Agenda

- Organizational Highlights
- HB 190: DPHHS Strategic Plan
- Law Implementation and Rulemaking
- HB 2: Medicaid Provider Rate Adjustments
- HB 872: Behavioral Health System for Future Generations
- HB 10: Long-Range Information Technology
- Medicaid Redeterminations
- Improving our Public Assistance Helpline (PAHL)
- Reforming our State-Run Health Care Facilities
- HEART Initiative
- Senior and Long-Term Care Division
- Behavioral Health and Developmental Disabilities Division
- Child and Family Services Division
- Human and Community Services Division
- Conclusion

Director's Updates
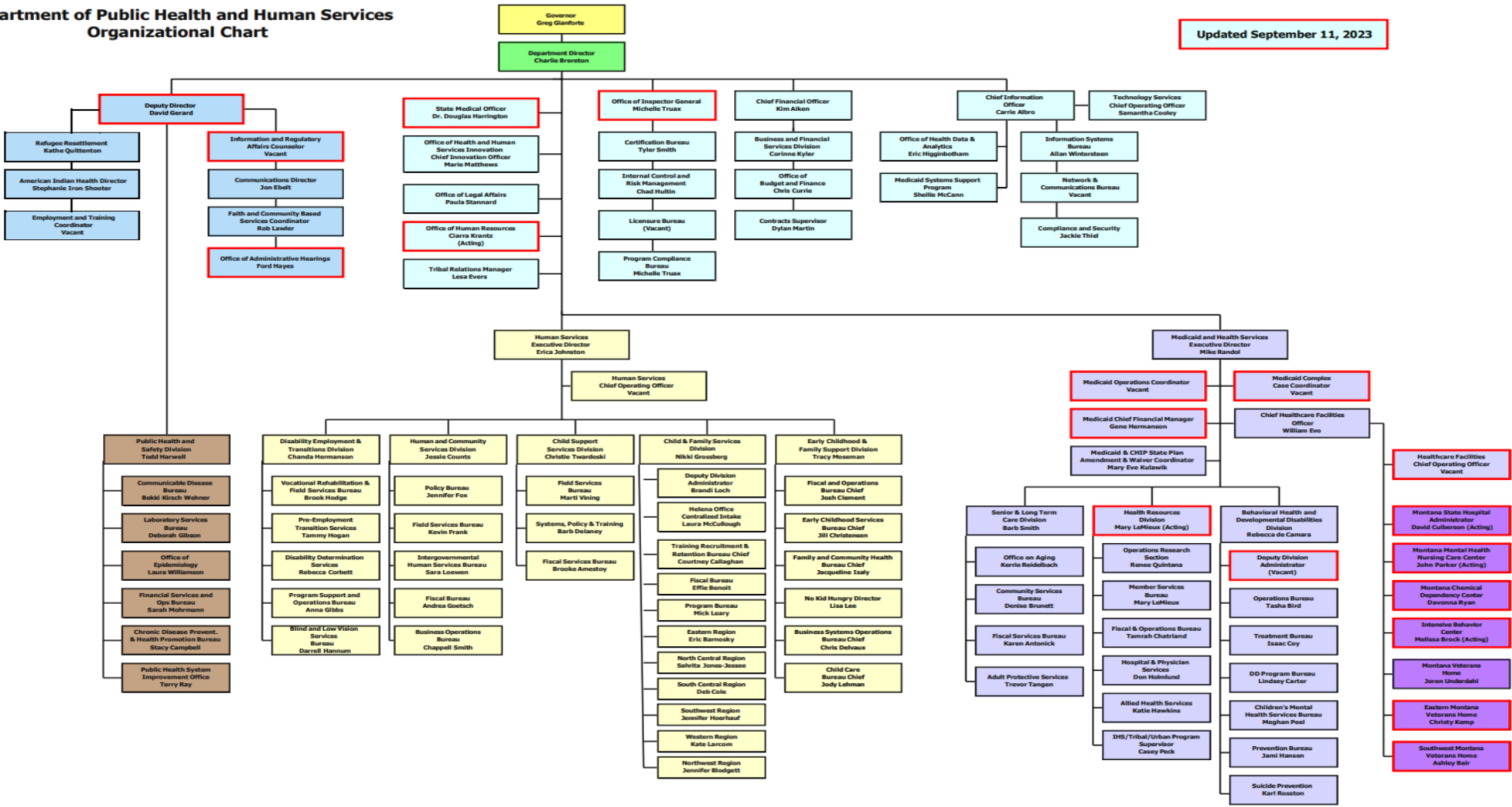
Charlie Brereton, DPHHS Director

Organizational Highlights

HB 190: DPHHS Annual Plan

As required under HB 190, DPHHS published an Annual Plan on September 1, 2023. The Plan will be updated no later than September 1 every year and includes:

- Description of the functions and divisions of the Department, including a discussion of its priorities;
- Initiatives of the Department that reflect the benefits and outcomes the Department expects to achieve; and
- Specific and measurable performance metrics for each initiative, including the preferred outcomes and outputs with respect to each initiative

The DPHHS Strategic Plan is publicly available at https://dphhs.mt.gov.

HB 190: DPHHS Annual Plan (cont.)
#1: Strengthen and Stabilize Montana's Health Care Delivery System

Initiatives	Performance Metrics
Implement Medicaid provider rate adjustments to better align reimbursement rates with the true cost of providing physical and behavioral health care services to over 300,000 low-income Montanans. In coordination with the Behavioral Health System for Future Generations (BHSFG) Commission, develop strategic plans with implementation recommendations to reform Montana's behavioral health and developmental disabilities service delivery systems. Establish a pathway to U.S. Centers for Medicare and Medicaid Services (CMS) recertification of the Montana State Hospital. Develop a singular value-based payment Medicaid Primary Care Delivery Model. Continuously address Healthcare Facilities Division vacancies, including through the implementation of recruitment and retention strategies, with an emphasis on reducing contract staff utilization. Increase in-state access to services for children with high-acuity needs.	• 100% approval of CMS State Plan and waiver amendments to implement provider rate adjustments by EOY 2023. • Increase access by 5% for Behavioral Health, Primary Care, and Developmental Disabilities services. • Launch BHSFG Commission and secure governor's approval of at least 2 Commission-recommended initiatives by CYE23. • At least 8 BHSFG Commission meetings scheduled and held through end of SFY24. • Complete 75% of HB 5 capital improvement projects for CMS recertification of MSH by end of SFY24. • Achieve 75% of required MSH CMS recertification activities by September 2024, and 100% by December 2024. • Reduce traveler costs by 10% for HFD and increase state HFD FTE by 5%. • 100% completion of the Behavioral Health and Developmental Disabilities Alternative Settings Design Proposal and Implementation Plan, and presentation to the BHSFG Commission, by May 1, 2024. • 5% reduction in out-of-state placement of children with complex physical and behavioral health needs.

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HB 190: DPHHS Annual Plan (cont.)
#2: Drive Independence and Accountability through Public Assistance Programs

Initiatives	Performance Metrics
Redesign Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF) Employment and Training service provision models to better meet the needs of Montanans. Conduct a timely and accurate redetermination of eligibility for all Montana Medicaid and Healthy Montana Kids (HMK) members. Increase opportunities for non-custodial parents engaged in child support services to improve economic stability for themselves and their children. Increase access to quality childcare for working families. Increase opportunities for older youth in foster care to obtain skills necessary for economic stability as adults.	• 25% reduction in Public Assistance Helpline (PAHL) wait times. • 100% completion of Medicaid and HMK eligibility redeterminations. • Execution of at least one new performance-based contract for statewide SNAP and TANF employment and training services provision. • 25% increase in referrals of non-custodial parents engaged in child support services to employment and training services. • 5% increase in the number of licensed childcare providers participating in the Best Beginnings Scholarship program. • 50% increase in the number of foster youths aged 14 and older participating in vocational rehabilitation services.

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HB 190: DPHHS Annual Plan (cont.)
#3: Increase Data Analytics Capacity for Performance Measurement & Decision-making

Initiatives	Performance Metrics

Establish and integrate an Office of Research and Performance Analysis (ORPA) to catalyze the strategic use of data and analytics, including for resource allocation, program evaluation and performance measurement, and operational decision-making.	• Complete data assets inventory and implement ongoing maintenance.
	    ○ 100% of data cataloged by end of SFY24.
	    ○ 50% of data elements assessed and documented by population/customer, program impact, limitation, and gap by end of SFY24.
	• Complete data methodology design.
	    ○ 100% completion of detailed project timeline encompassing key milestones from the initial data collection phase to the final stages of analysis and reporting by end of SFY24.
	    ○ 100% completion of data methodology design, including management tools and data analysis standards by end of SFY24.
	• Develop data use strategy (i.e., development of a data collection and utilization plan).
	    ○ 100% identification of measures of key performance indicators by end of SFY24.
	• Develop use case modeling for metrics and outcomes related to self-sufficiency and population health.
	    ○ Implement at least 4 use cases with outcome measures for success (at least 2 for independence and 2 for population health) by end of SFY24.
	• Hold at least 2 meetings of the new Data Governance Committee by end of SFY24.

