Department Updates

Interim Budget Committee

Section B

December 16, 2024

DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES

Agenda

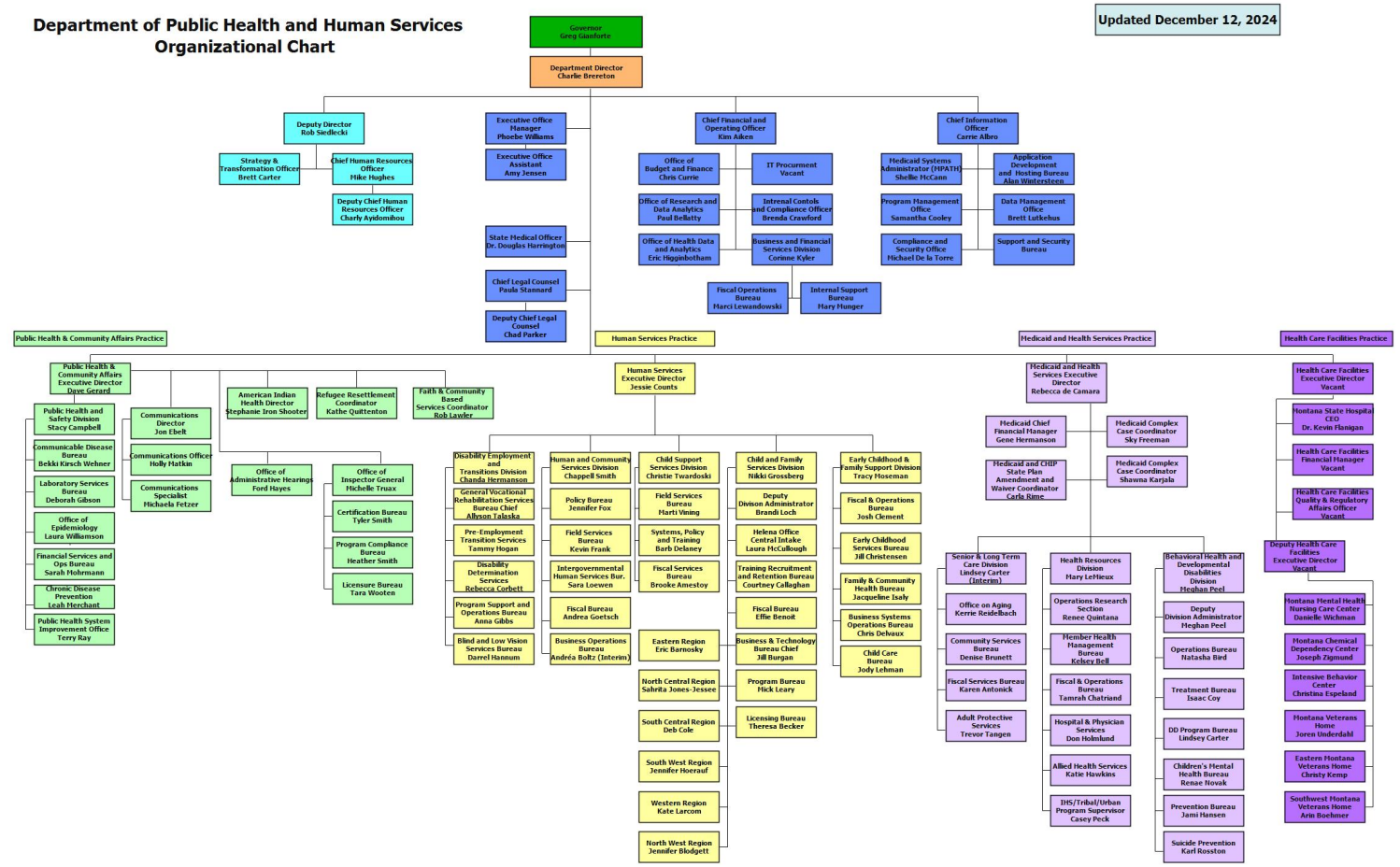
- Organizational Updates
- Health Care Facilities Update
  - HB 5 Update
  - iCare
- Agency Financial Update
- Other Agency Updates
  - Human Services Practice Updates
  - Medicaid and Health Services Practice Updates
    - Montana Primary Care Redesign (PCCM)
  - ORDA
  - Data Management Office
  - HB 190: 2024 Annual Performance Report and 2025 Annual Plan
  - HB 872: BHSFG Update

Organizational Updates

Charlie Brereton, DPHHS Director

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

DPHHS Organizational Chart



Health Care Facilities Update

Dr. Kevin Flanigan, CEO
Montana State Hospital

Dr. Douglas Harrington
State Medical Officer

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

MSH Staffing Updates

Staffing is stabilized at MSH and DPHHS leadership remains focused on patient care and gaining CMS certification of the hospital.

- Kevin Flanigan, MD, MBA, is the **permanent CEO** with a residence on campus
- Christine Skotsko, MD, is the **permanent Chief Medical Officer (CMO)** through Traditions Behavioral Health with a residence on campus
- Ian Lux is the **permanent Director of Nursing (DON)**
- Dale Androlia is the **permanent Assistant Director of Nursing (ADON)**
- Amanda Groos is the **permanent Quality Improvement (QI) Manager**
- Kaila Tamcke is the **permanent Director of Social Services**
- Jennifer Robinson is **the permanent Maintenance Manager**
- Since February MSH has filled 16.5 psych tech positions

General MSH Updates

- The Director's Office's continued investment in and focus on MSH leadership has helped MSH receive its **first multi-year state license renewal in the last several years** after the October 2024 survey.
- Surveyors commented on the quality of documentation, the noticeable team approach, the focus on patient life and safety, and the transparency.
- The transition of initiative and compliance ownership from A&M to MSH leaders represents a seismic shift in leadership and culture at MSH.
- DPHHS leadership continues to emphasize the importance of permanent, stable leadership at MSH for overall recruitment and retention and regulatory compliance.

MSH Recertification

Construction

- One wing of patients (Echo) has been relocated to MSH Grasslands in Helena.
- Interior construction at Warm Springs officially began December 2, 2024.
- All construction is currently projected to be completed by December 2025.

Operational Changes

- Ownership of initiatives has transitioned to MSH leadership and clinical staff with technical support provided by A&M, which ends its facilities engagement with Montana on December 31, 2024.
- The Department continues to prioritize the recruitment and hiring of qualified staff, including floor nurses.
    - This includes the successful hiring of a dedicated Health Care Facilities Practice recruiter, outreach to Montana nursing programs to establish pipelines, an emphasis on the conversion of travelers to State FTE, and further pay adjustments to incentivize the recruitment and retention of Nurse Supervisors.

MSH Grasslands

- 18 patients were transitioned from the main hospital to DPHHS's new MSH Grasslands facility in November 2024. Patients will reside at this location while MSH is upgraded.
- DPHHS has leased the facility from Shodair Children's Hospital for 12 months, with two 6-month extension options. The lease includes the building, utilities, external security, access control management, land maintenance, and parking.
  - Shodair Children's Hospital has been contracted to provide food services for MSH Grasslands.
  - To secure state licensure (as a satellite of MSH) through OIG, DPHHS made investments such as bringing the facility onto the state network, installing cameras and a nurse call system, and mitigating ligature risks.
- Staffing at MSH Grasslands is provided by a combination of MSH state FTE and contracted staff, many of whom reside in Helena.
- Construction at the main hospital in Warm Springs is expected to be completed in 12-18 months.

MSH Grasslands

Other Facilities Updates

Montana Mental Health Nursing Care Center (MMHNCC)

- Danielle Wichman, MHA, is the **permanent Administrator.**
- Michael Sura, MD, is the **permanent Medical Director.**
- The facility has maintained a five-star quality measures rating through the Centers for Medicare and Medicaid Services Care Compare website.

Southwest Montana Veterans Home (SWMVH)

- Arin Boehmer is the **permanent Administrator.**
- The annual VA survey was conducted in August with no major deficiencies.
- A fifth cottage is scheduled to be completed in early 2025.

