

Behavioral Health System for Future Generations (BHSFG)

Commission Meeting

June 23, 2025 ● 2pm – 5pm



DEPARTMENT OF
**PUBLIC HEALTH &
HUMAN SERVICES**

Session Agenda

I. Current State Overview

- A. History of Work
- B. Recommendation List
- C. Timeline
- D. Overview of Budget and Financials

II. Near-Term Initiatives (NTI) Update

III. Implementation and Project Planning Status Update

IV. Additional BHSFG Developments

- A. Study on Long-Term Sustainability of HB 872 Objectives (HB 936)
- B. HB 5 Funding Allocations for Construction of Eastern Montana Facility

V. Next Steps and Commission Session Close-Out








- A. Website Updates and Ongoing Communications / Status Reports

Current State Overview



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BHSFG ● High-Level Timeline of Key Activities

 HB 872 Approved and Signed Approved in May 2023 Sponsored by Rep. Bob Keenan (R – Bigfork) and supported by Sen. John Esp (R – Big Timber) Resulted in the establishment of the BHSFG Commission, with \$300 million ¹ earmarked for programs addressing behavioral health and developmental disabilities, alongside investments in long-term projects (e.g., capital expenditures)	 Commission Work Kick-Off Launch of the Commission began a 14-month effort to evaluate and improve Montana’s behavioral health system Areas of focus included building a statewide crisis system, enhancing state-run healthcare facilities, expanding services for diverse populations (i.e., adults, youth, behavioral health, and developmental disability), addressing co-occurring conditions, and bolstering family and caregiver supports	 Public Meetings and Testimonials In total, the Commission hosted 12 public meetings across Montana People who provided expert testimony and input included community stakeholders, individuals with lived experience, and subject matter experts Intent was to gather diverse perspectives to inform the Commission’s recommendations and final report	 Near-Term Initiatives (NTIs) To date, the Governor has approved 11 NTIs, many of which are underway NTIs seek to target and address worsening issues in the behavioral health and developmental disabilities systems through focused funding and sustainable, more immediate solutions NTIs prioritize feasibility with current Department resources, build on existing programs, and incorporate diverse inputs	 Presentation of Final Report Shaped by the engagement process and public meetings, the Commission created a final report inclusive of 22 recommendations	 Legislative Review and Budget Process Following Commission and gubernatorial approval, the final report underwent the legislative review process (including budget considerations) 10 recommendations were identified as foundational for implementation in the 2026–2027 biennium, as they either establish the infrastructure necessary for subsequent efforts to succeed or are critical to strengthening and sustaining system operations	 Readiness for Implementation In partnership with A&M, the Commission and Department leadership prepared for implementation by conducting workshop sessions to support project plan development. Outputs from the workshop informed the discrete project plans to drive project completion. Overall, the plan for implementation is contingent on gubernatorial approval, signature of HB 2.
May ‘23	July ‘23	July ‘23 – September ‘24	February ‘24 – Present	September ‘24	January ‘25 – April ‘25	April ‘25 – Present

Note: (1) Total investment of \$300M, with authority to spend \$70M in first two years; \$225M placed into state account to fund state and community-based programs for individuals with behavioral health or developmental disabilities, and \$75M into long-range fund to support capital projects across the behavioral health system.

Overview ● Legislatively Approved Report Recommendations – Behavioral Health

BEHAVIORAL HEALTH RECOMMENDATIONS

Rec. #6: Enhance Targeted Case Management (TCM): Will enhance Targeted Case Management (TCM) by reassessing the reimbursement model, expanding program availability to address unmet needs, and piloting a value-based payment model to incentivize providers for improved outcomes.

Rec. #8: Implement Care Transitions Program / Critical Time Intervention (CTI): Will implement a tailored care transitions program, such as Critical Time Intervention (CTI), to support individuals discharged from institutional settings by providing intensive, time-limited assistance for reintegration into their communities.

Rec. #9: 988 Marketing Campaign: Will launch a public awareness campaign to increase understanding of the 988 Lifeline and the behavioral health crisis support it offers, aiming to improve access to these critical services.

Rec. #17: Redesign Rates to Improve In-State Youth Residential Services: Will redesign reimbursement rates for in-state youth residential services by creating a tiered structure that aligns resources with clinical needs, reducing reliance on out-of-state placements in psychiatric residential treatment facilities and therapeutic group homes.