Law Implementation and Rulemaking

- Routine Rulemaking
  - DPHHS conducts periodic rulemaking and continuous review and update of rules in support of Montanans and the Governor's Red Tape Relief Initiative. These include:
    - Changes required by changes in federal law
    - Changes required by state law
    - Regulatory Reform Initiative rulemakings

- 2023 Legislature enacted more than 60 bills with implications on DPHHS, directly or indirectly.
  - Bills requiring no action: ~10
  - Bills requiring new/revised rulemaking: ~25
  - Bills requiring change where litigation may affect implementation: ~5
  - Bills requiring non-rule implementation changes (e.g. notices, forms, plans, reports): ~25

- Review and update of Rules will continue through this biennium, consistent with MCA 2-4-305(11)

HB 2: Medicaid Provider Rate Adjustments

The Legislature approved increases of **$135M/FY24** and **$204M/FY25**, for a **total of $339M over biennium**.

- Most of this funding is being allocated to rate increases for services that were part of the Guidehouse rate study. On average, these base rates received an increase of 17.8% in FY24.

- Non-studied providers received a 4% rate increase in FY24.

- A series of administrative rule updates for the proposed rate increases were filed with the Secretary of State in late June and early July, **the earliest filing dates after HB 2 was signed**.

- Public hearings on these administrative rules occurred in late July and early August.

- **Final rules were published on September 8**. Rate updates were implemented in the MMIS on the same date with a **retro-effective date of July 1**.

- **Information on claim adjustments for services rendered July 1-September 8 has been sent to providers.**

- The process of claim adjustments is starting this week. This process is expected to take several months due to the limited number of adjustments the claims system can process each week. **Approximately 400,000 claims are expected to be adjusted for additional payments to providers of approx. $10M**.

HB 872: Behavioral Health System for Future Generations

Commission Members

Statutory Requirement	Commission Member	Notes
Bill Sponsor	Rep. Bob Keenan	Chair
Governor's Appointee	Director Charlie Brereton	Vice Chair
Governor's Appointee	Janet Lindow	Executive Director, Rural BH Institute
Governor's Appointee	Patrick Maddison	CEO, Flathead Industries
Legislator	Sen. John Esp	Member
Legislator	Sen. Ellie Boldman	Member
Legislator	Rep. Mike Yakawich	Member
Legislator	Rep. Dave Fern	Member
Legislator	Rep. Michele Binkley	Member

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HB 872: Behavioral Health System for Future Generations (cont.)

Commission Milestones

Past	Key Milestones
July 20, 2023	Meeting #1 Focus: Commission establishment, public comment, priorities, focus areas, and meeting cadence.
September 8, 2023	Meeting #2 Focus: Civil and forensic commitments with panels consisting of Judges, County Attorneys, Sheriffs, Jail Commanders, and family member.
Future	
October 13, 2023	Meeting #3 (next meeting)
July 1, 2024	Commission submits a report on its final recommendations to OBPP and LFD; within 60 days, the Commission will present to the following legislative committees who shall meet jointly: • Legislative Finance Committee; • Health and Human Services Interim Budget Committee • Children, Families, Health, and Human Services Interim Committee
Fall 2024 (estimated)	Governor approves and finalizes all Commission recommendations with changes, as required.

HB 872: Behavioral Health System for Future Generations (cont.)

Commission Priorities

- Comprehensive Statewide Crisis System
- Clinically Appropriate State-run Health Care Settings and Functional Commitment System
- Capacity of Adult Behavioral Health Service Delivery System
- Capacity of Children's Mental Health Service Delivery System
- Capacity of Developmental Disability Service Delivery System
- Capacity of Co-occurring Populations Service Delivery System
- Family and Caretaker Supports

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HB 872: Behavioral Health System for Future Generations (cont.)

Strategic Coordination and Alignment of BH/DD Activities

Alternative Behavioral Health and Developmental Disabilities Settings Project

This project is aimed at identifying the services, costs, and rates necessary to improve the continuum of care and treat Montanans in clinically appropriate and accessible behavioral health and co-occurring treatment settings beyond DPHHS's current state-run facilities.

Certified Community Behavioral Health Clinic (CCBHC) Model Implementation

DPHHS received a federal grant to plan for recognition and payment of CCBHCs in the Medicaid program. The department is now in the process of planning for a new CCBHC integrated provider model, providing technical assistance to providers, and developing rates.

CMS Certification Support and Executive Facilities Management

This work is aimed at improving the care delivery, active treatment, and safety of patients in state-run health care facilities. Priority efforts in 2023 include continuing to work towards the recertification of Montana State Hospital and rebalancing the role of state-run health care facilities in the full continuum of care.

Healing and Ending Addiction through Recovery and Treatment (HEART) Initiative

Through Governor Gianforte's HEART Initiative, DPHHS has been able to increase the level of resources focused on mental health and substance use disorder prevention and treatment services and is continuing work to expand services statewide.

Medicaid Provider Rate Study and Increases

The Behavioral Health and Developmental Disabilities Division is actively working to implement provider rate increases authorized by the 2023 Montana State Legislature. Rate adequacy is continually expressed as the number one roadblock to enhancing and expanding health care services.

HB 872: Behavioral Health System for Future Generations (cont.)

For more information on the initiative, visit:
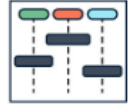
www.futuregenerations.mt.gov

HB 10 Update
Long-Range Information Technology (LRIT) Project Portfolio Management

Establish a strong foundation to ensure the successful delivery of LRIT projects

Determine procurement approach and obtain prior approvals (i.e., DPHHS, OBPP, Federal, SITSD)

Divisional Stakeholder Training & Engagement	State IT Budget & Funding Transfers and Allocations	Project Charter & Governance	Needs Assessment & Requirements Gathering	IT Procurement Methods & Processes	Vendor Selection & Contracting	Project Resourcing & Initiation
October 2023	Milestones, Costs, Data, and Security Plans	Objectives, Scope, and Strategic Alignment	Goals, Current State Assessment, and Constraints	RFI, RFP, RFQ, NASPO		

- Projects are centrally managed with standardized project management tools and ways of working.

- Timing of "entry and exit" for each activity above will vary by project.

- We are conducting standardized HB10 team training centered on pre-planning activities and procurement best practices.

- Defining and documenting a project's objectives, scope, and expected outcomes are an essential planning deliverable.

- Key Performance Indicators (KPIs) will focus on output and outcome-based measures and follow SMART criteria (Specific, Measurable, Achievable, Relevant, and Time-bound).

- Project health indicators and assessments will comply with state IT and legislative reporting standards.

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HB 10 (cont.)

Sample Project Data Sheet - Comprehensive Child Welfare Information System (CCWIS)

Project Description

This project is to build of a Comprehensive Child Welfare Information Systems (CCWIS) to replace the legacy child systems currently in use (CAPS and MFSIS). The team will select a vendor who can supply a solution that has already been proven successful in the marketplace, where ease of use is a primary factor. There may be an incremental innovation approach that follows CCWIS modularity bring early ROI and to allow for maximum federal funding each year based on project phase, depending on vendor responses to the RFP.

Phase I scope is to build a team and select vendors for System Integration (SI) and Organizational Change Management (OCM) to achieve a modular implementation of a new system aligned with Administration for Children & Families' requirements. Foundational work around business process blueprint, reports inventory and data dictionary for current solution will be key to implementation.

Project Authority

Executive Sponsor	Erica Johnston
Division Sponsor	Nikki Grossberg
Bureau Representatives	Rachelle Weiss
Project Manager	Roz Watson

Long Range Milestones

Procurement Completion	12/31/2024
DDI Completion	06/30/2027

Project Funding

Total Project	$30,000,000
LRIT	$25,075,762
General Fund:	$12,537,881
Federal Special:	$12,537,881
M&O Annual	$3,052,100

Decision Points

1. Procurement Type – RFP's for SI and OCM
2. Cloud-based COTS or CRM Platform Solution Selection
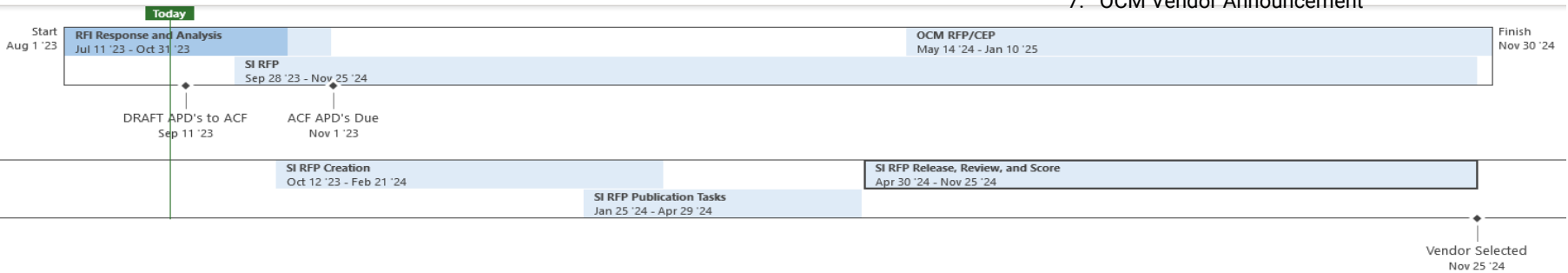
Resourcing

Procurement project will require resources for writing the SI RFP and OCM RFP: Core project team may consist of 1 Bureau Chief, 1 BA Lead, 1 Data Lead (BA), 1 Field SME and 1 SMB PM.