Montana Chemical Dependency Center (MCDC)

- Frank "Joe" Zigmund is the **permanent Administrator.**
- Cooper Baldwin is the **permanent Clinical Services Director.**
- **MCDC** has increased census from 12 to 20 patients, thus helping the facility to become more financially sufficient. This includes expanded partnerships with related agencies including Montana State Hospital, DPHHS American Indian Health Director, Benefis Hospital, Butte Spirit Restorative Program, and other addiction services like AA.

Intensive Behavior Center (IBC)

- Christina (Tina) Espeland is the **permanent Administrator.**
- Infrastructure improvements continue.
- Implementation of transition services to ensure successful reintegration in the community.

Montana Veterans Home (MVH)

- Joren Underdahl is the **permanent Administrator.**
- The annual OIG Life Safety Code survey occurred in July 2024 with only minor corrective action required for facility repairs.
- Census has increased from approximately 60 to 80 over the last four months.

Eastern Montana Veterans Home (EMVH)

- Christy Kemp is the **permanent Administrator.**
- January 2024 CMS survey results showed complete compliance.
- A deficiency-free CMS annual survey occurred at EMVH in January 2024 followed by a second successful Veterans Affairs annual survey in September of 2024.

iCare Health Network: Next Steps in MT

iCare is a management company and licensed skilled nursing facility operator with experience serving justice-involved and difficult-to-place patients on behalf of government clients.

- The new Montana-based nursing facility will permit more appropriate placement of some eligible medical parolees (DOC) and DPHHS patients.
  - iCare services may be Medicaid reimbursable.
- iCare services include:
  - Specialized behavioral health care to offenders and patients with challenging behaviors;
  - Person-centered, skilled nursing facility level of care; and
  - Dedicated memory care units.
- DPHHS and DOC are beginning contract negotiations with iCare.
  - This contract will likely support an exploratory (Phase One) engagement.

HB 5 Update

Dr. Kevin Flanigan, CEO
Montana State Hospital

Dr. Douglas Harrington
State Medical Officer

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

Montana State Hospital Capital Projects

Compliance & Recertification Construction

- Target completion: Dec 2025
  - Total project cost: $21.3M
  - Spratt not in scope, dependency on other factors (HB 29, etc.)
- Exterior and courtyard work began in September and is expected to be complete this month.
- Work began on the E Unit on December 2, with an estimated completion date of February 28, 2025. Subsequent work will then begin on the B Unit.

Agency Financial Update

Charlie Brereton, DPHHS Director

Kim Aiken, DPHHS CFOO

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

Agency Financial Update

HB 2 Summary: Agency Budget and Expense SFY 2025 (November)

Funding Category	SFY 2024 Expense	FY 2025 Budget	SFY 2025 Expenses	SFY 2025 Projection	SFY 2025 Proj Remain	Percent of Budget Remain
General Fund	$713,828,979	$757,911,090	$251,865,608	$766,546,298	($8,635,208)	-1.14%
State Special Funds	$236,328,736	$273,397,692	$30,247,691	$246,022,407	$27,375,285	10.01%
Federal Funds	$2,295,825,151	$2,603,259,811	$647,959,378	$2,360,927,493	$242,332,318	9.31%
TOTAL Funds	$3,245,982,866	$3,634,568,593	$930,072,676	$3,375,081,930	$259,486,663	7.14%

General Fund Balance Type						
Available	$252,510,535	$261,467,800	$88,952,397	$283,886,266	($22,418,466)	-8.57%
Restricted	$460,317,914	$496,443,290	$162,913,211	$482,660,032	$13,783,258	2.78%
TOTAL General Fund	$712,828,450	$757,911,090	$251,865,608	$766,546,298	($8,635,208)	-1.14%

- The available general fund balance is projected to be negative $22 million.
  - Increase is predominately in HCFD due to operations increase for capital improvement, revenue shortfalls in cigarette tax, and reduced available contingency authority of $10 million.
- General fund restricted balance is projected to be $13.7 million.

Agency Financial Update: Medicaid

Medicaid Projections - November 2024					
Summary - Traditional Medicaid - Includes Administration					
Fund Type	**SFY 2024 Expense**	**SFY 2025 Budget**	**SFY 2025 Expense TD**	**SFY 2025 Projection**	**SFY 2025 Remain**
General Fund	$ 383,604,269	$422,052,263	$146,507,798	$419,073,317	$2,978,945
State Special Funds	$ 112,164,785	$128,877,227	$10,036,908	$121,807,842	$7,069,385
Federal Funds	$ 945,292,174	$1,060,541,087	$307,412,424	$984,008,089	$76,532,998
TOTAL	**$ 1,441,061,229**	**$1,611,470,576**	**$463,957,130**	**$1,524,889,248**	**$86,581,328**

Summary - Expanded Medicaid - Includes Administration					
Fund Type	**SFY 2024 Expense**	**SFY 2025 Budget**	**SFY 2025 Expense TD**	**SFY 2025 Projection**	**SFY 2025 Remain**
General Fund	$ 35,669,965	$46,707,004	$12,854,308	$35,825,888	$10,881,116
State Special Funds	$ 56,526,624	$59,550,333	$7,632,645	$58,648,331	$902,003
Federal Funds	$ 870,175,648	$1,002,612,586	$204,970,701	$882,580,424	$120,032,162
TOTAL	**$ 962,372,237**	**$1,108,869,924**	**$225,457,654**	**$977,054,643**	**$131,815,281**

Summary - TOTAL MEDICAID - Including Administration					
Fund Type	**SFY 2024 Expense**	**SFY 2025 Budget**	**SFY 2025 Expense TD**	**SFY 2025 Projection**	**SFY 2025 Remain**
General Fund	$419,274,234	$468,759,267	$159,362,106	$454,899,205	$13,860,062
State Special Funds	$168,691,410	$188,427,560	$17,669,553	$180,456,173	$7,971,387
Federal Funds	$1,815,467,822	$2,063,153,673	$512,383,125	$1,866,588,513	$196,565,160
TOTAL	**$2,403,433,466**	**$2,720,340,500**	**$689,414,784**	**$2,501,943,891**	**$218,396,609**

Medicaid Projections – SFY 2025 (November)

- $218 million is projected to remain (approx. 8%) in authority as of November BSR.
- Expenditures remain less than the Department's budget request, primarily driven by lower-than-expected enrollment and utilization, particularly in Medicaid Expansion.

