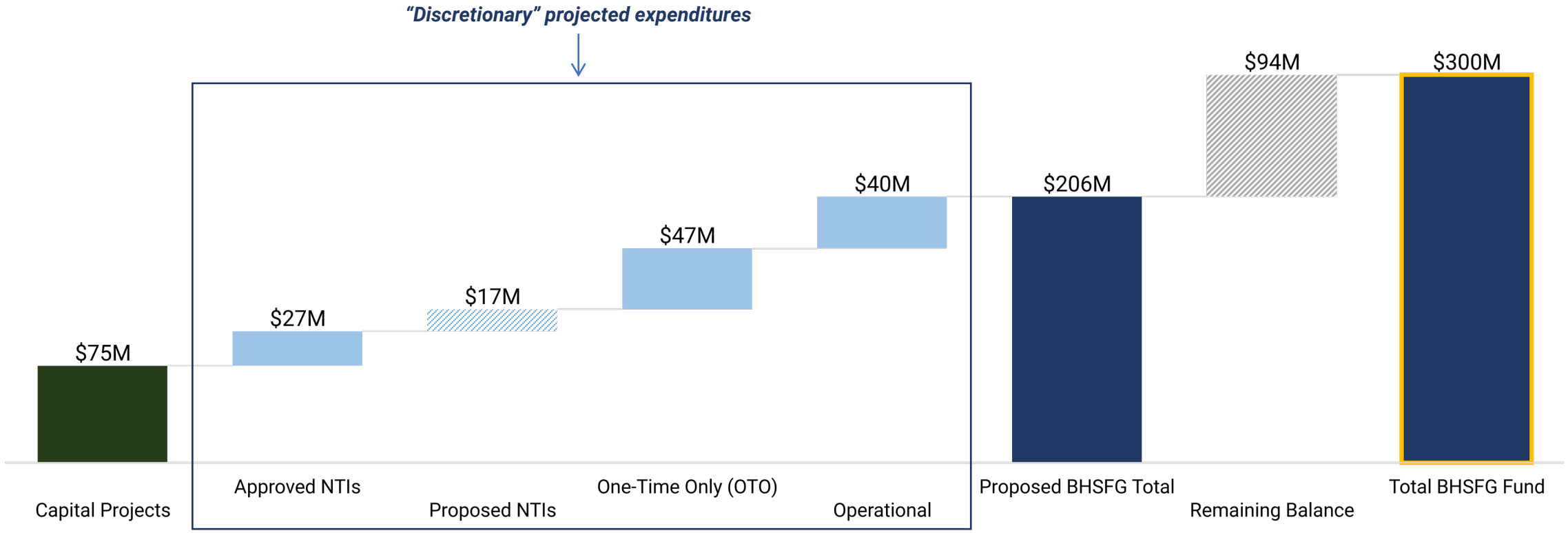
Initial cost estimates are broken down into the following categories:

Funding Source	Category	Description
BHSFG Fund	**One-Time Only (OTO)**	BHSFG funded grants, contract RFPs, or other initial investments required to stand up and launch a recommendation.
BHSFG Fund	**Operational**	BHSFG funding to finance the initial ongoing operational needs for a recommendation prior to inclusion in the state biennial budget (i.e., the "base budget").
Biennial Budget	**Recurring Operational**	Costs included in the "base budget" to fund a recommendation on an ongoing annual basis through a blend of Medicaid, Federal grants, the General Fund, or other sources.

These cost estimates were developed using the following methodology which largely mirrors the standard fiscal note development process:

1. Estimate cost build ups for each discrete recommendation, using available Montana data or data from comparable states / programs.
2. Categorize these costs as appropriate (e.g., capital, OTO, operational, etc.).
3. Evaluate the basic level of complexity involved in launching each recommendation (i.e., RFP versus rate adjustments and/or waiver approval).
4. Develop a high-level timeframe for launching each recommendation.
5. Identify what costs are long-term and thus require inclusion in Montana's regular biennial budget.