Planning and Procurement Milestones

1. SI RFI Release – July 2023 (complete)
2. SI Draft RFP Approval
3. SI RFP Release
4. SI Vendor Announcement
5. OCM Draft RFP Approval
6. OCM RFP Release
7. OCM Vendor Announcement

Top Risks & Mitigation

1. US success rates of CCWIS Compliance are low. Mitigation: *Complete State interviews and vendor demos Sept-Oct.*

2. Interpretation of Modularity has posed a risk to federal compliance. Critical Success Factors (CSFs): *RFI responses should point to CCWIS-compliant modular architecture.*

3. Nationally, attrition for project staff is a challenge for multi-year projects of this nature.

4. Critical Success Factors (CSFs): *Build a successful project support structure, staffing plan and OCM contract that includes succession planning and employee engagement.*

Start Aug 1 '23

Today

RFI Response and Analysis
Jul 11 '23 - Oct 31 '23

SI RFP
Sep 28 '23 - Nov 25 '24

OCM RFP/CEP
May 14 '24 - Jan 10 '25

Finish Nov 30 '24

DRAFT APD's to ACF
Sep 11 '23

ACF APD's Due
Nov 1 '23

SI RFP Creation
Oct 12 '23 - Feb 21 '24

SI RFP Release, Review, and Score
Apr 30 '24 - Nov 25 '24

SI RFP Publication Tasks
Jan 25 '24 - Apr 29 '24

Vendor Selected
Nov 25 '24

Report Date: 09/06/2023

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HB 10 Update (cont.)

High Level Overview of Projects in Motion

Electronic Visit Verification (EVV) System Implementation

- Provider training has been delivered and user acceptance testing is in progress.
- Production deployment is scheduled for 09/18/2023.

Electronic Health Records (EHR) and Billing System Replacement

- We are in the planning phase of this project with an emphasis on assessing the current state of healthcare processes, systems, and workflows across the facilities.
- This comprehensive assessment aims to validate the project's scope, confirm the EHR and Billing system(s) requirements, and establish a path forward for the selection and procurement of the vendor and solution.

Comprehensive Child Welfare Information System (CCWIS) Replacement

- CFSD is actively collaborating with the ACF Children's Bureau Division of State Systems during the HB10 project planning stages to ensure alignment with federal CCWIS and APD requirements.
- The team conducted a Request for Information (RFI) to elicit responses from prospective suppliers to streamline the selection process by identifying vendors with a solid track record in implementing state CCWIS solutions. We received responses from 27 vendors.

Montana Child Support Enforcement Automated System (SEARCHS) Replacement

- The Child Support Services Division (CSSD) must follow specific policies and procedures mandated by the Administration for Children and Families (ACF) to receive funding approval to plan, design, develop, implement, and operate automated child support systems.
- CSSD is in project pre-planning to research and ensure all requirements are known and understood before initiating the process with ACF/OCSS.

Electronic Benefits Transfer System (EBTS) System Replacement

- The EBT replacement project is in the "prior approval" process.
- The RFP has been developed with fully vetted system requirements and is undergoing federal review and approval.
- The Department anticipates the RFP will go live for vendor bid and selection by November 2023.

Pharmacy Benefit Management System (PBMS) System Replacement

- Participating in a NASPO Value Point Multistate Pharmacy Benefits Management procurement.
- Solicitation will be released in late fall 2023, and evaluations will begin in January 2024. The team meets weekly to finalize requirements and scope.
- Will select a vendor from the master awards list in fall 2024 and kick off the system replacement project in January 2025.

HB10 Projects Not Started

- Supplemental Nutrition Assistance Program (SNAP) Employment & Training Enterprise Solution
- Medicaid Enterprise Systems Integration Platform
- Interoperability and Patient Access - Integration
- Interoperability and Patient Access - Mobile

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Medicaid Redeterminations

- Beginning in April 2023, DPHHS began the federally-directed Medicaid redetermination process for over 330k Montanans enrolled in Medicaid. **As of August 2023, the redetermination process has begun for about 45% of individuals covered by Medicaid.** The progress is being tracked on a public-facing dashboard.

- Cases were distributed over a 10-month period using a population-based approach.

  - Cases most likely to be ineligible and income-based cases were the focus for the first three redetermination cycles starting in April, May, and June.

  - Traditional Medicaid cases began to be processed in the fourth month (July).

  - **The redetermination process is largely dependent on recipients returning requested information to HCSD timely.**

- In February 2023, DPHHS submitted its distribution plan to the U.S. Centers for Medicare and Medicaid Services (CMS) for consideration; **the plan was subsequently approved by CMS with no requested changes**.

Medicaid Redeterminations (cont.)

- The Department's preparation activities included:
  - **System readiness:** improving and testing autorenewal and ex parte processes, testing logic to "turn on" redeterminations, updating rules that had been modified since March 2020.
  - **Capacity readiness:** onboarding staff augmentation vendor, training new state staff in Medicaid programs, providing refresher training for all staff.
  - **Client preparedness:** outreach for updated contact information, development of new client correspondence, partnership with Cover Montana on correspondence and role definition.
  - **Partner preparedness:** working with tribal organizations that process Medicaid and IHS, webinars for provider networks, website updates and communications designed for specific provider groups and populations.

Medicaid Redeterminations (cont.)

- To improve customer service and prevent a gap in coverage for those who remain eligible, DPHHS is also currently implementing or developing strategies in the following areas:

    - Launching a public service announcement campaign through radio and media.

    - Addressing bottlenecks in our phone system by providing tiered layers of support.

    - Responding to client needs in office lobbies by suspending telework for Client Service Coordinators across the Offices of Public Assistance (effective 9/5) during this period of great demand.

    - Improving functionality of the eligibility rules engine by automating some actions.

- As part of its phasal redetermination approach, DPHHS is beginning to assess the eligibility of special populations (including aged, blind, and disabled).

    - Collaboration with Medicaid programs focused on populations with case managers and populations in nursing homes.

    - Dedicated "branches" on the Public Assistance Helpline for specialty populations.

- Ex parte (auto renewal) rate has **steadily increased** over the past three months; procedural enrollment rate **decreased** from July to August, in accordance with Department predictions.

Improving our Public Assistance Helpline

The Public Assistance Helpline (PAHL) handles calls for all public assistance programs. The Medicaid redetermination process has increased call volume and average wait times. Some public assistance programs require telephonic interviews and others (Medicaid/Low-Income Home Energy Assistance Program) do not. **DPHHS is implementing several strategies to continuously improve customer service on the PAHL:**

- Created separate queue for SNAP/TANF clients who require the ability to conduct a telephonic interview.
    - Shifted to only allow scheduled call-backs for SNAP/TANF.
- Changed call-back structure to offer a range of time rather than a specific call-back time.
- Updated the recorded messages to inform clients of non-telephonic options for submitting materials.
- In partnership with SITSD, creating a triage function for incoming Medicaid calls; all calls will be answered by a person who can triage the questions. Issues that can be fully resolved in under 10 minutes will be immediately addressed (Tier 1 Support). All other issues will be transferred to a Client Service Coordinator for full resolution (Tier 2 Support).
- Expanding call center operations beyond the current 7am to 6pm M-F.

Improving our PAHL (cont.)

- Continuous Staffing Enhancements
    - **DPHHS's current CSC vacancy rate is less than 3%.**
    - In preparation for the redetermination process, DPHHS awarded a contract to Public Consulting Group for a variety of support activities, including staffing a separate, non-PAHL call center for the MAGI-only population which has **answered calls in less than 2 minutes on average**.
    - Additionally, DPHHS has:
        - Gradually shifted MAGI-only call center staff to support the PAHL (+5 as of 9/8; +10 as of 9/13; transition of remaining staff will be phasal)
        - Absorbed SITSD's ARPA call center staff (4 FTE)
        - Directed PCG to hire an additional 22 staff (onboarding this week)
        - Hired 33 more CSCs (began training on 9/11)
        - Reassigned 2 Deloitte/CHIMES Help Desk staff to support Tier 1 response as "lead workers"

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MONTANA DPHHS

Reforming our State-run Healthcare Facilities

Will Evo, Chief Healthcare Facilities Officer
Alvarez & Marsal

Division Overview – MT Regional Health System

The Healthcare Facility Division's "north star" is a regional health system approach to support Montana's most vulnerable populations. Additional background context on the Healthcare Facilities Division (HFD) is provided below.

Background

HFD was created in the 2023 Biennium to allow for more focus and centralized support to the facilities and is currently the newest Division within DPHHS. HFD manages seven healthcare facilities across the Montana region, each serving populations with unique needs and challenges. HFD has 817 FTEs working across Montana.