Agency Financial Update: Facilities

Facility	Fund Type	SFY 2024 Expense	2025 Current Budget	SFY 2025 Expended	2025 Projected Expenses	Surplus / (Deficit)
IBC	General	$ 8,284,465	$ 7,040,511	$ 2,055,662	$ 8,358,391	$ (1,317,880)
	State		$ -	$ -	$ -	$ -
	Federal		$ -	$ -	$ -	$ -
Total		$ 8,284,465	$ 7,040,511	$ 2,055,662	$ 8,358,391	$ 4,984,849
MCDC	General	$ 700,000	$ -	$ -	$ -	$ -
	State	$ 4,917,451	$ 6,715,654	$ 1,611,969	$ 5,407,000	$ 1,308,654
	Federal		$ -	$ -	$ -	$ -
Total		$ 5,617,451	$ 6,715,654	$ 1,611,969	$ 5,407,000	$ 5,103,685
MMHNCC	General	$ 15,358,674	$ 15,933,365	$ 4,549,030	$ 16,155,765	$ (222,400)
	State		$ -	$ -	$ -	$ -
	Federal		$ -	$ -	$ -	$ -
Total		$ 15,358,674	$ 15,933,365	$ 4,549,030	$ 16,155,765	$ 11,384,335
MSH	General	$ 86,681,717	$ 68,453,462	$ 26,980,105	$ 92,491,871	$ (24,038,409)
	State	$ 1,865,763	$ 1,408,905	$ -	$ 1,603,247	$ (194,342)
	Federal		$ -	$ -	$ -	$ -
Total		$ 88,547,480	$ 69,862,367	$ 26,980,105	$ 94,095,118	$ 42,882,262
MVH	General	$ 1,500,000	$ -	$ -	$ 3,272,363	$ (3,272,363)
	State	$ 8,974,792	$ 11,051,240	$ 3,385,011	$ 7,494,376	$ 3,556,864
	Federal	$ 4,641,455	$ 6,451,303	$ 1,038,856	$ 4,825,658	$ 1,625,645
Total		$ 15,116,247	$ 17,502,543	$ 4,423,867	$ 15,592,397	$ 13,078,676
EMVH	General				$ -	$ -
	State	$ 383,107	$ 546,759	$ 85,870	$ 309,781	$ 236,978
	Federal	$ 3,446,255	$ 4,361,367	$ 774,339	$ 4,594,638	$ (233,271)
Total		$ 3,829,362	$ 4,908,126	$ 860,209	$ 4,904,418	$ 4,047,917
SWMVH	General				$ -	$ -
	State	$ 872,428	$ 1,442,618	$ 194,779	$ 759,507	$ 683,111
	Federal	$ 3,742,540	$ 6,567,833	$ 646,732	$ 3,727,450	$ 2,840,383
Total		$ 4,614,968	$ 8,010,451	$ 841,511		$ 7,168,940
TOTAL	General	$ 112,524,856	$ 91,427,338	$ 33,584,797	$ 120,278,390	$ (28,851,052)
	State	$ 17,013,541	$ 21,165,176	$ 5,277,629	$ 15,573,910	$ 5,591,266
	Federal	$ 11,830,250	$ 17,380,503	$ 2,459,927	$ 13,147,745	$ 4,232,758
Total		**$ 141,368,647**	**$ 129,973,017**	**$ 41,322,353**	**$ 149,000,046**	**$ 88,650,664**

Health Care Facilities Division Summary – SFY 2025

- Montana State Hospital
  - Continues its heavy dependence on contracted staffing to ensure patient safety and allow for required admissions. The census is higher in SFY 2025 than in SFY 2024.
  - Operations costs are higher to accommodate the capital improvements at the main campus.
  - The Department implemented historic pay reforms in January 2024 to mitigate “traveler” expenditures.
  - Improvements in both staffing efficiency and vacancies have been offset financially by an increase in census and 1:1 needs (largely driven by a required reduction in chemical restraints).
- Montana Veterans' Home continues to require increased general fund support due to decreasing revenues in cigarette tax and private reimbursement.
- HCFD has $10 million less in contingency appropriation in SFY 2025 than SFY 2024.

**Expenses include $20 million in contingency funding from the 2023 Legislature. The contingency appropriation was allocated to MSH, IBC, and MMHNCC, where contract staffing expenditures were greatest and is $10 million less than contingency appropriation in SFY2024.*

MSH Contract Labor Costs

The Director's Office and MSH have implemented numerous strategies to reduce contract labor costs:

- Recruiting and retaining state FTE through incentives, statewide media campaign, and HR reforms
- Staffing more efficiently to benchmark, reducing OVT, and analyzing metrics daily using new UKG system
- Reprocuring contracts to increase competition & reduce rates

The Department's efforts have resulted in a reduction in contract labor costs on a per patient basis (excluding 1:1s) by approximately 30% since SFY 23.

- Total contract spend is declining while census and 1:1 needs are increasing (largely driven by required reduction in chemical restraints).
- FY 25 spend would otherwise be projected to be $56 million, or more than $13 million more than current projections.

	Avg Census	Contract Spend	Spend/Patient	Avg. 1:1s	1:1s Spend	Spend (excluding 1:1s)	Spend/Client (excluding 1:1s)
FY23	218.4	$ 46,501,043.00	$ 212,916.86	12.6	$ 6,806,887.92	$ 39,694,155.08	$ 181,749.79
FY25	240.37	$ 42,612,580.00	$ 177,279.11	22.83	$ 12,059,445.24	$ 30,553,134.76	$ 127,108.77
Difference	**10.06%**	**-8.36%**	**-16.74%**	**81.19%**	**77.17%**	**-23.03%**	**-30.06%**

Agency Financial Update: CFSD

Summary - Child and Family Services				
Fund Type	**FY 2024 Expense**	**FY 2025 Budget**	**FY 2025 Projection**	**FY 2025 Remaining**
General Fund	$73,843,267	$69,217,246	$76,214,237	($6,996,991)
State Special Funds	$1,479,696	$1,478,208	$1,042,078	$436,130
Federal Funds	$46,012,795	$50,440,289	$47,746,171	$2,694,118
TOTAL	$121,335,759	$121,135,743	$125,002,486	($3,866,743)

As approved:				Feb Update Request:			FY 2025 Projected Expense	Difference from Original	Difference from Update
Adoption	**2023 Base**	**2024**	**2025**	**2023 Base**	**2024**	**2025**			
GF	$ 10,995,741	$ 10,125,272	$ 10,265,855	$ 10,995,741	$ 10,793,239	$ 10,905,394	$ 11,827,957	$ (1,562,102)	$ (922,563)
FF	$ 11,380,828	$ 13,977,617	$ 14,790,862	$ 11,380,828	$ 14,938,836	$ 15,750,171	$ 17,201,592	$ (2,410,730)	$ (1,451,421)
Total	$ 22,376,569	$ 24,102,889	$ 25,056,717	$ 22,376,569	$ 25,732,075	$ 26,655,565	$ 29,029,549	$ (3,972,832)	$ (2,373,984)
								$ -	$ -
Guardianship									
GF	$ 3,414,481	$ 5,990,605	$ 9,183,192	$ 3,414,481	$ 6,266,516	$ 7,729,502	$ 7,705,379	$ 1,477,813	$ 24,123
FF	$ 2,652,380	$ 3,902,905	$ 4,698,958	$ 2,652,380	$ 4,087,076	$ 5,063,620	$ 4,447,493	$ 251,465	$ 616,127
Total	$ 6,066,861	$ 9,893,510	$ 13,882,150	$ 6,066,861	$ 10,353,592	$ 12,793,122	$ 12,152,872	$ 1,729,278	$ 640,250
								$ -	$ -
Foster Care									
GF	$ 25,926,934	$ 17,686,043	$ 17,390,281	$ 25,926,934	$ 18,957,180	$ 20,362,094	$ 23,194,396	$ (5,804,115)	$ (2,832,302)
SF	$ 1,787,716	$ 1,450,000	$ 1,450,000	$ 1,787,716	$ 1,385,629	$ 1,385,629	$ 988,773	$ 461,227	$ 396,856
FF	$ 15,333,977	$ 10,726,623	$ 10,609,843	$ 15,333,977	$ 9,126,691	$ 9,536,181	$ 8,629,409	$ 1,980,434	$ 906,772
Total	$ 43,048,627	$ 29,862,666	$ 29,450,124	$ 43,048,627	$ 29,469,500	$ 31,283,904	$ 32,812,578	$ (3,362,454)	$ (1,528,674)
							Short GF in 25	$ (5,888,404)	$ (3,730,742)

- Foster Care and Adoption projections are higher than budgeted in total.
  - Fund split for foster care was insufficient; the general fund was budgeted too low, and federal funds too high
  - Federal reimbursement continues to decline due to IV-E eligibility; reduction in federal reimbursement puts additional pressure on general fund
    - Financial eligibility is based on 1996 federal poverty levels
- Adoption expenses are higher than budgeted
  - Finalized adoptions continue to increase. In addition, negotiated subsidy amounts continue to grow.
- Guardianship expenses are higher than budgeted
  - AFDC impacts IV-E eligibility for guardianships
  - Non-relative guardianships do not qualify for IV-E funding

Supplemental Request

- The Department requested $22.2 million in general fund supplemental authority for SFY 2025.
    - Currently requested in HB 3 for consideration during the 2025 legislative session.
    - The primary driver is the Health Care Facilities Division.
        - Can be partially offset by a projected surplus in HRD, BHDD, and HCSD.
        - The Department projects that Medicaid appropriations will experience a surplus – however, restricted authority exists and prompts a reversion.