Rec. #18: Invest in School-Based Behavioral Health Initiatives: Will invest in school-based behavioral health initiatives by funding programs, expanding universal behavioral health screening, and collaborating with the Montana Office of Public Instruction (OPI) to adopt supportive policies and identify sustainable funding sources.

Rec. #19: Incentivize Providers to Join the BH and DD Workforce: Will address workforce shortages in behavioral health (BH) and developmental disabilities (DD) by establishing a tuition reimbursement program for case management staff and direct care workers and creating dual enrollment programs for Montana high school students to earn tuition-free college credits in these fields.

Rec. #22: Expand and Sustain Certified Community Behavioral Health Clinics: Will expand and sustain Certified Community Behavioral Health Clinics (CCBHCs) to build a more integrated mental health and substance use treatment system with sustainable funding.

Overview ● Legislatively Approved Report Recommendations – Developmental Disabilities






























DEVELOPMENTAL DISABILITIES RECOMMENDATIONS

Rec. #1: Refine and Reconfigure the Current 0208 Comprehensive Waiver Services Rates: Will refine and reconfigure the current 0208 Comprehensive Waiver Services rates by adjusting the rate methodology to better align each individual's support needs with the resources they receive. This will include implementing a new rate methodology and increasing Medicaid reimbursement upon its implementation.

Rec. #3: Expand the Service Delivery System to Support Individuals with Complex Needs: Will expand the service delivery system to support individuals with complex needs by establishing a more robust continuum of care. This will involve creating a Systemic, Therapeutic, Assessment, Resources, and Treatment (START) certified Resource Center and clinical team, providing technical assistance and crisis response to existing 0208 Comprehensive Waiver providers, and introducing a new residential habilitation service under the 0208 Comprehensive Waiver for individuals with complex behavioral and/or medical support needs.

Rec. #4: Redefine and Reopen Evaluation & Diagnostic (E&D) Clinics to Support Families More Effectively: Will redefine and re-open E&D clinics to support families more effectively. These clinics will facilitate intake and eligibility activities for individuals with developmental disabilities seeking access to the 0208 Comprehensive Waiver, ensuring more efficient and effective support for families.

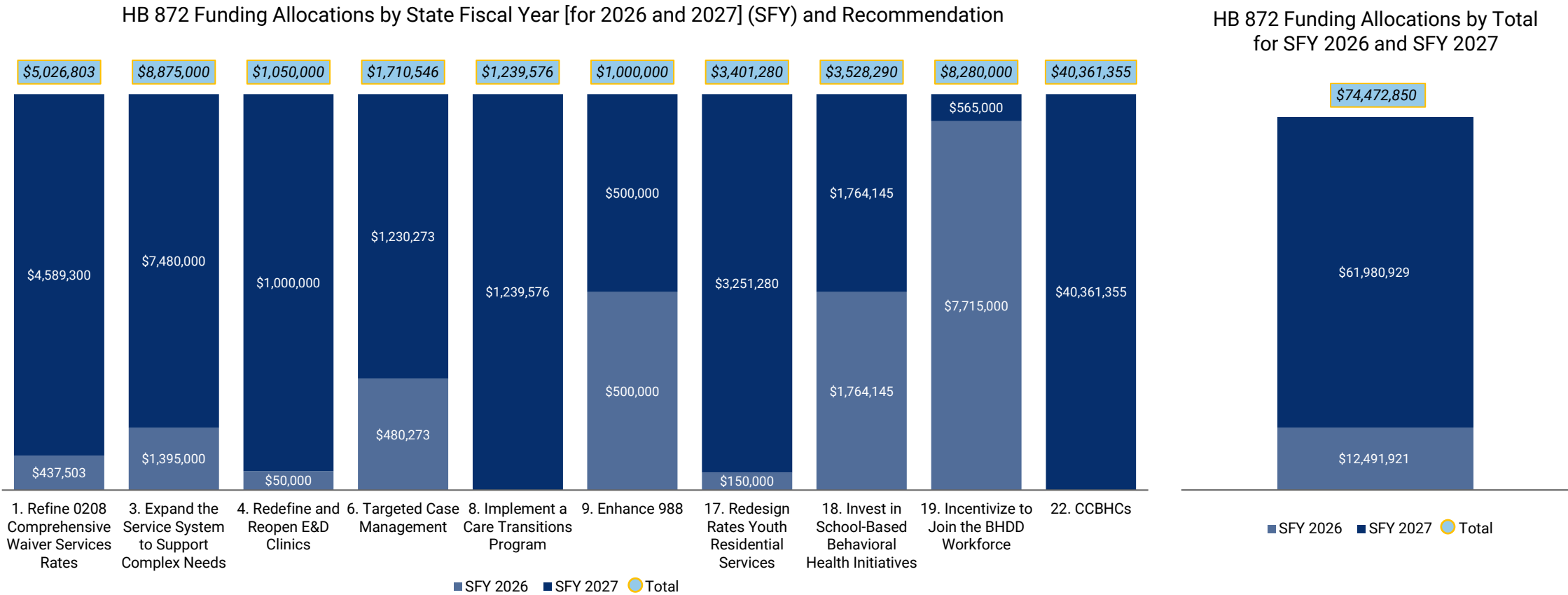
BHSFG BHDD Projects ● Initial Implementation Items / Dates by Recommendation