Our Vision

A high quality, person-centered "system of care" in service of individuals living with mental illness, intellectual and developmental disabilities, aging related health conditions, and substance use disorders.

What We're Doing

These facilities are Montana's safety net and play a critical role for all healthcare providers statewide. We are reforming the facilities to establish a regional health system, restructuring performance consistent with modern quality standards, and better meeting the needs of vulnerable Montanans.

1. MT State Hospital | Inpatient Psychiatric Hospital | Warm Springs
2. MT Mental Health Nursing Care Center | Long-Term Care (BH) | Lewistown
3. Intensive Behavior Center | I/DD Intermediate Care Facility | Boulder
4. MT Chemical Dependency Center | SUD Treatment Center | Butte
5. MT Veterans Home | Long-Term Care | Columbia Falls
6. Southwestern MT Veterans Home | Long-Term Care | Butte
7. Eastern MT Veterans Home | Long-Term Care | Glendive

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Facility Updates | Noted Key Improvements by Facility

We have seen improvements across all facilities. Noted improvements below are from the period of January 2023 to July 2023.

Healthcare Facilities Division (HFD)

- The Healthcare Facilities Division is actively recruiting and planning to staff a Chief Operating Officer, Chief Nursing Officer and Chief Medical Officer for the division by December 2024
- Additional leadership alterations have occurred across healthcare facilities.
- New Crisis Prevention Institute training rollout across state-run facilities

Montana Chemical Dependency Center (MCDC)

- Facility is fully staffed across direct patient care positions; travel staff spend remained $0 in July 2023
- Continued collaboration with Office of American Indian Health to increase supports with native population
- In April 2023, the facility held a site visit to All Nations Health Center and Hope Center to discuss cultural accommodations for American-Indian populations.

Montana State Hospital (MSH)

- Hired interim facility administrator in March 2023 (through December 2024)
- Exploring a new clinical leadership model with a contracted medical director (Traditions Behavioral Health)
- Continuous efforts have been initiated to transform the cultural foundation at the Montana State Hospital
- Architecture & Engineering (A&E) conducted a walkthrough of the Montana State Hospital to review physical infrastructure compliance requirements for CMS certification
- Continuous creation and revision of required policies and procedures to meet federal and state regulations. Fourteen policies have been presented to the Medical Executive Committee; 11 policies have been approved to date

Eastern Montana Veterans Home (EMVH)

- Eduro Healthcare assumed operations in March 2023

Intensive Behavior Center (IBC)

- New Director of Nursing was successfully onboarded in March 2023
- 400% increase in community outings over the past year with an average of 5-6 monthly outings for each person residing at IBC.
- Development of a new transition plan built around each person's vision of their good life with embedded tools familiar to the community providers.
- Launched a task force in July to analyze, review learning objectives of each client

Southwestern Montana Veteran Home (SWMVH)

- New radio advertisements were recorded and played on local radio stations in April 2023
- Construction for "Cottage 5" is close to completion. Connector needed between "Cottage 4" and "Cottage 5"; A&E aims to have this project completed in February 2024.

Montana Mental Health Nursing Care Center (MMHNCC)

- Met goals for two quality indicators in July 2023, reduction in falls with major injuries and reduction of UTIs
- Training compliance increased to 95% in July 2023 from 84% in January 2023
- Launched a new employee committee to support newly hired staff as they transition into their new role

Columbia Falls Montana Veterans Home (CFMVH)

- Met goals for four quality indicators in July 2023: fall risk interventions, reduction in UTIs, reduction in anti-anxiety medication; and reduction in medication errors
- New quality indicator on the use of antianxiety medications with patients was 24% in July 2023 compared to 40% in January 2023
- Increased training compliance from 85% in January 2023 to 91% in July 2023

Staff Turnover and Traveler Spend

The shortage of health care workers, including nurses, is not unique to Montana's facilities—with health care settings nationwide grappling with staffing shortages, which have been worsened by the COVID-19 pandemic. However, as a frontier state, this shortage and the challenges associated with recruiting for these positions is acutely felt in Montana.

Key Takeaways and Observations

- **The COVID-19 pandemic has exacerbated the existing health care worker shortage nationwide.** In the last two years of the "Great Resignation," the healthcare field has lost an estimated 20% of its workforce, including 30% of nurses.[1]

- **The location of Montana's facilities, cost of living, and housing availability all impact the ability to recruit talent.** A study released by WalletHub in June 2022 showed Montana as the state with the second highest resignation rate over the last year, with a resignation rate of 3.69% from June 2021 to June 2022.[2] Alaska had the highest resignation rate (4.18%) and Wyoming came in third at 3.69%. All three states face similar recruiting challenges as rural states with a large geographic spread.

- **Staff turnover is a cause of even more staff turnover.** When staff leave, it puts more stress and strain on the staff remaining. This causes even more burnout, and leads to additional staff turnover, creating a vicious cycle and a recruitment workload that is difficult for HR departments to keep up with.

Vacancies at Montana State-Run Facilities: FY10 - FY23
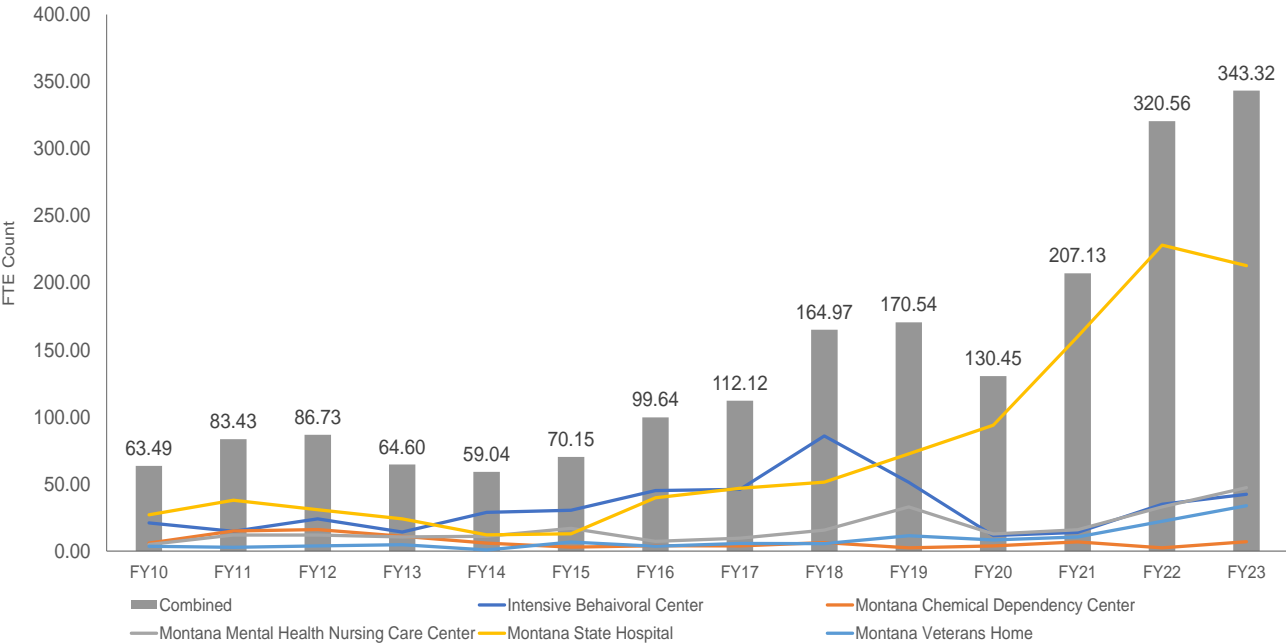
Percent (%) Change in Vacancies Over Time (as of June 30th, FY11 – FY23)													
FY11	FY12	FY13	FY14	FY15	FY16	FY17	FY18	FY19	FY20	FY21	FY22	FY23	FY24 (July)
▲ 31.4%	▲ 4.0%	▼ 25.5%	▼ 8.6%	▲ 18.8%	▲ 42.0%	▲ 12.5%	▲ 47.1%	▲ 3.4%	▼ 23.5%	▲ 58.8%	▲ 54.8%	▲ 7.1%	▼ 2.6%

[1] Source: Health Leaders Media (March 2022)
[2] Source: WalletHub (July 2022)

DPHHS' Recruitment and Retention Task Force

HFD is launching a recruitment and retention workgroup that is focused on expanding outreach to target colleges and universities, increasing its digital footprint to market open job positions to online job boards, exploring options for nursing teaching site partnerships, improving the efficiency of the interview process, and improving employee retention through coordinated efforts.

Task Force Accomplishments

- Finalized communications and logistics for implementation of Hiring and Referral Incentive Program.
- MSH is currently exploring a staffing partnership with HireMilitary to become a licensed job placement site for exiting service members.
- HFD facilities are attempting to become licensed sites for new Department of Labor pilot program, which is focused on job placement for high school graduates.
- Collaborated with Vocational Rehabilitation and Disability Transition Group to establish partnership as well as the Department of Corrections and Temporary Assistance for Needy Families
- Colleges and high schools were identified as targets for each facility.
- Several hiring events and career fairs were attended by each of the facilities: Overall DPHHS Facilities (Montana Tech, Carroll College); MSH (Missoula College Nursing, Butte Career Fair); IBC (Jefferson High School, Butte Central High School, Helena Job Services Center); MMHNCC (MSU-Billings); and MVH (Salish Kootenai College).