Contracted Staffing – 07/2024-10/2024

Contracted Staffing Report - 07/01/2024 - 10/31/2024								
Division	Division Acronym	Contractor	Staffing Type	Purpose	Due to Vacancy Y/N	Calculated Hours	FTE Equivalent	Expense
01	DETD	RANDSTAD NORTH AMERICA LP	VR Counseling, etc	Staff difficult to fill vacancy	Yes	108	0.15	$ 3,766
01	DETD	WESTAFF WORKFORCE SOLUTIONS LLC	Administrative	Digitizing/Paperless	No	13	0.02	$ 465
02	HCSD	CORPORATE TRANSLATION SERVICES LLC	Interpreter's	Work is adhoc	No	112	0.16	$ 3,929
02	HCSD	GREAT FALLS INTERPRETING SERVICES LLC	Interpreter's	Work is adhoc	No	8	0.01	$ 280
03	CFSD	WESTAFF WORKFORCE SOLUTIONS LLC	Administrative	Digitizing/Paperless	No	21	0.03	$ 746
06	BFSD	WESTAFF WORKFORCE SOLUTIONS LLC	Administrative	Food and Consumer - ad hoc	No	201	0.28	$ 7,030
07	PHSD	WESTAFF WORKFORCE SOLUTIONS LLC	Administrative	Fill vacancy/Backfill	Yes	316	0.44	$ 11,057
10	BHDD	BRADY CO INC	Admin Assistant	Vacation fill	Yes	116	0.16	$ 4,062
22	SLTC	BRADY CO INC	Staff Augmentation	Program Management	Yes	830	1.17	$ 29,059
33	HFD	22ND CENTURY TECHNOLOGIES INC	Direct Care	Staff 24/7 facilities	Yes	475	0.22	$ 40,377
33	HFD	AB STAFFING SOLUTIONS LLC	Direct Care	Staff 24/7 facilities	Yes	70,913	99.60	$ 6,027,593
33	HFD	ACI FEDERAL INC	Direct Care	Staff 24/7 facilities	Yes	319	0.45	$ 27,096
33	HFD	ADAPTIVE WORKFORCE SOLUTIONS LLC	Direct Care	Staff 24/7 facilities	Yes	10,384	14.58	$ 882,675
33	HFD	AMERGIS HEALTHCARE STAFFING INC	Direct Care	Staff 24/7 facilities	Yes	39,815	55.92	$ 3,384,294
33	HFD	AYA HEALTHCARE INC	Direct Care	Staff 24/7 facilities	Yes	36,861	51.77	$ 3,133,146
33	HFD	BARTON & ASSOCIATES INC	Direct Care	Staff 24/7 facilities	Yes	18,578	26.09	$ 1,579,133
33	HFD	CIM M LEPROWSE	Direct Care	Staff 24/7 facilities	Yes	134	0.19	$ 11,375
33	HFD	JAMES DAVID RUTHERFORD	Direct Care	Staff 24/7 facilities	Yes	56	0.08	$ 4,800
33	HFD	LAURA KIRSCH	Direct Care	Staff 24/7 facilities	Yes	158	0.22	$ 13,443
33	HFD	MALLORY STINGER	Direct Care	Staff 24/7 facilities	Yes	329	0.46	$ 27,931
33	HFD	MICHAEL CRADDOCK LCPC PLLC	Direct Care	Staff 24/7 facilities	Yes	28	0.04	$ 2,340
33	HFD	MICHAEL J SCOLATTI PHD PC	Direct Care	Staff 24/7 facilities	Yes	324	0.45	$ 27,526
33	HFD	MURPHEY JAMES P	Direct Care	Staff 24/7 facilities	Yes	222	0.31	$ 18,900
33	HFD	PRIME TIME HEALTHCARE LLC	Direct Care	Staff 24/7 facilities	Yes	166	0.23	$ 13,260
33	HFD	PRIORITY INC	Direct Care	Staff 24/7 facilities	Yes	857	1.20	$ 72,814
33	HFD	PROLINK STAFFING SERVICES LLC	Direct Care	Staff 24/7 facilities	Yes	1,743	2.45	$ 148,167
33	HFD	SHC SERVICES INC	Direct Care	Staff 24/7 facilities	Yes	5,446	7.65	$ 462,880
33	HFD	SUNBELT STAFFING LLC	Direct Care	Staff 24/7 facilities	Yes	20,972	29.45	$ 1,782,592
33	HFD	TRADITIONS - MSH Medical	Direct Care	Staff 24/7 facilities	Yes	3,214	4.51	$ 273,190
TOTAL						212,718	298.32	$ 17,993,925

*Hours are calculated based on average compensation. Actual hours may deviate from calculation

Overtime – 07/2024-10/2024

OVERTIME Report for December 2024 IBC

HB 2 Overtime Hours by Division 07/01/2024-10/31/2024			
Division Name	**Hours**	**FTE Equivalent**	**Expense**
DETD	493	0.69	21,902
HCSD	10,539	14.80	453,075
CFSD	3,500	4.92	159,718
DO	230	0.32	16,699
BFSD	226	0.32	12,089
PHSD	729	1.02	38,771
OIG	40	0.06	2,051
TSD	977	1.37	53,965
BHDD	136	0.19	7,997
HRD	26	0.04	1,448
OSD	94	0.13	5,361
SLTC	152	0.21	8,255
ECFSD	160	0.22	8,348
HFD	16,151	22.68	607,509
TOTAL	**33,452**	**46.98**	**1,397,189**

Overtime hours continue to be concentrated in the following divisions:

HCSD: Overtime hours due to workload backlog and vacancies. Primary staff types accruing overtime are Client Service Coordinators.

CFSD: Overtime hours due to workload associated with caseload. The primary staff types accruing overtime are Child Protection Specialists.

TSD: Overtime hours due to the workload associated with on-call work. The primary staff type accruing overtime are IT Systems Administrators.

HCFD: Half of HCFD's overtime hours are associated with Psych Techs and Nursing Aides. The other half is split among 66 other occupations, with a higher concentration in food prep and security.

Most of the overtime hours are associated with vacancies.

Human Services Practice Updates

Jessie Counts, Executive Director
Human Services

Chappell Smith, Administrator
Human and Community Services Division

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

Human and Community Services Division – Business Process Improvements

As a result of Medicaid Unwinding, the Department conducted an analysis of current business processes and the impact across all public assistance programs.

The following areas are the focus of several ongoing initiatives:

- Improve wait times on the Public Assistance Help Line (PAHL)
- Clarify client correspondence
- Streamline overall eligibility processes

Human and Community Services Division – Improvement Strategies

- Technology
  - PAHL redesign
  - Eligibility system automation and efficiencies
- Process
  - Workflow improvements
  - Focused examination of casework requirements
  - Client correspondence updates
- People
  - Internal organizational alignment change
  - Targeted trainings

Human and Community Services Division – Improvements Timeline

The projected timeline to implement improvement strategies is below:

		2024	2025			
		Q4	Q1	Q2	Q3	Q4
Technology	PAHL redesign					
	Eligibility system efficiencies					
Process	Workflow improvements					
	Focused examination of casework requirements					
	Correspondence updates					
People	Internal organizational alignment change					
	Targeted trainings					

Human and Community Services Division – Maximus Contract Update

Since Maximus became the DPHHS statewide E&T contractor in July 2024:

- 21 locations established throughout Montana
- Planned SNAP E&T expansion into eight additional counties: Ravalli, Fergus, Petroleum, Musselshell, Golden Valley, Wheatland, Judith Basin
- Current Client Achievements (to date):
  - GED Completion: 2
  - Post-Secondary Education Certificate: 6
  - Job Placement: 56

Medicaid and Health Services Practice Updates

Rebecca de Camara, Executive Director
Medicaid and Health Services

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

HMA

Montana PCCM Redesign: Briefing for Interim Budget Committee

PRESENTED BY:

Rebecca Kellenberg, Principal

Kathy Gifford, Principal

MEETING OBJECTIVES

- Introduce HMA and Role in PCCM Redesign Project
- Identified Key Partners
- Project Overview
- Current Project Status
- Summary of Key Partner Feedback to Date
- Next Steps

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Our strength is in our more than 700 multidisciplinary consultants, and the experience they bring to the most complex issues, problems, and opportunities.

