

To: Chair Bob Keenan and Vice-Chair Brereton
From: Senator Janet Ellis
Date: July 30, 2024
Re: Comments on the BHSFG DRAFT Commission Report

As you know, I attended the BHSFG/Legislative Finance joint meeting on July 23, 2024. I've organized my questions and comments below – just so I can provide you with what I had already put together. Because I have other committee obligations this week, I was not able to spend as much time developing actual comments as I wish I could have.

Please know, although I am providing these comments on the DRAFT report, I think the Commission did an incredible job and an amazing amount of work on their recommendations. I am commenting as someone who reviewed the document/information for the first time – and undoubtedly I do not know the details behind the words found in the report.

Let me know if you have questions.

Here are my specific comments and questions:

- Please highlight pilot programs in the Final Report. These programs will automatically be short duration and One-Time-Only funding, so it makes sense to me to make it easy to determine which programs are pilot programs. Pilot programs will never be in the base budget.
- I put together an acronym guide for the report, which I emailed to Julia Hamilton. Although the report does a good job of spelling out for readers what acronyms stand for, a guide helps someone who is not familiar with the programs. Additionally, if this report is not read in one sitting, a guide can help the reader quickly better understand concepts. If the Commission agrees such a guide would help the final report, it could easily be an Appendix.
- The introductory letter, in the first paragraph/3rd sentence, states that the recommendations “will ensure every Montanan has access to, and benefits from, the care they need.” This sentence is a lofty goal, but it does not appear to be true, especially given the lack of identified long-term funding for all the recommendations, the number of pilot programs, and how many programs need to be in evaluated to see if they are successful after many, many years. I would recommend the sentence be stated more realistically...that the Commission “was striving to ensure...” or something like that. As another example on how receiving access to “the care they need” might not be realistic, I understood from the Commission presentation that the waiver waitlists will not be eliminated...I can't imagine anyone will feel like they are receiving access to the care they need if they are left on a waitlist.
- I was interested in learning when DPHHS may be resubmitting its application to possibly receive funding for a demonstration of a Certified Community Behavioral Health Clinic (page 10). Is this new opportunity to resubmit soon? I could not tell if resubmitting the application was eminent - or may not even happen.
- Recommendation 1: Is this recommendation something that comes “off the shelf” because other states have successfully done this objective? Or does it need to be developed for Montana specifically, because our state is so rural (or some other reason)? I generally think it is important to learn from other programs so that Montana does not have to invent something

new, only to learn that there are better ways of accomplishing the ultimate goal that other states have developed and tested already.

- Key Performance Indicators: in some instances, in the document, the performance indicators seemed measurable, and in some instances they did not seem measurable. It was stated in the July 23 meeting that it would be good to get baseline information for all the performance standards before the 2025 Legislature meets. If this deadline is not possible, it will be important for legislators to know when the baseline information will be established, so that we can monitor when performance indicators are being met. As an example of a performance indicator that needs a baseline and needs to be measurable: on page 17, a measurement of success is a “reduction” in the number of people on the waiver waiting list. Specifically knowing how many individuals are currently on the waitlist, and how much of a reduction will be considered a success - is important – and measurable.
- Recommendation 4: will the funding recommended replace the three E&D clinics that were eliminated in SFY 2017/2018? It was difficult to know what the funding under this recommendation would achieve.
- Recommendation 7: Although it seems like setting up specific training programs is important, I wondered about continuing education programs, and if they should be part of the recommendation. It seems that there are so many clients with so many issues, that receiving additional, continuing education would be important as workers build their skills to deal with new and emerging challenges.
- Recommendation 10: From the description of this program, I could not understand how this recommendation, with a small amount of money, would be able to manage all crisis/immediate interventions in Montana in a timely manner.
- Recommendation 13: it would be helpful to know which recommendations are linked, and if linked to another recommendation, which of those recommendations needs to be done first, etc. We learned in the presentation on July 23 that Recommendation 8 needs to happen before Recommendation 13 can (these two recommendations are linked – and there is a specific order to implementation).
- Recommendation 17: I think the “Intended Outcome” of “reduced out-of-state residential placements” should be a KPI. Although the reduction in cost, which is a KPI, is important, the number of placements is equally (if not more) important.
- If workforce is a significant problem, I wondered if the Commission considered contributing (somehow) to workforce housing, which could help attract more people to the workforce (especially in rural areas). I know that school districts are trying to help teachers with housing costs, especially in rural areas. I understand that workforce housing would be an expensive recommendation, but it seems like one that should be considered because of the cost of housing in the state – and the need for a bigger workforce.
- I support NAMI Montana’s approach of coming up with funding the “consistent six” recommendations that were both identified by the Commission and separately by the Montana Legislature.

Good luck to the Commission in its deliberations and difficult decisions in the coming months!