Task Force Next Steps

- Establish an oversight body to oversee and provide task force accountability.
- Identify resource(s) from the Department of Corrections (DOC) to provide input and share best practices with WFD Task Force.
- Roll out hiring and referral incentive program.

Task Force Membership

- Will Evo, Chief Healthcare Facilities Officer
- Heidi Greenback, HR Partner
- Kim Aiken, DPHHS Chief Financial Officer
- HFD Facility HR Leads
- Department of Corrections Member (TBD)
- Montana Hospital Association Leadership
- *Alvarez & Marsal Support and Executive-Level Input (Contractor / Non-State Member)*

Vacancy Rate in Priority Positions by Location, July 2023

Location	Vacancy Rate (%)
RN MSH	17.9%
CNA MMHNCC	64.2%
DSP IBC	80.9%
CNA MVH	67.6%
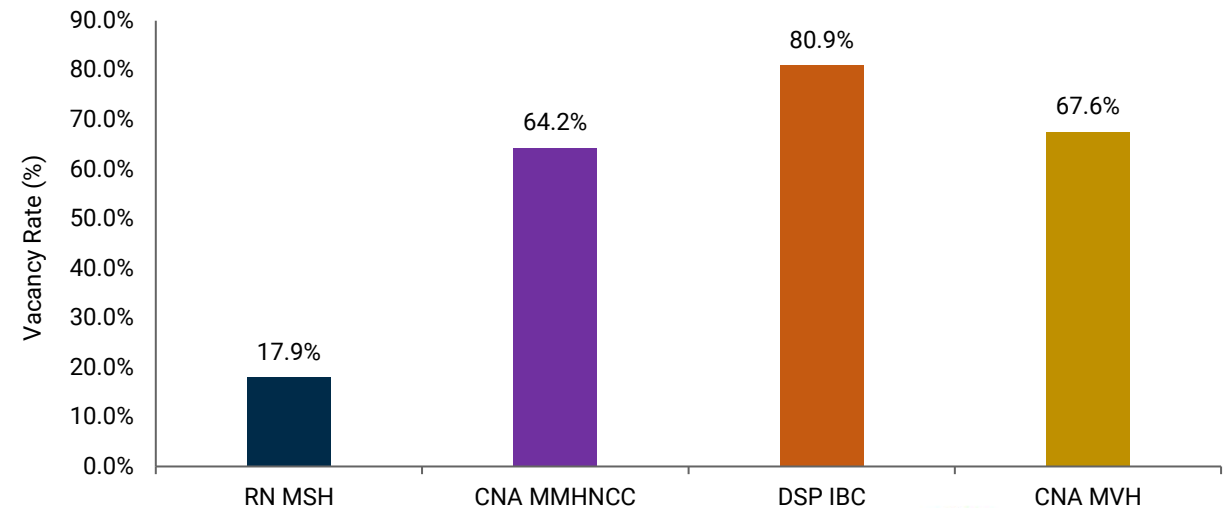
Workforce Development: Recruitment and Retention Progress to Date

The goal of this work is to boost recruitment and reduce vacancies at the four facilities with significant vacancies in priority positions: MSH, IBC, MVH, and MMHNCC. MCDC has no direct patient care vacancies; therefore, it is not in scope. EMVH and SWMVH are contractor run and not currently in scope.

Workstream Activities to Date

Task	Further Detail	Status	Next Steps
Establish partnerships with nursing programs to have students conduct rotations at facilities	• Met with local colleges and universities in Spring 2023. Interested schools were referred to relevant personnel at each facility.	—	Facilities will restart nursing partnerships when the next academic calendar resumes this fall.
Explore partnerships with Montana Department of Labor to use facilities as sites for CNA apprenticeships	• Held brainstorming session in Summer with the Department of Labor to explore opportunities.	▼	Enlist HFD Facilities as sites in upcoming DOL employment pilot program.
Reduce educational barriers for entry level jobs at MMHNCC	• Reclassified MMHNCC social worker positions as case workers to reduce educational barriers to job acceptance.	▲	
Identify target universities, colleges, and high schools for each individual facility	• Colleges and high schools were identified as targets for each facility. • Recruitment plans were created for each facility. • Flyers, talking points, and "email blurbs" were created and sent to each college and high school for the facilities • Several hiring events and career fairs were attended by each of the facilities	—	Facilities will continue to reach out to schools for hiring events and career fairs when the academic calendar resumes in the fall.
Set up hiring and referral incentives for priority positions	• Hiring and Referral Incentive program has been officially approved by DOA as of 7/14/2023. • Working group has been assembled to work on communications plan, final rollout, marketing campaign and other logistics.	▲	Rollout Hiring & Referral Incentives Program
Paid Media Campaign to advertise hiring and referral incentive program for qualified direct care positions	• Asher Agency was contacted to include funding for a paid media campaign regarding the hiring and referral incentive program as an extension of their existing contract. • Working group has been assembled to work with Asher Agency on creating content for the upcoming paid media campaign.	—	Finalize content for the upcoming media campaign and develop communications plan to inform both internal and external stakeholders
Leverage relationships with relevant unions, professional associations and recruitment firms to identify & refer qualified candidates	• Job postings were shared with Union Reps and professional associations. • MSH is currently exploring a staffing partnership with HireMilitary to become a licensed job placement site for exiting service members. • HFD facilities are becoming licensed sites for an upcoming Dept of Labor pilot program focused on job placement for high school graduates.	—	Finalize and release upcoming recruitment RFP. Expand HireMilitary & Department of Labor relationship to all HFD facilities.

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Recruitment and Retention Progress to Date (cont.)

The goal of this work is to boost recruitment and reduce vacancies at the four facilities with significant vacancies in priority positions: MSH, IBC, MVH, and MMHNCC. MCDC has no direct patient care vacancies; therefore, it is not in scope. EMVH and SWMVH are contractor run and not currently in scope.

Workstream Activities to Date			
Task	**Further Detail**	**Status**	**Next Steps**

Expand online outreach and recruitment presence	• Online outreach and recruitment presence were expanded by utilizing digital job boards and social media outlets:
	  • Expanded online recruiting presence including posting openings to online job boards such as Handshake, LinkedIn, and Indeed.
	  • Advertised and broadcasted openings for entry level and direct career positions to over 80 colleges and universities through handshake
		▬	Continue to support DPHHS recruitment teams with refreshing job postings.

Developing a process flow for the existing recruitment process and identifying gaps that can be addressed	• Senior HR Partner provided a high-level outline of the recruitment process in Microsoft Word. • Created and delivered a process flow diagram in Visio of the recruitment process with identified gaps and bottlenecks.	▲	
Conduct new hire survey	• A new hire survey was sent out in early December, which provided some high-level opportunities for improvement, such as a guide for using the state website and getting more people involved in recruitment.	▲	
Conduct focus groups with priority positions	• Focus groups were held at MSH and MMHNCC with staff in high-vacancy positions. These are on hold at IBC and MVH – IBC due to a lack of permanent staff and MVH due to lower vacancy rates.	▲	
Expand learning and development opportunities for existing staff	• Implementing CPI Nonviolent Crisis Prevention Training to current staff across all HFD facilities. • Providing instructor certification opportunities for direct care staff.	▲	Finalize CPI contracting, logistics and rollout the new training program.

Create awards or means to recognize, highlight and reward high performing individuals for standout work	• Each facility has developed employee recognition / appreciation programs:
	  • *MSH, MVH, NCC – Already Implemented Employee of Month Programs.*
	  • *MCDC, IBC – Programs are in development.*
		▬	Continue to facilitate and refine employee recognition programs.

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Hiring and Referral Incentives | Structure and Constraints

While increased recruiting efforts have resulted in net hires / rehires in Q1 2023, retaining talent at the state-run healthcare facilities remains a significant challenge. However, the Division expects to restart its recruiting momentum with the rollout of the upcoming hiring and referral incentive program, bolstering its talent acquisition and retention efforts.

Top 5 Vacancies at State-Run Healthcare Facilities (July 31st)		
Position	# of Vacancies	% of Total Vacancies
Psychiatric Technicians	79	21.6%
Certified Nurse Aide	55	15.0%
Registered Nurse	51	14.0%
Direct Support Professional	36	9.9%
Psychiatric Technicians FMHT	13	3.6%

The Division is working actively on **facility- and organization-wide cultural change and transformation** as a key component of increasing employee satisfaction, moral, and—ultimately—retention.