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Physicians • Clinical Psychologists • Advanced Practice Nurses • Registered Nurses • Physician Associates • Clinical Pharmacists • Mental Health Counselors • Licensed Clinical Social Workers

30+ Former C-Suite Leaders

Health Systems • Health Plans • Long-term Care Organizations • Physician Medical Groups • Federally Qualified Health Centers • Behavioral Health Organizations • Public Accounting and Actuarial Services Firms • Life Sciences Companies

40+ Former Federal, State, and Local Officials & Senior Advisors

CMS Senior Officials • Congressional Staff and Aides • OMB Leaders • Medicaid Directors • State Commissioners

OUR PEOPLE MAKE THE DIFFERENCE

Unmatched State-level Experience

10 Former Medicaid Directors

Doug Elwell

Kathy Gifford

Farah Hanley

Beth Kidder

Caprice Knapp

Chuck Milligan

Matt Powers

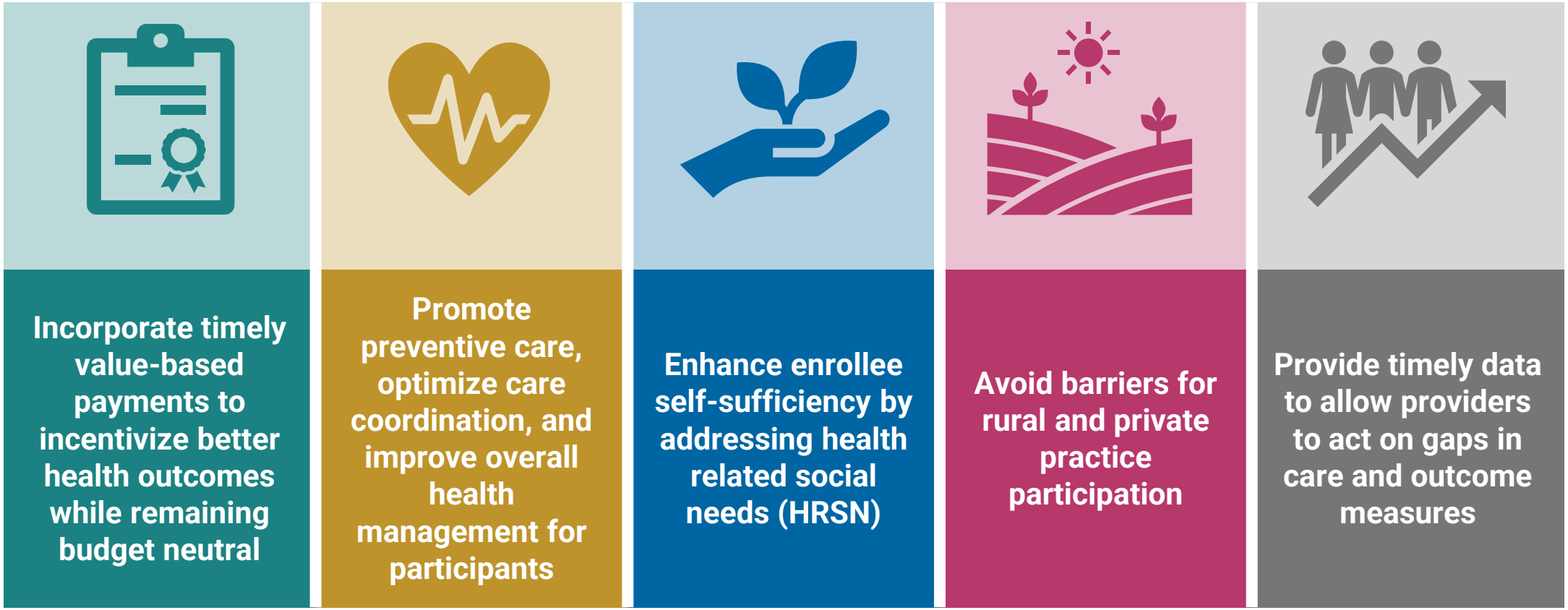
Bill Snyder
Leavitt Partners

Patrick Tigue

Anya Wallack

DPHHS PCCM REDESIGN GOALS

DPHHS seeks to transition from its four disparate PCCM models to a unified, comprehensive, and value-based program that incorporates the following key elements and can be leveraged for additional Medicaid programs and services.



MT PCCM REDESIGN: HMA PROJECT PLAN OVERVIEW

Task 1: Research and Program Selection

- Research VBP options that align with DPHHS goals
- Conduct Key Partner engagement:
  - Montana Consortium for Urban Indian Health
  - Montana Primary Care Association
  - Montana Pediatricians
  - Montana Chapter of American Academy of Pediatrics
  - Headwaters Foundation
  - Blue Cross Blue Shield
  - Montana Hospital Association
  - Montana Medical Association
  - Montana Healthcare Foundation
  - Urban Indian Organizations
  - Tribal Health Departments/IHS Service Units
  - Behavioral Health Alliance of Montana
  - And More.

MT PCCM REDESIGN: HMA PROJECT PLAN OVERVIEW CONTINUED

- Task 2: Regulatory and Compliance Review
- Task 3: Waiver/SPA Preparation
- Task 4: Public notice and partner input
- Task 5: Support DPHHS led actuarial analysis
- Task 6: Support DPHHS led provider education/outreach

CURRENT PROJECT STATUS

Conducted Project Kick Off Meetings

- Confirmed agreement on objectives and pain points with DPHHS key partners
- Identified data needed to assess current state and inform redesign
- Determined required partner feedback

Started Research on Program Design Options

- Provided overview of required decision points
- Began discussion on overarching program design elements:
  - Delivery system model
  - Value based payment strategy(s)

Initiated Key Partner Engagement Activities

- Key Partner survey conducted in September 2024
- To date have held 11 Key Partner listening sessions.
- Using feedback to inform data analysis
- Key Partners interviewed so far are in agreement with the state on the need for reform.

KEY THEMES: PROVIDER REQUIREMENTS & PAYMENT STRATEGIES

- **Current PMPM model is not enough to engage providers in primary care case management**
  - Reimbursement needs to be enough to support the additional time and resources required to meet care management goals
- **Regional variation and population density create challenges** for one statewide type of reimbursement arrangement
- **Align with other payors**
  - Addresses volume
  - Incentivizes providers in a standardized way
  - Streamlines quality goals and reduces provider burden
- **Support Integrated Behavioral Health**
- **Improve** data sharing, integration and access to real-time data

KEY THEMES: VALUE BASED PURCHASING

- Models need to **meet providers where they are** and provide options for level of VBP readiness and potentially regional variation
- **Hold providers accountable** for patients who are really their patients
- Provide **transparency in measures** and allow providers to compare to their peers as well as state benchmarks
- **Look into vendors who can provide care coordination and actuarial support** to the state in administering VBP
- Most key partners are open to various approaches for incentives/bonus arrangements

NEXT STEPS

Support DPHHS with data analysis activities to inform model design options

Reconvene Stakeholder Group

December 18

High level framework of model design options

December 2024

Additional Stakeholder Sessions to further discuss specific program details (e.g., attribution, data, provider requirements)

Member Stakeholder Session(s)