Budget Summary | Cost Build Up Summary



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

Budget Summary | Cost Estimates by Recommendation (1 of 2)

		BHSFG Funding Only	
Recommendation	**Domain**	**OTO**	**Operational**
1. Refine and Reconfigure Waiver Services Rates	DD	$1.7M	$300K
2. Expand Access to Waivered Services Through a Supports Waiver	DD	$500K	$66K
3. Expand Service Options for People with Complex Needs	DD	$1.9M	$17.6M
4. Redefine and Reopen Evaluation and Diagnostic Clinics	DD	$50K	$2M
5. Identify Improvements to the Waitlist Management Process	DD	$750K	$100K
6. Enhance the Targeted Case Management Program	BH	$710K	$2.2M
7. Develop a Targeted Case Management Training Program	BH	$1M	$10K
8. Implement a Care Transitions Program	BH	$250K	$2M
9. Enhance Information Technology	BH	$4.1M	$7.3M
10. Expand Mobile Crisis Response to Additional Regions	BH	$2.6M	$4M
11. Introduce New Crisis Stabilization and Receiving Center Services	BH	$14M	$1.3M

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Budget Summary | Cost Estimates by Recommendation (2 of 2)

		BHSFG Funding Only	
Recommendation	**Domain**	**OTO**	**Operational**
12. Expand Scope of the Certified Adult Peer Support Program	BH	$300K	-
13. Increase Support for People with SMI and/or SUD Experiencing Homelessness	BH	$1.1M	$1.5M
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	BH	$500K	-
17. Redesign Rates to Improve In-State Youth Residential Services	BH	$150K	-
18. Invest in School-Based Behavioral Health Initiatives	BH	$2.6M	-
19. Incentivize Providers to Join the Behavioral Health Workforce	BH	$7.1M	-
20. Expand Training Content Available to Behavioral Health Workers	BH	$2M	-
21. Enhance Behavioral Health Integration	BH	$3.9M	-
21 Recommendations Total:		**$47M**	**$40M**

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

Implementation Planning

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

Implementation Planning | Requirements

The Commission will build upon its successful NTI project management approach by assessing each recommendation based on key considerations or requirements, resulting in an implementation plan to launch and complete each initiative.

Key requirements for implementation planning include the following:

Staffing

Assessing the available workforce and determining any additional staffing needs or skill requirements to implement the recommendation effectively.

System / Infrastructure

Evaluating the existing technological infrastructure and identifying any upgrades or changes necessary to support the implementation of the recommendation.

Legislative / Regulatory

Reviewing relevant laws, regulations, policies, and manuals to ensure compliance and identifying any legal or regulatory requirements that may need addressing, updating, or amending.

Finance / Sustainability

Analyzing the financial implications of the recommendation, including initial investment requirements and long-term sustainability strategies to ensure continued success.

Project Implementation Timeline

Developing a comprehensive timeline outlining key milestones and deadlines for executing each recommendation, ensuring efficient progress tracking.

Risks

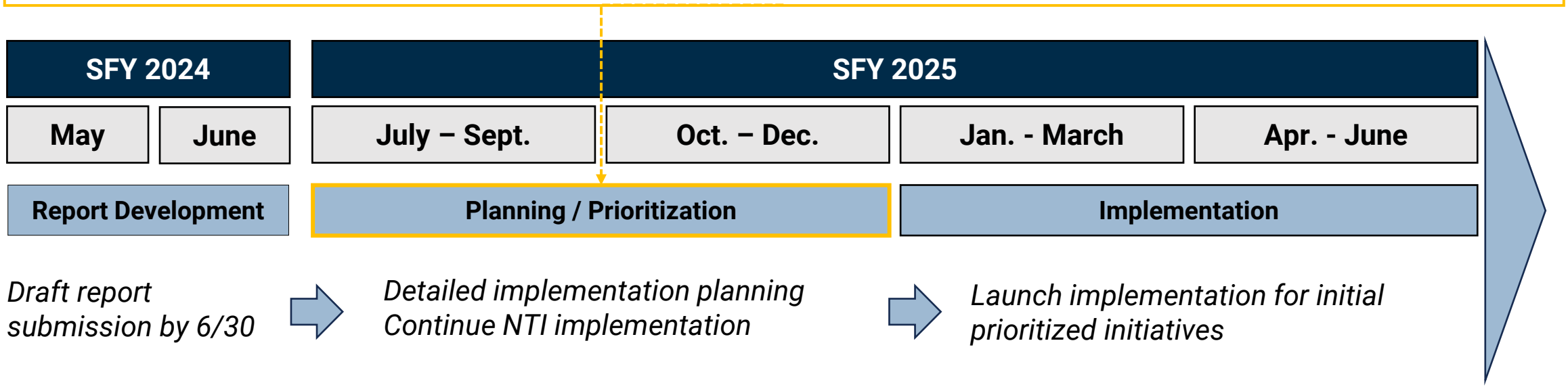
Identifying potential risks and challenges associated with the implementation of the recommendation, such as operational or financial risks, and developing mitigation plans to address them effectively and proactively.

Implementation Planning | Recommendation Prioritization Timeline

Looking ahead, DPHHS will develop a point of view on initial prioritization of recommendations for implementation. Input from Commissioners is greatly appreciated over the coming months.