Attrition / Hires & Rehires at State-Run Healthcare Facilities (January 2020 - June 2023)

FTE Count

2020
- Q1: 66 (hires 53)
- Q2: 48 (hires 54)
- Q3: 68 (hires 49)
- Q4: 72 (hires 53)

2021
- Q1: 67 (hires 36)
- Q2: 111 (hires 40)
- Q3: 83 (hires 37)
- Q4: 77 (hires 31)

2022
- Q1: 66 (hires 53)
- Q2: 54 (hires 50)
- Q3: 56 (hires 35)
- Q4: 56 (hires 52)

2023
- Q1: 45 (hires 79)
- Q2: 73 (hires 44)

Legend:
- Separations IBC
- Separations MCDC
- Separations MMHNCC
- Separations MSH
- Separations MVH
- Separations All Facilities
- Hires & Rehires All Facilities

Montana State Hospital (MSH)

Montana State Hospital (MSH) provides inpatient psychiatric treatment for adults with serious mental illness on civil or forensic commitment. MSH is codified in [MCA 53-21-601](#).

Background

Opened in 1877 with 13 patients. During the history of the hospital, the peak census reached 1,986 patients in the mid-20th century. Today, the hospital maintains 270 licensed beds, of which 216 are situated on the main campus, and 54 are located at the Galen / F-Wing satellite campus. The main campus contains 174 beds within the hospital while the remaining 42 beds are distributed in several group homes spread about the Warm Springs grounds.

Purpose

MSH serves Montana via civil commitments, involuntary commitments, emergency detentions, or court ordered placements. The hospital's separate Galen campus also aids the Montana legal system by providing forensic evaluations to the courts of Montana. MSH is the only adult psychiatric hospital in the state. MSH has a staff of licensed addiction counselors in addition to physicians, psychologists, nurses, mental health counselors, and direct care staff.

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MSH Personnel and Organizational Highlights

Legend:
- Change of Leadership
- New Position
- No Position Change
- Same Direct Report

Org chart:
- Department Director → Deputy Director; State Medical Officer
- Department Director → Medicaid and Health Services Executive Director
- Medicaid and Health Services Executive Director → Medicaid Chief Financial Manager; Chief Healthcare Facilities Officer
- Chief Healthcare Facilities Officer → HFD Chief Nursing Officer; HFD Chief Operating Officer; HFD Chief Medical Officer
- Chief Healthcare Facilities Officer → Southwestern Montana Veterans Home; Eastern Montana Veterans Home; Columbia Falls Montana Veterans Home; Montana State Hospital; Montana Mental Health Nursing Care Center; Intensive Behavior Center; Montana Chemical Dependency Center

At Montana State Hospital, additional leadership positions have undergone changes:

- Chief Operating Officer
- Quality Manager
- Director of Nursing
- Medical Director (In Progress)

HFD's Leadership Recruitment Updates

DPHHS Healthcare Facilities Division (HFD) has been actively recruiting for various leadership positions. Below is a snapshot of priority positions pertaining to the Montana State Hospital and HFD.

Position	Facility	Open/Filled	HFD Next Steps
Facility Administrator	Montana State Hospital	Open [Interim Leadership from David Culberson]	In Process
Chief Operating Officer	Montana State Hospital	Open	In Process
Medical Director	Montana State Hospital	Open	Traditions Behavioral Health
Chief Operating Officer	N/A – HFD	Open	In Process
Chief Nursing Officer	N/A – HFD	Open	In Process
Chief Medical Officer	N/A – HFD	Open	In Process

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MSH Recertification Project Plan (July 2023 – December 2024)

53% Implemented *Average of CMS Initiatives*

#	CMS Workstream / Initiative	7/23	8/23	9/23	10/23	11/23	12/23	1/24	2/24	3/24	4/24	5/24	6/24	7/24	8/24	9/24	10/24	11/24	12/24
1	Governing Body							→	→	→	→	→	→	→	→	→	→	→	→
2	Patient Rights						→	→	→	→	→	→	→	→	→	→	→	→	→
3	Emergency Preparedness							→	→	→	→	→	→	→	→	→	→	→	→
4	QA and PI Program							→	→	→	→	→	→	→	→	→	→	→	→
5	Medical Staff								→	→	→	→	→	→	→	→	→	→	→
6	Nursing								→	→	→	→	→		→	→	→	→	→
7	Medical Records							→	→	→	→	→	→	→	→	→	→	→	→
8	Food and Dietetic Services	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→
9	Utilization Review								→	→	→	→	→	→	→	→	→	→	→
10	Physical Environment																		
11	Infection Prevention and Control							→	→	→	→	→	→	→	→	→	→	→	→
12	Special Medical Record Requirements							→	→	→	→	→	→	→	→	→	→	→	→
13	Foundation of Cultural Transformation																		

Key Weekly Items / Deliverables

- A. Weekly (Wednesday) CMS-Task Tracker – Updates on assigned tasks
- B. Weekly Updates (Friday) for CMS MSH and MMHNCC
- C. Project Plan (PPT and Excel)
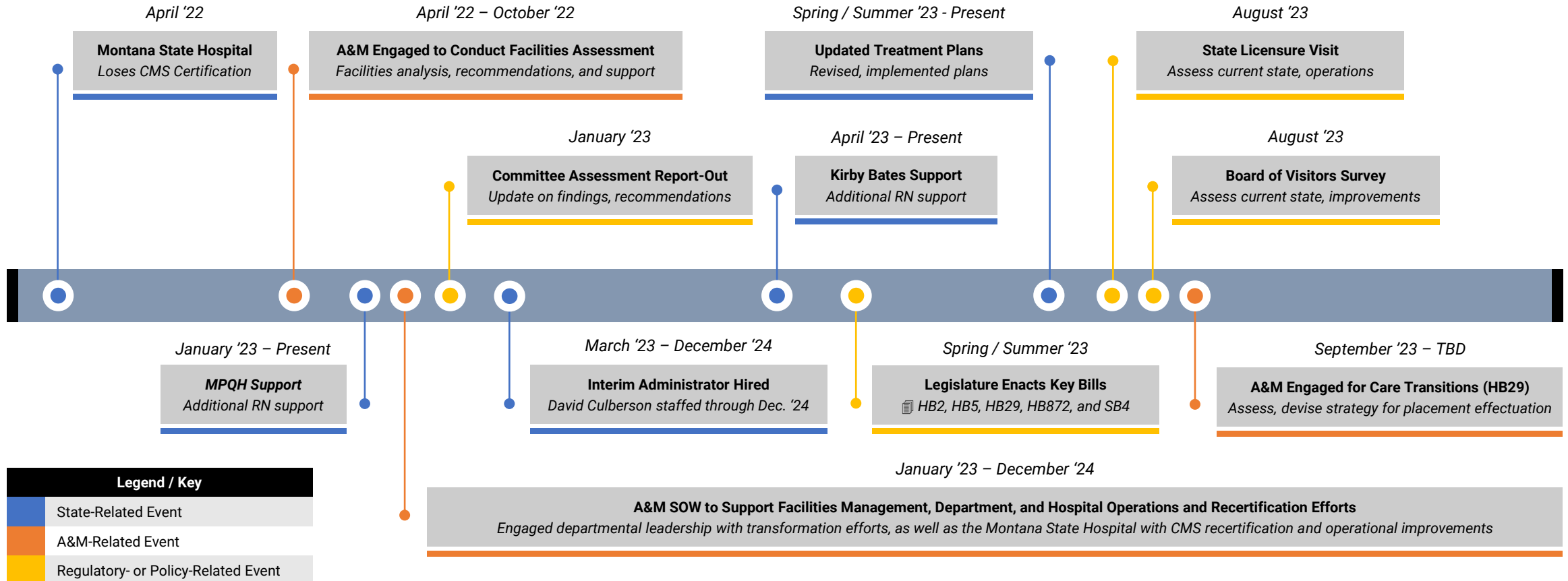- D. Leadership Calls [with Charlie Brereton] 2x per Week

Legend / Key for Project Plan

Continuing Effort = →

Current Position = ▮

MONTANA DPHHS

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

Timeline | Key Events at Montana State Hospital

April '22

Montana State Hospital
Loses CMS Certification

April '22 – October '22

A&M Engaged to Conduct Facilities Assessment
Facilities analysis, recommendations, and support

Spring / Summer '23 - Present

Updated Treatment Plans
Revised, implemented plans

August '23

State Licensure Visit
Assess current state, operations

January '23

Committee Assessment Report-Out
Update on findings, recommendations

April '23 – Present

Kirby Bates Support
Additional RN support

August '23

Board of Visitors Survey
Assess current state, improvements

January '23 – Present

MPQH Support
Additional RN support

March '23 – December '24

Interim Administrator Hired
David Culberson staffed through Dec. '24

Spring / Summer '23

Legislature Enacts Key Bills
🏛 *HB2, HB5, HB29, HB872, and SB4*

September '23 – TBD

A&M Engaged for Care Transitions (HB29)
Assess, devise strategy for placement effectuation

January '23 – December '24

A&M SOW to Support Facilities Management, Department, and Hospital Operations and Recertification Efforts
Engaged departmental leadership with transformation efforts, as well as the Montana State Hospital with CMS recertification and operational improvements

Legend / Key	
🟦	State-Related Event
🟧	A&M-Related Event
🟨	Regulatory- or Policy-Related Event

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Overview | Key Recertification Efforts at MSH