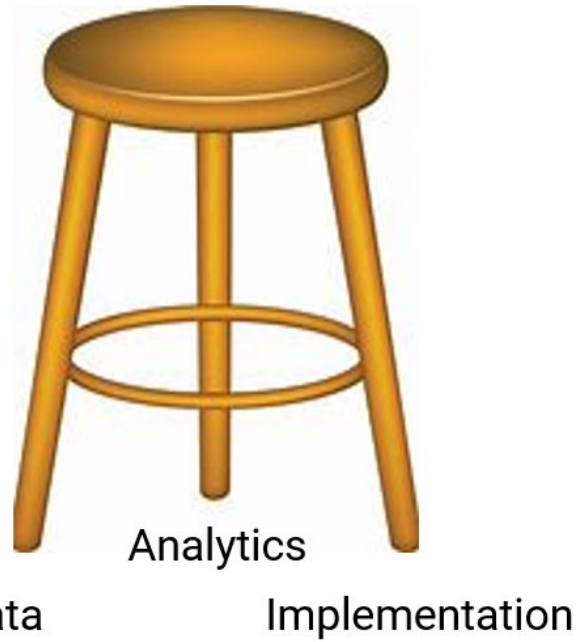
Early 2025

Office of Research and Data Analytics (ORDA)

Paul Bellatty, Chief Analytics Officer
Office of Research and Data Analytics

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

DPHHS's Ongoing Data and Analytics Transformation



Data Office (DMO)

- Retrieves data, merges data, catalogs data, governs data, and develops reports/dashboards

ORDA

- Identifies embedded patterns used to improve services and family outcomes

Strategy and Transformation Office (Implementation)

- Combines project management with analytics to operationalize new information derived from research/analyses

Office of Research and Data Analytics (ORDA)

Data Diagnostics, Analysis, Modeling, and Reporting
Branch, Division, Programs, Waivers, Partners (ex: Manatt)

Recurring Division/Program Analysis and Reporting

Ad hoc Reporting
Requests for Data, Report Development, Analysis, Assistance Interpreting Data, Quality Assurance, ...

Medicaid Services Budget Projections

Develop and Maintain Operational Dashboards
Executive, Divisions, Programs

Program Evaluation and Performance Management
Metrics, Measures

Reporting and Visualization Standards
Governor's Office, Legislative, Public Facing Reports/Dashboards, ...

Analyst Training, Onboarding, and Skills Development
Data Analyst Collaboration, Peer-to-Peer Engagement, Tableau User Group...

Promote Data Partnerships, Programs and Studies
Universities, Associations, Children's Health Data, Grants, ...

Departmental Communications, Education, and Training
Use of Data for Decision Making, Analytics Staff Training/Onboarding, User Groups, Lunch and Learns...

Office of Research and Data Analytics (ORDA)

Primary functions of ORDA (current)

- Medicaid budget projections
- Ad hoc reporting and data requests
- Performance metrics

Functions in development (future state)

- Attract and retain statistical expertise
- Embed analytics in programmatic decision processes
- Develop portfolios of research projects, with a priority focus on self-sufficiency and able-bodied client independence

ORDA Research Portfolios

Portfolios Initiated

- Disability Employment and Transitions Division
- Behavioral Health and Developmental Disabilities Division
- Child and Family Services Division
- Early Childhood and Family Supports Division
- Human and Community Services Division
- Human Services Practice – *example provided on next slide*

Example: Human Services Research Portfolio

- Determining service effectiveness
  - Providing feedback to service providers
  - Matching individuals to services
  - Determining if our services are aligned with family needs
  - Driving pay-for-performance
- Predictive modeling – Can services be provided earlier to prevent more costly, adverse outcomes and avoidable dependency on government services?
- Creating an integrated longitudinal dataset
- Using Montana data to recognize TANF “leavers,” “stayers,” and “cyclers”

Data Management Office (DMO)

Brett Lutkehus, Chief Data Officer

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

Data Management Office (DMO)

The DMO provides centralized data services for the department and oversees data governance, ensuring consistency in policies and procedures related to data security, collection, utilization, and dissemination. The office promotes access to relevant, readily available data to support data-driven initiatives, statistical analyses, and performance management.

Enterprise Data Management & Operations
Deliver, control, protect, and enhance the value of data and information assets throughout their lifecycles.

Data Integrity | Accessibility | Continuity
Responsible for data quality, consistency, and usability for end-users and applications.

Enterprise Data Architecture
Establishes strategies, standards, and models for information workflow including integrations between applications and business systems.

Integration Services & Platform Management
Includes data exchange, interoperability management, high availability, reliability, and scalability.

Data Governance Committee – CDO Sponsor
Promotes and enforces principles, polices, and standards for data quality and regulatory compliance.

Data Steering Committee – CIO Sponsor
Establishes strategic priorities for data governance, management, and access.

Enterprise Education & Training
Data Platform, Data Catalog, Healthy Registries, Data Lab, EDW User Group, Lunch & Learns.

Montana Health Information Exchange (HIE)
Provides relationship and performance oversight for Big Sky Care Connect (BSCC).

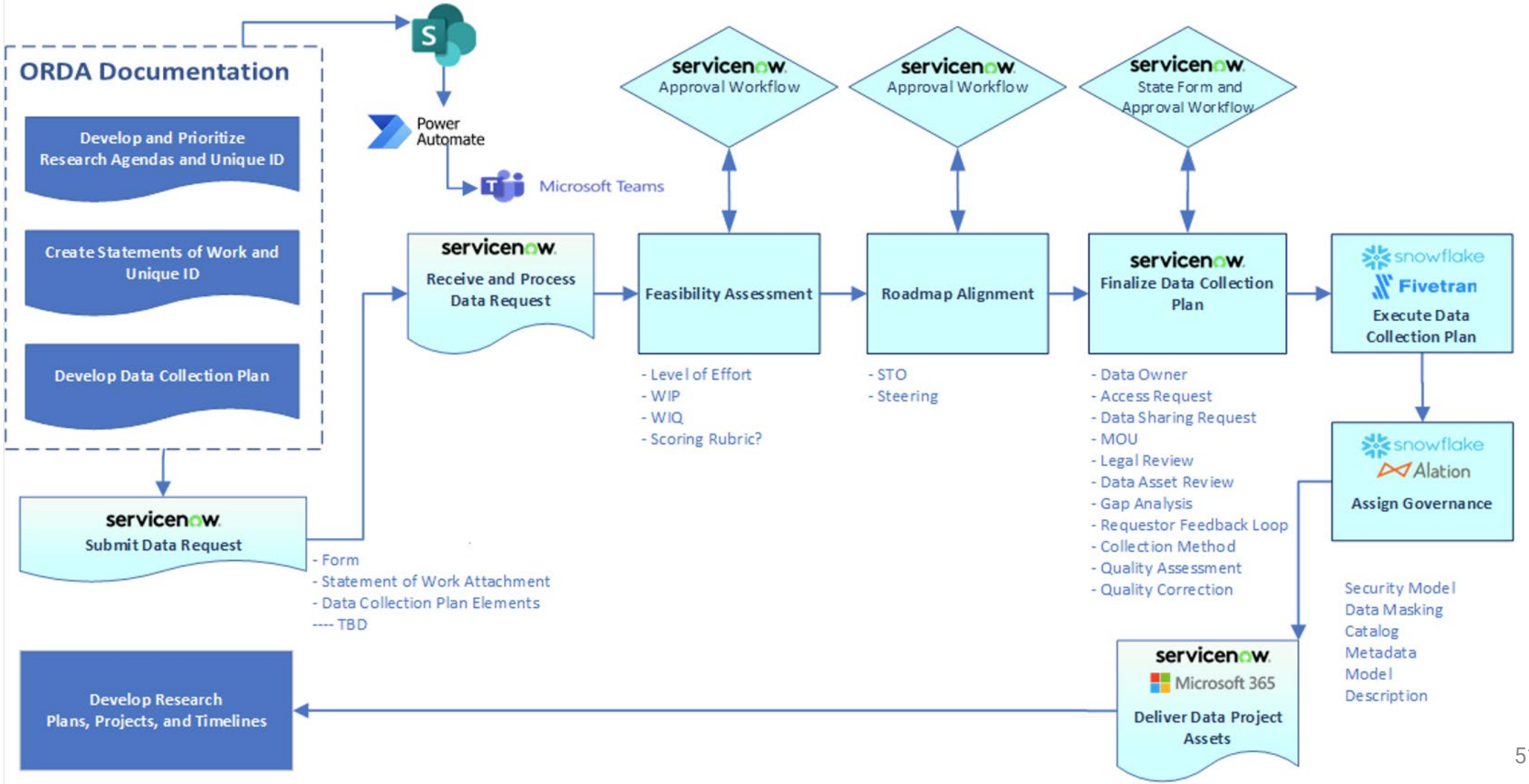
DMO Active Workstreams

1. Service Delivery and Support
   - Support data requirements for the Office of Research and Data Analytics (ORDA), the Strategy and Transformation Office (STO), and core practice areas and divisions.
   - Enable comprehensive service delivery and support for ORDA and STO.
2. Behavioral Health Initiatives
   - Conduct data quality and gap analyses for HB 872: Behavioral Health System for Future Generations (BHSFG) initiative.
3. System Transformation Projects
   - Complete data migration and transformation for the 2025B LRIT (HB10) system replacement projects.
4. Data Projects and Reporting
   - Support core practice areas and divisions in executing data projects, reporting, and analyses.
5. Strategic Data Framework
   - Develop DPHHS's data strategy. Establish and maintain data governance policies, procedures, and guidelines through data governance and steering committee(s).
6. Data Sharing and Collaboration
   - Promote and manage data sharing between DPHHS and other state agencies.
   - Create and curate an enterprise data catalog.