		FY25	FY26	FY26	FY26	FY26	FY27	FY27	FY27	FY27	FY28	FY28	FY28	FY28
Rec.	Task Area	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
1	Refine 0208 Comprehensive Waiver Services Rates													
3	Expand the Service System to Support Complex Needs													
4	Redefine and Reopen E&D Clinics													
6	Targeted Case Management													
8	Implement a Care Transitions Program													
9	Enhance 988*													
17	Redesign Rates Youth Residential Services													
18	Invest in School-Based Behavioral Health Initiatives*													
19	Incentivize to Join the BHDD Workforce													
22	CCBHCs													

Note: (*) Denotes a partially funded recommendation

 Where We Are Now  Project Plan Developed  Initial Implementation Date / Milestone

BHSFG Projects ● 2026 – 2027 Biennium Appropriation by State Fiscal Year (SFY)

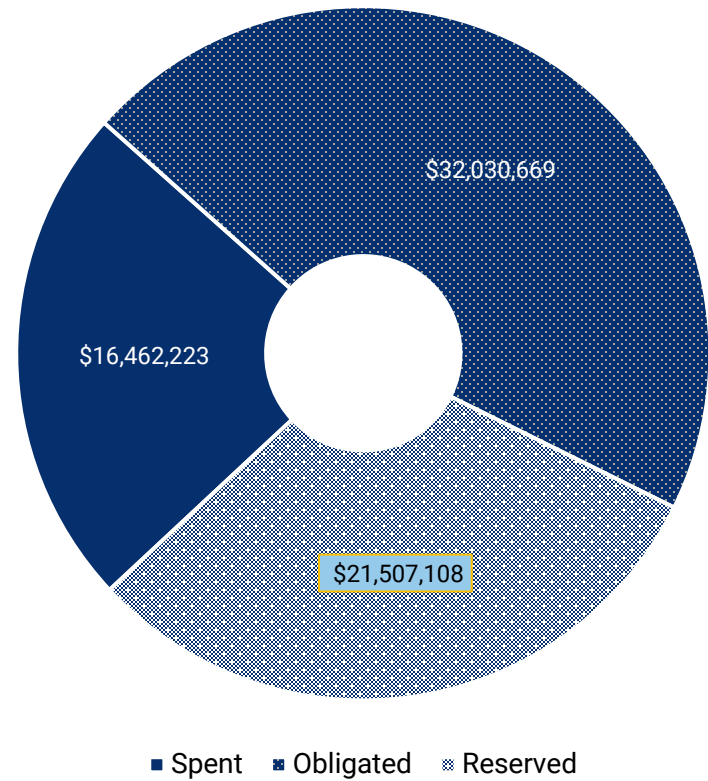


Note: Some of the recommendations outlined above include funding from both state and federal sources.