Leadership and Governance

- **Governing Body:** Resurrected quarterly governing board meeting; comprehensive list of contract services has been developed, tracked
- **Facility Leadership:** Interim Chief Executive Officer hired to support CMS recertification journey, will stay on through 2024
- **Medical Executive Committee:** Stand-up of Medical Executive Committee, occurring monthly; sample of work includes process to screen providers against OIG exclusion list and an outside peer review process to review quality of care concerns
- **Committee Stand-Up:** Formal committee structure established, including Leadership Council, Medical Executive, Quality Improvement, Clinical Care, Infection Prevention, Pharmacy and Therapeutics, Safety, and Education
- **Committee Purview:** Committees have, among other duties, ownership of policies in their given area and support organizational and operational changes to bolster recertification efforts and improve patient treatment, overall quality of care

Workforce and Personnel

- **Staffing Strategy:** Creation of one agency contract to ensure that the facility is adequately staffed to meet patient needs; presently executing large recruitment and retention focus to improve staffing levels
- **Leadership Training:** Conducted leadership training at the facility with the entire leadership team
- **Infection Control RN:** Onboarded full-time infection control nurse; supported by an infection control subcontractor

Clinical and General Operations, Tools

- **Treatment Planning:** Revising entire treatment planning process, to include steering committee stand-up to review the current process at the facility, make needed changes to how treatment plans are written; updating treatment plan completion timeframe to match best practices; and creation of interdisciplinary treatment team meetings (all units, 2x/wk)
- **Transitions of Care:** Assess, support facilitation of discharge planning process, transitions to appropriate care settings

Clinical and General Operations, Tools (Continued)

- **Falls Tool:** Implemented Fall Risk Assessment Tool from Johns Hopkins to align with national best practices; tool implemented as a result of a quality improvement initiative at Spratt regarding falls, and documented as part of CMS CoP requirement
- **Suicide Tool:** Implemented the Columbia Suicide screening tool to align with industry standards
- **Ligature Assessments:** Conducting ongoing facility ligature assessment of all patient treatment and care areas
- **IT Improvements:** Updating TIER system to improve clinical processes and workflows and to ensure compliance with statutory requirements
- **Auditing and Monitoring:** Implemented formal auditing and monitoring process to review treatment plans, seclusion and restraints, and falls and suicide tools
- **Infection Control Plan:** Restarted development, implementation of infection control plan, and review of gaps around standard precautions and best practices
- **Hygiene Operations Plan:** Established universal operation plan for hand hygiene

Regulatory, Administrative, and Other

- **Compliance Assessment:** Conducted initial assessment in October of 2022, delivered final report to DPHHS outlining areas of noncompliance with CMS CoPs, as well as a review of needed capital improvements
- **Licensure Survey:** Successfully underwent licensure survey by the State in 2023; plan of correction was required based on cited deficiencies, which the organization submitted and accepted
- **Bylaws Refresh:** Conducted rewrite, update of medical staff bylaws to be current and up-to-date
- **Policy, Procedure Review:** Implemented formal policy and procedure review process, to ensure all policies reviewed on regular basis, remain current
- **Emergency Preparedness Requirements:** Ongoing, including development of an operations plan; training and testing (e.g., fire drills); hazard vulnerability analysis by quality and risk resources; Failure Modes and Effects Analysis (FMEA) process being utilized to evaluate high-risk processes for the facility, and results are documented for recertification process

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

State Licensure and Board of Visitors – Site Visit Updates

*The State Licensure and Board of Visitors were onsite at the Montana State Hospital during the week of August 28th. **DPHHS has been working to foster collaboration and partnership with both parties to propel goals for high-quality patient care and compliance.***

Examples of Board of Visitors' Feedback

- Staff morale has improved throughout Montana State Hospital.

- Montana State Hospital has made numerous improvements from the prior survey.

- Spratt Unit has significantly improved:
    - There was an adequate number of staff, their engagement with patients has increased
    - The new sensory garden has enhanced the therapeutic social environment

Examples of State Licensure's Feedback

- Noted improvement in cleanliness, clinical documentation in patients' records, including documentation of individual care planning, were comprehensive.

- Positive comments and accolades naming multiple staff members who contributed to the improvement of patient care and were observed providing a comfortable and healing environment.

- A few deficiencies were noted with recommendations:
    - Improve the Quality Assurance Performance Improvement plan and processes to include data driven processes
    - Conduct regular emergency disaster drills per CMS regulations
    - The Social Services Department will require a different reporting structure

"It looks like a different hospital."
- Board of Visitors, August 29, 2023

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Intensive Behavior Center (IBC)

IBC treats clients with intellectual and developmental disabilities (I/DD) who need intensive treatment due to continuous or repeated behaviors that pose an imminent risk of serious harm to themselves or others. IBC is codified in MCA 53-20-602. Currently, IBC is licensed as an Intermediate Care Facility / Developmentally Disabled (ICF / DD) under ARM 37.106.6, with no federal match for funds.

Background
The 2015 Legislature passed SB 411 requiring DPHHS to develop a plan and close the Montana Developmental Center (MDC). The department was instructed to move most of the residents into community services by December 31, 2016. A final closure date was set for June 30, 2017. The 2017 Legislature passed HB 387 authorizing a permanent 12-bed secure Intensive Behavior Center (IBC) at the facility.

Purpose
IBC serves as an intensive, short-term treatment facility, located in Boulder MT, for individuals with developmental disabilities that have been determined by a court to pose an imminent risk of serious harm to themselves or others. Many individuals served by IBC exhibit severe and persistent challenging behaviors such as physical aggression and self-injurious behaviors as well as increased rates of mental health issues.

Montana Mental Health Nursing Care Center (MMHNCC)

MMHNCC provides long term care and treatment of persons who have mental disorders and who require a level of care not available in the community, but who cannot benefit from the intensive psychiatric treatment available at Montana State Hospital. MMHNCC is codified in MCA 53-21-401.

Background

Opened in 1952 as a certified Long-Term Care Facility in Lewistown. Today, the hospital maintains 117 licensed beds, and typically serves 80 to 95 residents who would not be accepted into any other facility in the state.

Purpose

To be served by the facility, residents must meet the requirement for a nursing home, have a severe and disabling mental illness, and be denied entrance to at least three other nursing home facilities in the state. They may also be transferred, due to need, by another state facility.

Usually, residents are committed to the facility by a judge. Most of the residents at MMHNCC are over the age of 65 and have extremely high care needs as well as challenging behaviors.

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Montana Chemical Dependency Center (MCDC)

The Montana Chemical Dependency Center (MCDC) provides detoxification, evaluation, treatment, referral, and rehabilitation services to patients who have substance use disorder. MCDC is codified in MCA 53-21-603.

Background

Opened in 1995 and moved to a new building in 2014. Today, MCDC has 16 treatment beds for men, 16 treatment beds for women and 1 beds for withdrawal management, providing a 3.5 and 3.7 level of ASAM (American Society of Addiction Medicine) care.

Purpose

MCDC provides the highest level or most intense level of treatment for addictions in the health care continuum funded by the state of Montana; engages with all community partners who provide and support addiction and recovery services to continue the lifelong journey of recovery; and is the only state-run substance use disorder treatment center administered by the state of Montana for individuals 18 and older.

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Montana Veterans Home: Columbia Falls, Southwestern, and Eastern

There are three veterans' homes in the state of Montana. One, in Columbia Falls, is state-run, while the other two in Butte and Glendive are run by contracted state partners. Notably, the waitlist at Columbia Falls is significantly higher than the other two veterans' homes.

Columbia Falls

Opened in 1896, with construction of the current facility began in 1970 with additions in 1974, 1984, 2002, and a remodel in 2009. Today, CFMVH has 105 intermediate/skilled-care beds and 12 domiciliary beds. The facility also includes a 15-bed Alzheimer's unit

Butte (Southwestern)

Opened in 2021 and managed by a third-party contractor. Today, SWMVH has 60 beds across five cottages. Construction is still ongoing and should be finished in calendar year 2023. Construction is preventing admissions at one cottage; the other cottages are full.

Glendive (Eastern)

Opened in 1995 and managed by the local medical center. Today, EMVH has 80 beds, including a 16-bed special care unit that provides memory care services for those living with advanced dementia and is the most needed service among the applications for admission.

House Bill 29 | Transition Review Committee

HFD is working to facilitate the transition review committee in coordination with the Legislative Branch.