DMO Achievements to Date

1. Developed data governance and steering committee briefs to support enablement.
2. Kicked off divisional planning and engagement for the Human Services and Public Health and Community Affairs Practices.
3. Established a foundational footprint in the State's Snowflake instance:
    - Onboarded use cases for ORDA and Public Health.
    - Supported PHSD's MIDIS modernization post-CDC Cloud migration.
    - Enhanced Center for Epidemiology and Informatics Coordination (CEIC) data connections for the Office of Epidemiology.
    - Automated hospital discharge data processing, eliminating manual effort.
4. Automated access to SABHRS to support financial data retrieval for BFSD, reducing manual effort and increasing efficiency while also creating a scalable model for other state departments.
5. Created service delivery models representing how the DMO will support ORDA and STO for data fulfillment to support research agendas and program performance objectives.

Office of Research and Data Analytics (ORDA) Service Delivery and Workflow for the Data Management Office



HB 190: DPHHS Annual Plan

Charlie Brereton, DPHHS Director

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

SFY24 Annual Performance Report

Strategy	Initiative	Measure	Outcome
Strengthen and Stabilize Montana's Health Care Delivery System	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.	100% approval of CMS State Plan and waiver amendments to implement provider rate adjustments by CYE23.	DPHHS achieved 100% approval of the CMS State Plan and waiver amendments necessary to implement provider rate adjustments by CYE23.
	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.	Increase access by 5% for Behavioral Health, Primary Care, and Developmental Disabilities services.	DPHHS's SFY2025 Annual Plan was published in September 2024. By that time, DPHHS was able to establish baseline data utilizing the number of Behavioral Health, Primary Care, and Developmental Disabilities Services providers and units billed and will further report on performance in its SFY2025 Annual Performance Report.
		Launch the BHSFG Commission and secure the governor's approval of at least 2 Commission-recommended initiatives by CYE23.	DPHHS successfully launched the BHSFG Commission and secured Governor Gianforte's approval of at least two Commission-recommended initiatives by CYE23. The BHSFG Commission's Final Report was issued in September 2024, and Governor Gianforte has approved 11 Near-Term Initiatives and 10 Foundational Recommendations as of December 2024.

SFY24 Annual Performance Report (cont.)

Strategy	Initiative	Measure	Outcome
Strengthen and Stabilize Montana's Health Care Delivery System	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.	At least 8 BHSFG Commission meetings scheduled and held through end of SFY24	DPHHS successfully scheduled and held 10 BHSFG Commission meetings during SFY24.
	Establish a pathway to U.S. Centers for Medicare and Medicaid Services (CMS) recertification of the Montana State Hospital.	Complete 75% of HB 5 capital improvement projects for CMS recertification of MSH by the end of SFY24.	DPHHS, in partnership with the state Architecture and Engineering Division (A&E), completed 10% of HB 5 capital improvement projects for CMS recertification of MSH by the end of SFY24. These complex capital improvement projects remain underway with an estimated completion date between December 2025 and June 2026 as of issuance of this report.
		Achieve 75% of required MSH CMS recertification activities by September 2024 and 100% by December 2024.	Excluding HB 5 capital improvement projects, DPHHS achieved 80% of required MSH CMS recertification activities by September 2024 and 85% by December 2024.

SFY24 Annual Performance Report (cont.)

Strategy	Initiative	Measure	Outcome
Strengthen and Stabilize Montana's Health Care Delivery System	Develop a singular value-based payment Medicaid Primary Care Delivery Model.	Develop a singular value-based payment Medicaid Primary Care Delivery Model.	This measure was modified for inclusion in DPHHS's SFY2025 Annual Plan to reflect the establishment of two value-based metrics for use in the 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.	Reduce traveler costs by 10% for HFD and increase state HFD FTE by 5%.	DPHHS achieved a 10.58% reduction in traveler costs for HFD and a 6% increase in state HFD FTE at the end of SFY24.
		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.	DPHHS achieved 100% completion of the Behavioral Health and Developmental Disabilities Alternative Settings Design Proposal and Implementation Plan and presented to the BHSFG Commission by May 1, 2024.

SFY24 Annual Performance Report (cont.)

Strategy	Initiative	Measure	Outcome
Strengthen and Stabilize Montana's Health Care Delivery System	Increase in-state access to services for children with high-acuity needs.	5% reduction in out-of-state placement of children with complex physical and behavioral health needs.	During SFY24, the number of children with complex physical and behavioral health needs in out-of-state placement increased by 6.2%. DPHHS continues to take a multi-pronged approach to reduce out-of-state placements of children with complex needs. In SFY24, the Department created two Complex Care Coordinator positions that work toward keeping clients with complex needs in-state, as well as implemented a Complex Case Qualified Provider Pool (QPP) Pilot Project to increase the capacity of communities to serve children with complex needs in-state. Pursuant to recommendations from the Guidehouse Provider Rate Study, DPHHS aligned the reimbursement rates of in-state and out-of-state Psychiatric Residential Treatment Facilities (PRTFs). DPHHS also advanced a recommendation through the BHSFG Commission Report (#17) to design an acuity-based rate structure to assist providers in meeting the resource-intensive needs of high-acuity youth, with an intended outcome of reducing out-of-state residential placements over time.

SFY24 Annual Performance Report (cont.)

Strategy	Initiative	Measure	Outcome
Drive Independence and Accountability through Public Assistance Programs	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.	At least a 25% reduction in Public Assistance Helpline (PAHL) wait times.	DPHHS's SFY2025 Annual Plan was published in September 2024. By that time, DPHHS had concluded the Medicaid redetermination process and was able to establish baseline data post-redeterminations. The Department will further report on performance in its SFY2025 Annual Performance Report.
		Execution of at least 1 new performance-based contract for statewide SNAP and TANF employment and training services provision.	DPHHS successfully executed a performance-based contract for statewide SNAP and TANF employment and training services provision effective July 1, 2024.
	Conduct a timely and accurate redetermination of eligibility for all Montana Medicaid and Healthy Montana Kids (HMK) members.	100% completion of Medicaid and HMK eligibility redeterminations.	DPHHS will successfully redetermine the eligibility of 100% of Medicaid and HMK members by December 31, 2024.

SFY24 Annual Performance Report (cont.)

Strategy	Initiative	Measure	Outcome
Drive Independence and Accountability through Public Assistance Programs	Increase opportunities for non-custodial parents engaged in child support services to improve economic stability for themselves and their children.	25% increase in referrals of non-custodial parents engaged in child support services to employment and training services.	During SFY24, DPHHS designed a pilot project to increase referrals of non-custodial parents engaged in child support services to employment and training services. The Department will launch the pilot project in January 2025. DPHHS established baseline data and will further report on performance in its SFY25 Annual Performance Report.
	Increase access to quality childcare for working families.	5% increase in the number of licensed childcare providers participating in the Best Beginnings Scholarship program.	The initial measure of participation in the Best Beginnings Scholarship program was identified as flawed during this performance period because DPHHS was unable to control the outcome through previous contractual agreements. DPHHS has now secured a vendor that is incentivized to help providers accept more Best Beginning Scholarships moving forward. This measure was modified for inclusion in DPHHS's SFY2025 Annual Plan to reflect the number of providers participating in the Montana Quality Ratings System. DPHHS established baseline data for this new measure and will further report on performance in its SFY25 Annual Performance Report.