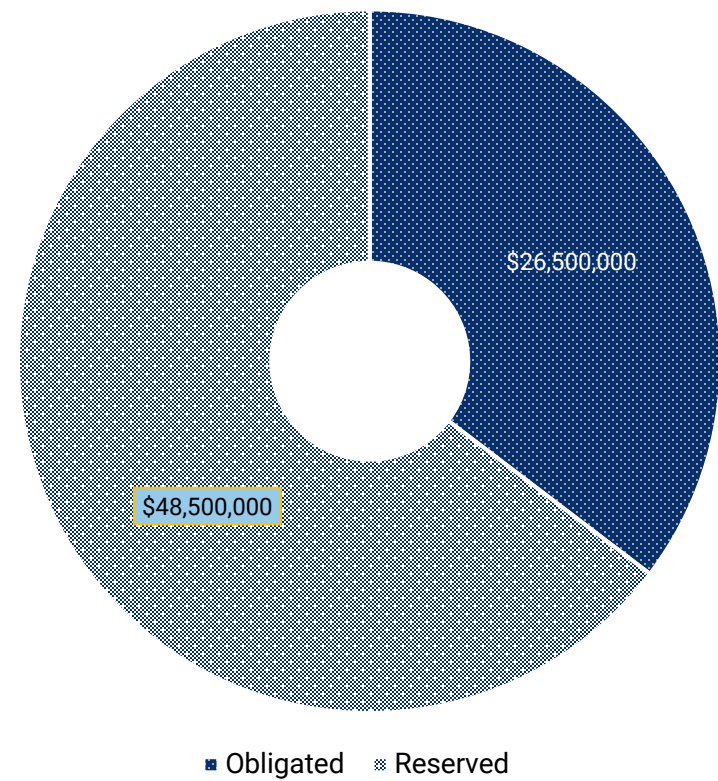
Note: The allocations in the chart above reflect planned investments over time and offer a high-level view of the total projected budget to support implementation and long-term sustainability.

BHSFG Projects • Additional Funding Details: Reserved Funds

Breakdown of SFY 2024 – 2025 BHSFG Appropriations: Spent, Obligated, and Reserved Funds



HB 5 Funding Summary: Obligated and Reserved Funds for the new Eastern Montana Facility



Near-Term Initiatives (NTI) Update



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Overview ● Data Snapshot: Summary of Budget / Financials (Monies Obligated)

BHSFG authorized \$47M for near-term initiatives, nearly all of which—reflected in the obligations outlined below—is on track to be fully expended by the end of the biennium in alignment with Department priorities.

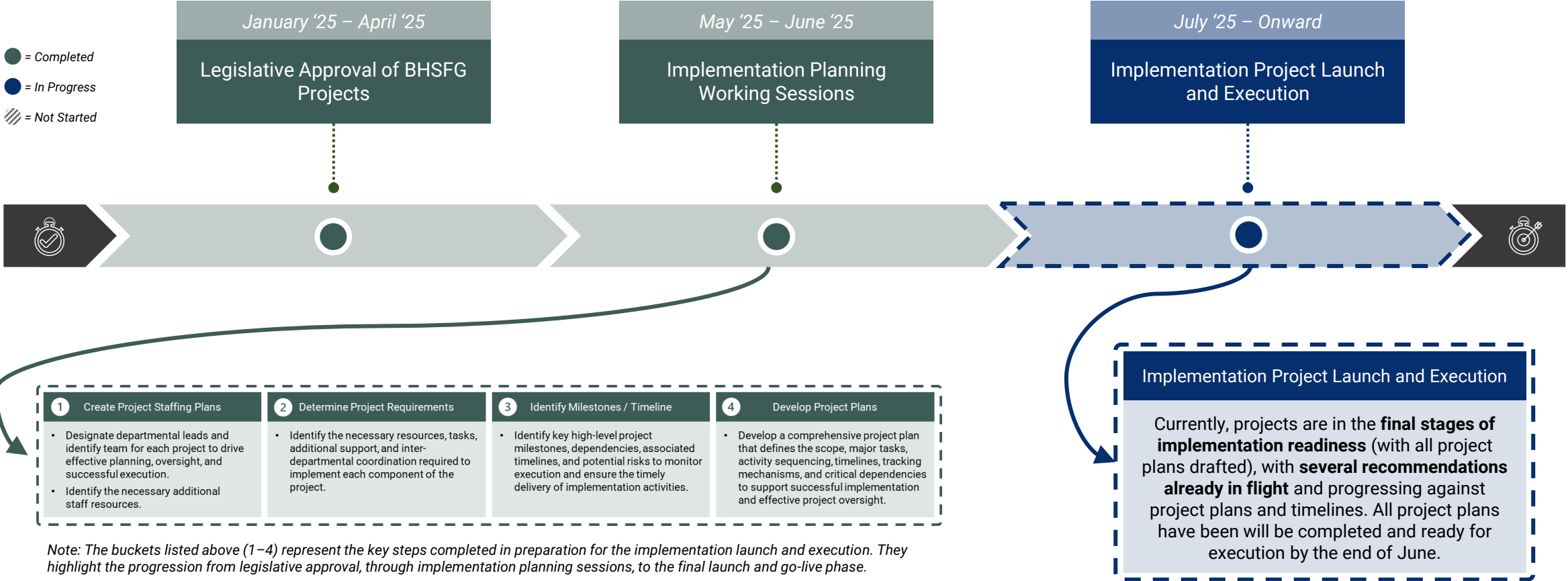
Project / Initiative	Amount Obligated
Residential Grants	\$15,674,650
Mobile Crisis Response	\$7,500,000
Court Ordered Evaluations and Stabilization Grants	\$7,500,000
Support for Tribes and Urban Indian Health Organizations	\$6,499,064
Occupational Therapy Doctorate, Physician Assistant Programs	\$4,000,000
Local Innovations to Counties and Tribes	\$2,500,000
Wellness Kiosks	\$400,000
Family Peer Support Pilot Program	\$675,750
Crisis Worker Curriculum and Certification	\$439,126
DD Healthcare Workforce Training	\$332,500
Fair Market Rent Reevaluation Study	\$315,727
Direct Support Professionals (DSPs) Workforce Grants	\$239,535
Total	\$46,760,625