Membership Type	Potential Appointment	Appointed By	# of Members
Senators	Sen. Dennis Lenz Sen. Christopher Pope	President of the Senate	2
House Representatives	Rep. Mary Caferro Rep. Jennifer Carlson	Speaker of the House	2
Statewide Association representing SNFs/ALFs	Heather O'Hara (MHA)	Governor or designee	1
Protection & Advocacy System	Mike Lahr (DRM)	Governor or designee	1
Statewide Association representing Alzheimer's, dementia	Melanie Williams (Alzheimer's Assoc.)	Governor or designee	1
Statewide Association representing individuals with traumatic brain injury	Anne Geiger (Liberty Place)	Governor or designee	1
Geriatric Psychiatrist	Dr. Reza Ghomi (Frontier Psychiatry)	Governor or designee	1
Family member or guardian of an individual committed to MSH with Alzheimer's, dementia, or TBI within past 5 years	Sarah Hanson-Baiamonte (daughter of Spratt patient, Attorney)	Governor or designee	1
DPHHS Representative	Mike Randol (DPHHS)	Governor or designee	1
Total			**11**

Requirements:
- **First Meeting Scheduled for October 24, 2023**
- Two legislators appointed must have served on Section B Joint Appropriations committee
- Two legislators appointed must have been members of the House Human Services committee or Senate Public Health, Welfare, and Safety committee
- Committee shall elect a presiding officer and vice presiding officer from among the legislative members of the committee
- Shall meet quarterly during the biennium beginning July 1, 2023
- Legislative services division will provide administrative support for the committee

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

HEART Report

- HB 310 requires DPHHS to provide a written report to the Children, Families, Health, and Human Services Interim Committee on the programs, grants, and services funded under the HEART account.
  - Fiscal report – tracks expenditure of $6 million state special revenue HEART fund and the associated matching federal dollars.
    - Accounts for HB 557, which adds crisis stabilization services to the services that must be funded through the HEART account.
  - Strategies and Progress Report – tracks HEART Initiative goals across the continuum of care with pre- and post-HEART initiative measures.
- 1115 Waiver Status
  - Tenancy supports and justice-involved (30-day) approval expected by 1/2024.
  - Contingency management being negotiated with CMS.
  - DPHHS has successfully negotiated the monitoring protocol for the approved IMD portion of the waiver.
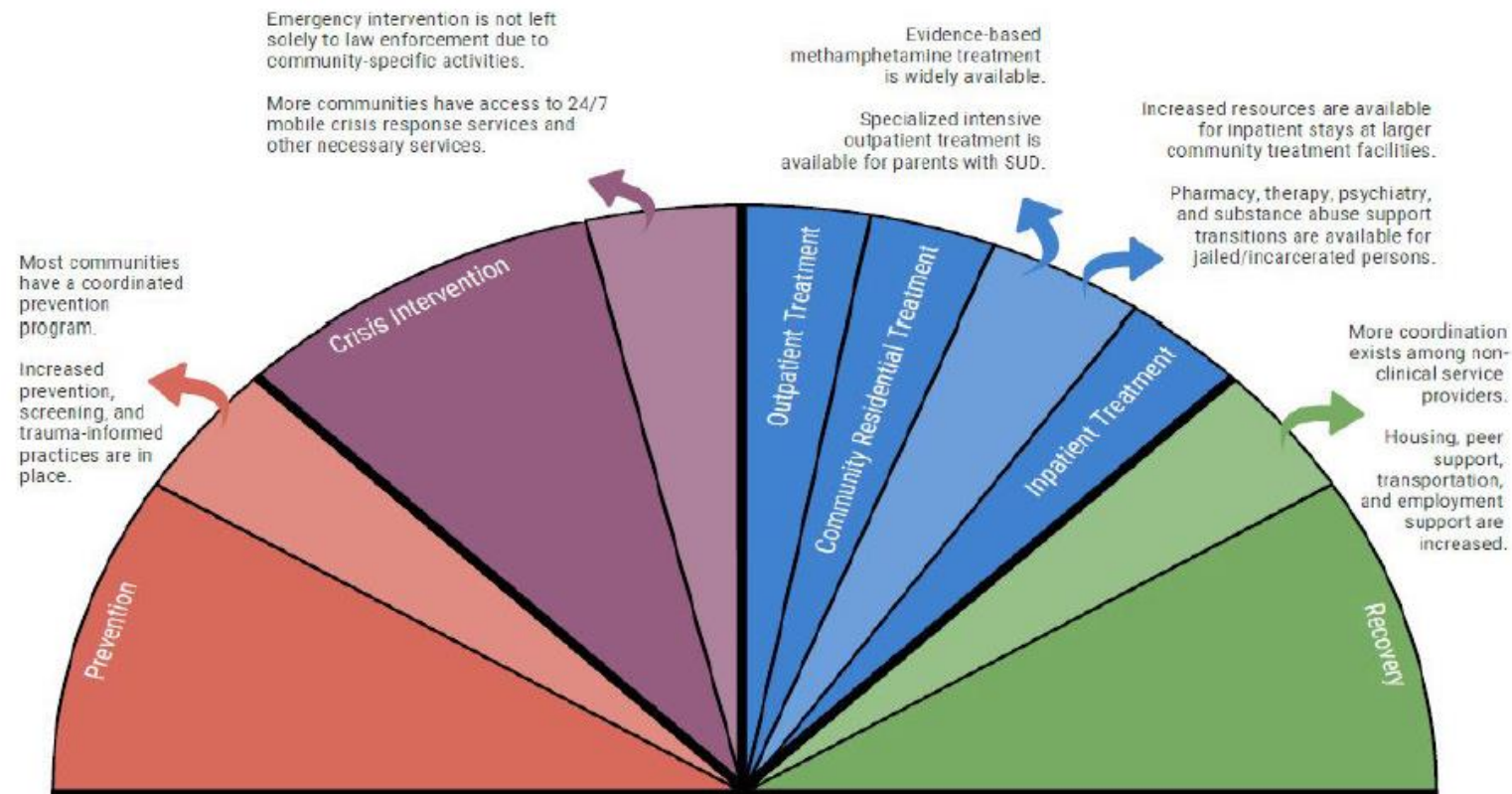
Slide 1 in the DPHHS Heart Initiative and Strategies Progress Report 2023

HEART INITIATIVE
Strategies and Progress Report 2023

The 2021 Montana Legislature passed Governor Gianforte's Healing and Ending Addiction through Recovery and Treatment (HEART) Initiative, which seeks to strengthen the continuum of behavioral health services available to Montanans.

Emergency intervention is not left solely to law enforcement due to community-specific activities.

More communities have access to 24/7 mobile crisis response services and other necessary services.

Evidence-based methamphetamine treatment is widely available.

Specialized intensive outpatient treatment is available for parents with SUD.

Increased resources are available for inpatient stays at larger community treatment facilities.

Pharmacy, therapy, psychiatry, and substance abuse support transitions are available for jailed/incarcerated persons.

Most communities have a coordinated prevention program.

Increased prevention, screening, and trauma-informed practices are in place.

More coordination exists among non-clinical service providers.

Housing, peer support, transportation, and employment support are increased.

Prevention | Crisis Intervention | Outpatient Treatment | Community Residential Treatment | Inpatient Treatment | Recovery

The HEART Initiative invests significant state and federal funding to expand promotion of mental health, prevention of substance use disorders, crisis services, and treatment and recovery services for individuals with mental health and substance use disorders. It includes behavioral health programs and services provided using HEART funding, Medicaid state plan, the HEART 1115 demonstration waiver, and the substance abuse block grant.

HEART Initiative Fiscal Report
9/1/23

Service Category	Anticipated Effective Date	State Fiscal Year 2023		Projected HEART Expenditures State Fiscal Year 2024	
		Total Expenditures	State Share	Estimated Total Expenditures	State Share
HEART Funds to Counties Local Detention / Jail Diversion Grants *	July 1 2022	$405,200	$405,200	$1,100,000.00	$1,100,000.00
Tribal Grants	July 1 2022	$493,106	$493,106	$500,000.00	$500,000.00
HEART Waiver Evaluation, Crisis Assessment and HMA Study	July 1 2022	$236,642	$118,321	$99,980.00	$49,990.00
Mobile Crisis portion of Crisis Diversion Grants Ended June 30, 2023 **	July 1 2022	$1,962,775	$1,962,775	$0	$0
Mobile Crisis Services - SPA	July 1 2023	$0	$0	$8,351,200.00	$1,910,754.56
Crisis Receiving & Stabilization	July 1 2023	$0	$0	$1,600,000.00	$353,200.00
ASAM 3.5 SUD IMD	July 1 2022	$5,286,701	$805,134	$10,838,759.50	$1,642,288.84
ASAM 3.1	October 1 2022	$1,966,747	$304,692	$3,355,534.52	$534,362.16
ASAM 3.3	April 1 2023	$0	$0	$659,894.77	$116,986.15
ASAM 3.2	January 1 2024	$0	$0	$61,500	$10,903
Contingency Management	March 1 2023	$0	$0	$185,689.40	$32,919.02
Pre-Release	January 1 2024	$0	$0	$40,124	$9,180
Tenancy Supports	January 1 2024	$0	$0	$501,750	$114,800
SUD Vouchers HB311	July 1 2023	$0	$0	$300,000.00	$300,000.00
Indirect Expenses		$14,335	$14,335	$20,000.00	$20,000.00
Estimated HEART Expenditures		$10,365,506	$4,103,563	$27,614,432	$6,695,384

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Senior and Long-Term Care Division (SLTC)

Barb Smith, Administrator

Behavioral Health and Developmental Disabilities Division (BHDD)

Rebecca de Camara, Administrator

Child and Family Services Division (CFSD)

*Erica Johnston, Executive Director, Human Services Practice **for** Nikki Grossberg, Administrator*

Human and Community Services Division (HCSD)

Jessie Counts, Administrator

Conclusion