Between May and August:

- DPHHS will develop an initial perspective on priorities and work planning.
- This view will be informed by criteria including complexity, impact, stakeholder input, recommendation dependencies, and departmental capacity.



Disclaimer: *the timeline above is for illustrative purposes only and subject to review by the Commission, Governor's Office, and legislative interim committees. Proposed recommendations are pending review and various approvals.*

Implementation Planning | Recommendation Implementation Example

Recommendation #3: Expand the Service Delivery System to Support People with Complex Needs

Overview: This recommendation proposes a more comprehensive support system, introducing three models of care to best support individuals with developmental disabilities that have complex, dual diagnosis needs. The START Program is foundational to this recommendation and is a critical step in building needed capacity to serve individuals with complex needs. This helps establish a stronger continuum of care. The program will serve as a critical stopgap to supporting people in restrictive settings.

Requirements	Project Needs
Staffing	▪ 0.5 FTE Project Manager
System / Infrastructure	▪ Procure National Center for Start Services (NCSS) contract for certification process ▪ Request for Proposal for Qualified Service Provider(s) ▪ Identify pilot location ▪ Identify pilot scope – Clinical Team vs Clinical Team Plus model ▪ MMIS service codes / modifiers ▪ Revisions to Personal Support Planning Process
Legislative / Regulatory	▪ Review and updates to ARMs ▪ Newly established and updated DDP Operating Policies / Provider Manual

Requirements	Project Needs
Finance / Sustainability	▪ Identify Medicaid finance / reimbursement options – 0208 Waiver Amendment or Alt Waiver Structure ▪ Determine reimbursement structure and rate
Project Implementation Timeline	▪ Years 1-5: start up and program operations ▪ Year 5: pilot evaluation and planning
Risks	▪ The START model requires a team of highly skilled clinical staff that may be challenging to find given already low staff availability. ▪ Ongoing, sustained funding will be needed to maintain and grow the pilot. However, if funding is not available, overall impact of the program may be limited. ▪ The pilot will be established in a more populated region of the state to support staffing needs, which may limit immediate support availability to individuals with complex needs in more frontier regions and/or require extended travel to receive services.

Implementation Planning | Recommendation Implementation Example

Recommendation #6: Enhance the Targeted Case Management Program

Overview: Under this recommendation, Montana would update the Targeted Case Management model for individuals with SDMI and/or SUD, children with SED, and individuals with developmental disabilities. This work would evaluate the reimbursement model to determine a need for future reimbursement changes. This recommendation also proposes to examine TCM utilization across current service providers to identify service availability (supply) and current met and unmet service need (demand) to better understand system capacity development needs. Additionally, this recommendation seeks to explore alternative payment models by piloting an incentive program for providers who meet certain metrics as established by the Department.

Requirements	Project Needs
Staffing	▪ 1 FTE Project Manager
System / Infrastructure	▪ Procure vendor to develop VBP and reimbursement model ▪ Establish metrics for the VBP pilot ▪ Update contracts with existing TCM providers to include VBP requirements
Legislative / Regulatory	▪ Review and update Montana State Plan ▪ Update the provider manuals to reflect VBP model, reimbursement

Requirements	Project Needs
Finance / Sustainability	▪ Determine reimbursement structure ▪ Determine VBP criteria for VBP incentive program, quality metrics and total costs
Project Implementation Timeline	▪ Years 1-2: start up, VBP program analysis ▪ Years 3-5: new reimbursement model and VBP rollout
Risks	▪ Ongoing funding to potentially support new reimbursement model may not be budget neutral. ▪ Difficulty in obtaining the necessary data to establish the reimbursement model due to lack of availability or completeness. ▪ Adequate staffing to oversee monitoring and compliance. ▪ Providers' ability to manage the administration of new assessments and reimbursement model.

Implementation Planning | Recommendation Implementation Example

Recommendation #8: Implement a Care Transition Program

Overview: Under this recommendation, Montana would expand its existing case management services for eligible individuals with complex needs to improve transitions from higher levels of care (e.g., inpatient hospitals, correctional settings, state institutions). This recommendation would initiate and fund start up costs for a new case management program for people transitioning from specific settings. One model for consideration is Critical Time Intervention (CTI), an evidence-based time-limited transition model backed by decades of rigorous research. Under CTI, a discharged patient receives intensive, community-based support that helps them through vulnerable periods of transition; guidance on "linking" to the services they need in their community; and assistance in developing the independence they need to live sustainably in the community.