Implementation and Project Planning Status Update



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BHSFG Implementation • Implementation Planning Process Overview



Working Session Overview ● Working Session Outputs and Path to Project Plans



Project Progress Snapshots ● Key Accomplishments and Upcoming Work

<p>Rec. #1: Refine and Reconfigure the Current 0208 Comprehensive Waiver Services Rates</p> <p>Key Accomplishments: Conducted initial and follow-up stakeholder meetings with families and providers to collect feedback on selecting an acuity-based assessment tool. These efforts will ensure the tool's alignment with the unique needs and priorities of beneficiaries.</p> <p>Upcoming Efforts: Conduct town halls and select an acuity-based assessment tool by the end of July, guided by stakeholder meetings and a deck summarizing market research, community feedback, and industry best practices.</p>	<p>Rec. #3: Expand the Service Delivery System to Support Individuals with Complex Needs</p> <p>Key Accomplishments: The Developmental Disabilities Program (DDP) team conducted a site visit to a Systemic, Therapeutic, Assessment, Resources, and Treatment (START) Resource Center in North Carolina. The visit strengthened the team's understanding of the START model and will directly inform Montana's program planning and implementation.</p> <p>Upcoming Efforts: Finalize contract with National Center for START Services (NCSS) by the end of June.</p>	<p>Rec. #4: Redefine and Reopen Evaluation & Diagnostic (E&D) Clinics to Support Families More Effectively</p> <p>Key Accomplishments: Initiated outreach to advocacy organizations with families of individuals with developmental disabilities, laying the groundwork for a stakeholder group to inform planning and implementation efforts.</p> <p>Upcoming Efforts: Establish stakeholder group by the end of July.</p>	<p>Rec. #6: Enhance Targeted Case Management (TCM)</p> <p>Key Accomplishments: Completed the initial development of an inventory of Montana's BHDD TCM programs, including early information / data collection to document each model's structure, highlight strengths, capture lessons learned, and identify opportunities for program enhancement.</p> <p>Upcoming Efforts: Assess information and data gaps and conduct interviews with bureau chiefs to obtain comprehensive historical and current insights on each TCM program by end of July.</p>	<p>Rec. #8: Implement Care Transitions Program / Critical Time Intervention (CTI)</p> <p>Key Accomplishments: Gathered and analyzed readmission and discharge data from Montana State Hospital, conducted interviews with key community roles, developed a matrix to map care transition responsibilities, and gathered additional program design insights with support from subject matter experts.</p> <p>Upcoming Efforts: Develop options for approach for improving care transitions, including population, geographies, and model for intervention; select path (target ~Aug. '25).</p>
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Note: To date, all 10 recommendations have completed drafted project plans, with 70% currently undergoing the vetting process and on track for readiness by July, while 30% are already fully operational as of June 23, 2025.

Project Progress Snapshots ● Key Accomplishments and Upcoming Work (cont.)

<p>Rec. #9: 988 Marketing Campaign</p> <p>Key Accomplishments: Reviewed initial peer state (e.g., NH, CO, UT, WA) 988 marketing campaigns and RFPs to identify effective strategies, challenges, and lessons learned. Findings will inform a tailored marketing approach for Montana’s 988 initiative that reflects best practices and responds to the needs of target communities.</p> <p>Upcoming Efforts: Initiate interviews with other states and finalize Montana’s target populations, media strategy, and geographic reach by Aug. ’25.</p>	<p>Rec. #17: Redesign Rates to Improve In-State Youth Residential Services</p> <p>Key Accomplishments: Conducted analysis of internal reports, augmented by peer state interviews (e.g., KY) and review of proposals (i.e., RFPs) to inform acuity-based rate design for consideration in Montana. Started developing high-level scope for inclusion in procurement efforts.</p> <p>Upcoming Efforts: Continue build-out of data points to inform acuity-based rate design, as well as additional interviews. Craft high-level scope to inform RFI-like response from vendors on rate work.</p>	<p>Rec. #18: Invest in School-Based Behavioral Health Initiatives</p> <p>Key Accomplishments: Developed a visual representation of Montana’s Multi-Tiered System of Support (MTSS) for school-based services to highlight opportunities for enhancement, such as universal screening and evidence-based programs. Reviewed peer state models (e.g., DE, CT) and began identifying priority areas to improve and expand existing programs.</p> <p>Upcoming Efforts: Identify key stakeholders by the end of July.</p>	<p>Rec. #19: Incentivize Providers to Join the Behavioral Health and Developmental Disabilities Workforce</p> <p>Key Accomplishments: Compiled and analyzed data on program use, outcomes from current programs via Office of the Commissioner of Higher Education (OCHE). Developed initial write-up of considerations for program design and funds draw-down.</p> <p>Upcoming Efforts: Continue assessing data and outcomes to inform options for funds usage (e.g., expand current financial incentives, strengthening educational pathways, enhancing recruitment / outreach, and partnership development).</p>	<p>Rec. #22: Expand and Sustain Certified Community Behavioral Health Clinics (CCBHCs)</p> <p>Key Accomplishments: Continued progress towards implementation readiness via updated needs assessments from providers; frequent meetings with providers on data quality and submissions; cross-state learnings (i.e., interviews with GA, OK, NM, NV, and KS) to inform implementation strategies; and additional research around crisis models.</p> <p>Upcoming Efforts: Collate learnings and materials to inform model design (e.g., rates, model approaches) for application.</p>
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Additional BHSFG Developments



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Summary ● Study on Long-Term Sustainability of HB 872 Objectives (HB 936)

The “Long-term sustainability of HB 872 study” establishes a committee during the interim period following the 69th legislative session to **develop sustainable funding mechanisms for the long-term objectives outlined in HB 872.** The committee is expected to present its findings to the executive branch and the legislative finance committee in preparation for the 70th legislative session.



Committee Make-Up

- Chair of Health and Human Services Appropriations Joint Subcommittee (“Subcommittee”)
- Four (4) members of the Subcommittee¹
- Director of Department of Public Health and Human Services (or designee)
- Medicaid Bureau Chief
- Budget Director (or designee)



Support + Operations

- The Department of Public Health and Human Services will staff the committee and cover operational costs
- The Office of Budget and Program Planning and the Legislative Fiscal Division will provide research and analysis, upon request



Leadership

- Committee leadership will elect a presiding officer and vice presiding officer from its legislative members



Meetings

- Meetings will commence June 1, 2025, and will occur every two (2) months—with the option for remote meetings
- Public comment will be encouraged, and time will be reserved for it at each meeting

Note: (1) These members will be appointed by legislative leaders (House Speaker, House Minority Leader, Senate President, and Senate Minority Leader) in consultation with the Subcommittee chairperson.

HB 5 Allocations ● Funding the New Behavioral Health Facility in Eastern Montana

NOTEWORTHY UPDATES AND CONSIDERATIONS

HB 5 and Facility Funding: The new behavioral health facility in Eastern Montana is funded through HB 5, with \$26.5 million allocated from the Capital Developments Long-Range Building Program Account. These funds will be transferred to the Board of Investments (BOI) by June 30, 2026, following the Budget Director's approval of a plan from BOI and DPHHS detailing the facility type and location.

Facility Location and Design Progress: Progress on the facility includes identifying several potential sites in the Billings region. Department leadership, BOI, and Senator Esp recently toured a facility in Caldwell, Idaho, to gather architectural and engineering insights. BOI and DPHHS are set to finalize the location and design plans in upcoming internal workshops.

Capital and Operational Planning: The project is currently in the early planning stages, focusing on identifying a location and finalizing campus design. Detailed plans for both capital development and operational aspects, including business and clinical operations, are being developed to ensure the facility meets community needs.

Next Steps and Commission Close-Out



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Periodic, recurring status reports and updates will continue to be posted on the Behavioral Health System for Future Generations website, [here](#). Future updates **will now cover both the NTIs, the approved recommendations outlined in this slide deck, and budget / financial information** related to HB 872.

Open Commission Discussion



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