Requirements	Project Needs
Staffing	▪ Identify DPHHS lead for care transitions program
System / Infrastructure	▪ Identify the population(s) and applicable settings (e.g., inpatient, correctional, etc.) ▪ Determine the case management model ▪ Identify the number of teams ▪ Establish outcome metrics ▪ Establish the contracting vehicles (e.g., RFP, sole source) ▪ Establish necessary MOUs with agencies
Legislative / Regulatory	▪ Update regulations and provider manual

Requirements	Project Needs
Finance / Sustainability	▪ Determine total start up costs ▪ Assess feasibility of submitting a SPA to bill Medicaid long term
Project Implementation Timeline	▪ Years 1-2: start up ▪ Years 3-5: determine settings and long-term sustainability strategy
Risks	▪ Delayed implementation of new service. ▪ Coordination with other agencies and facilities. ▪ Workforce shortages. ▪ Medicaid approval of model as a billable service.

Implementation Planning | Recommendation Implementation Example

Recommendation #18: Invest in School-Based Behavioral Health Initiatives

Overview: Under this recommendation, Montana would identify priority communities for sustained investments in existing school-based programs and allocate one-time funding to launch school-based Multi-Tiered System of Support (MTSS). MTSS investments encompass universal screening, referrals, and evidence-based interventions aimed at enhancing youth wellbeing. This recommendation also invests in infrastructure for training and coaching for selected evidence-based practices implemented by school districts. Additionally, the supportive environment of schools will be bolstered through interprofessional training for school counselors, nurses, psychologists, social workers, administrators, and other professionals. This would also include determining appropriate policies in collaboration with the Office of Public Instruction (OPI) and identifying funding sources to ensure sustainability, such as Medicaid due to reversal of the Medicaid free care rule.

Requirements	Project Needs
Staffing	▪ Identify existing state staff for oversight, monitoring
System / Infrastructure	▪ Identify contracting mechanism for school mental health services ▪ Update rules, regulations, and systems for Medicaid billing for school mental health services ▪ Identify key performance indicators, reporting, quality metrics ▪ Identify contracting mechanism for PROJECT ECHO or interprofessional training of school staff ▪ Support of existing infrastructure of training and coaching models for school-based evidence-based practices
Legislative / Regulatory	▪ Identify necessary legislation and regulatory changes ▪ Draft SPA for reversal of free care

Requirements	Project Needs
Finance / Sustainability	▪ Assess fiscal note for the state match of Medicaid-covered services ▪ Identify the funding source for ongoing interprofessional training for school staff ▪ Identify ongoing sources of funding for long term sustainability (e.g., Medicaid, grants, state-county funds, local education agency funds)
Project Implementation Timeline	▪ Year 1: contract with an entity to deliver a PROJECT ECHO or interprofessional training of school staff, develop partnership and MOU with OPI, and determine priority schools ▪ Year 1: identify contracting for school-based services ▪ Years 1-2: determine feasibility of reversal of free care
Risks	▪ Parental consent to provide BH services delivered in schools may be difficult to obtain. ▪ Evidence-based programs implemented to fidelity. ▪ SPA development, submission, and approval may be subject to change and elongated timelines. ▪ Funding source(s) for interprofessional training of school staff may be difficult to secure. ▪ Partnership with OPI is critical to avoiding delays in project implementation.

Implementation Planning | Recommendation Implementation Example

Recommendation #19: Incentivize Providers to Join the Behavioral Health Workforce

Overview: Under this recommendation, Montana would offer additional tuition reimbursement for less credentialed members of the behavioral health workforce, including case management staff and direct care workers. This recommendation proposes to incentivize providers to join the behavioral health workforce in Montana by enhancing the existing State Loan Repayment Program (SLRP) that encourages behavioral health workers to practice in Montana. This program would aim to target workers that are (1) essential to BHSFG initiatives and (2) underrepresented in currently available tuition reimbursement programs.

Requirements	Project Needs
Staffing	▪ 1 FTE Program Coordinator
System / Infrastructure	▪ Identify the eligible behavioral health providers for tuition reimbursement ▪ Crosswalk to existing tuition reimbursement programs ▪ Establish program standards
Legislative / Regulatory	▪ Assess need to develop new regulations to align with additional funding

Requirements	Project Needs
Finance / Sustainability	▪ Establish the total funding availability and annual amount
Project Implementation Timeline	▪ Year 1: develop application and program requirements, partner with eligible behavioral health providers to discuss program and receive their input on applicant eligibility requirements, decide funding disbursement amounts and mechanism, launch application, launch messaging campaign to socialize application, choose initial cohort ▪ Year 2: award funding to initial cohort, maintain oversight, plan long-term sustainability
Risks	▪ Lack of interest from behavioral health workers. ▪ Lack of buy-in from behavioral health providers. ▪ Limited ability to receive long-term funding.

Commission Discussion