SFY24 Annual Performance Report (cont.)

Strategy	Initiative	Measure	Outcome
Drive Independence and Accountability through Public Assistance Programs	Increase opportunities for older youth in foster care to obtain skills necessary for economic stability as adults.	50% increase in the number of foster youths aged 14 and older participating in vocational rehabilitation services.	DPHHS achieved a 109% increase in the number of foster youths aged 14 and older participating in vocational rehabilitation services at the end of SFY24.

SFY24 Annual Performance Report (cont.)

Strategy	Initiative	Measure	Outcome
Increase Data Literacy and Analytics Capacity for Performance Measurement and Decision-making	Establish and integrate an Office of Research and Data Analytics (ORDA) to catalyze the strategic use of data and analytics, including resource allocation, program evaluation, performance measurement, and operational decision-making.	Complete data assets inventory and implement ongoing maintenance. o 100% of data cataloged by the end of SFY24. o 50% of data elements assessed and documented by population/customer, program impact, limitation, and gap by end of SFY24.	DPHHS achieved 100% of Medicaid data cataloged and 50% of data elements assessed and documented by population/customer, program impact, limitation, and gap by the end of SFY24.
		Complete data methodology design. o 100% completion of detailed project timeline encompassing key milestones from the initial data collection phase to the final stages of analysis and reporting by the end of SFY24. o 100% completion of data methodology design, including management tools and data analysis standards, by the end of SFY24.	After hiring a Chief Analytics Officer and a Chief Data Officer, DPHHS determined that this measure was no longer relevant and instead developed detailed research agendas in coordination with department programs. DPHHS intends to launch several associated research projects in SFY25.

SFY24 Annual Performance Report (cont.)

Strategy	Initiative	Measure	Outcome
Increase Data Literacy and Analytics Capacity for Performance Measurement and Decision-making	Establish and integrate an Office of Research and Data Analytics (ORDA) to catalyze the strategic use of data and analytics, including resource allocation, program evaluation, performance measurement, and operational decision-making.	Develop data use strategy (i.e., development of a data collection and utilization plan). o 100% identification of measures of key performance indicators by the end of SFY24.	DPHHS successfully established an Office of Research and Data Analytics and initiated development of a data use strategy in SFY24. DPHHS strives to complete a data use strategy (i.e., development of a data collection and utilization plan) by the end of SFY25 and will report on its progress in the SFY25 Annual Performance Report.
		Develop use case modeling for metrics and outcomes related to self-sufficiency/independence and population health. o Implement at least 4 use cases with outcome measures for success (at least 2 for self-sufficiency/independence and 2 for population health) by end of SFY24.	DPHHS successfully established an Office of Research and Data Analytics in SFY24 and will further report on the implementation of at least four use cases for self-sufficiency/independence and population health in its SFY2025 Annual Performance Report.

SFY24 Annual Performance Report (cont.)

Strategy	Initiative	Measure	Outcome
Increase Data Literacy and Analytics Capacity for Performance Measurement and Decision-making	Establish and integrate an Office of Research and Data Analytics (ORDA) to catalyze the strategic use of data and analytics, including resource allocation, program evaluation, performance measurement, and operational decision-making.	Hold at least 2 meetings of a new Data Governance Committee by the end of SFY24.	With the recent hire of a Chief Data Officer, DPHHS is actively organizing its Data Governance Committee for launch in the second half of SFY25.

SFY25 Annual Plan

Strategy	Initiative	Measure
Strengthen and Stabilize Montana's Health Care Delivery System	Implement Near-Term Initiatives (NTI) authorized by the Behavioral Health System for Future Generations (BHSFG).	Expend 50% of approved NTI funding (see each NTI for initiative-specific measures).
		Reduce wait times for completion of Court Ordered Evaluations (COEs) by 15%.
	Increase in-state access to residential services for individuals with complex service needs.	Reduce out-of-state placement of children with complex needs by 5%.
		Increase access to BH, primary care, and DD services by 5%.
		Increase Montana's residential services capacity by 10%.
	Implement programs that strengthen Montana's behavioral health and developmental disabilities workforce.	Increase completion of DPHHS-sponsored training initiatives available to the behavioral health and developmental disabilities workforce by 25%.
	Develop a singular value-based payment model to reward healthcare providers for positive patient outcomes.	Establish two value-based metrics for use in the Medicaid Primary Care Delivery Model.
	Continue establishment of a pathway to U.S. Centers for Medicare and Medicaid Services (CMS) recertification of MSH.	Complete at least 50% of HB 5 capital improvement projects for CMS recertification of MSH.
		Implement 100% of required CMS recertification reforms at MSH.
	Fully operationalize and staff the new Health Care Facilities Practice, as well as recruit and retain permanent state-run health care facility administrators.	Fully staff the Health Care Facilities Practice leadership team by filling 100% of authorized FTE positions.
	Continuously address HFD direct care vacancies, including through the implementation of recruitment and retention strategies and a renewed emphasis on appropriate contract staff utilization.	Reduce traveler costs by 5% for HFD and increase state HFD FTE by 5%.

SFY25 Annual Plan (cont.)

Strategy	Initiative	Measure
Drive Independence & Accountability through Public Assistance Programs	Improve and streamline methods used by public assistance clients to engage with DPHHS.	Reduce Public Assistance Helpline (PAHL) wait times by 25% through the implementation of further reforms.
	Help public assistance clients achieve independence, including by continuing to improve access to and increase utilization of Employment and Training (E&T) services provided through the Supplemental Nutrition and Assistance Program (SNAP) and the Temporary Assistance for Needy Families (TANF) Pathways program.	Increase SNAP E&T participants statewide by 15%.
		Increase TANF Pathways participants exiting the TANF program due to employment by 25%.
	Increase opportunities for non-custodial parents engaged in child support services to improve their economic stability.	Increase referrals of non-custodial parents engaged in child support services to E&T services by 25%.
	Expand access to quality child care for working families, including through the implementation of performance-based resource and referral contracts.	Improve access to quality childcare by enrolling 25% of licensed/registered providers in Montana's Quality Rating System.
	Increase opportunities for older youth in foster care to obtain skills necessary for economic stability and independence as adults.	Increase measurable skill growth for foster youth engaging in vocational rehabilitation services for 25% of all participants.

SFY25 Annual Plan (cont.)

Strategy	Initiative	Measure
Increase Data Literacy and Analytics Capacity for Performance Measurement and Decision-making	Further establish DPHHS's data analytics and data management infrastructure, including staffing relevant and newly created teams.	Fully staff the Office of Research and Data Analysis (ORDA) by filling 100% of authorized FTE positions.
	Better leverage validated data as a strategic asset that can be easily accessed and meaningfully used by programs.	Inventory and catalog 75% of Human Services and Public Health and Community Affairs data assets through enterprise solution.
		Develop DPHHS's first research agenda design.
	Steward data effectively and ethically throughout its lifecycle to improve program performance measurement and DPHHS-wide operational decision-making.	Develop use case modeling for metrics and outcomes related to client self-sufficiency/independence and population health.
		100% completion of data use strategy 1.0 (i.e., development of a data collection and utilization plan) to be reviewed annually thereafter.

***To fulfill statutory requirements, the DPHHS HB 190 Annual Performance Report associated with the SFY24 Annual Plan will be presented at the 12/16/24 IBC Section B meeting.**

HB 872: Behavioral Health System for Future Generations (BHSFG) Update

Chair Bob Keenan

Charlie Brereton, DPHHS Director

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

HB 872: Behavioral Health System for Future Generations Update

Commission Milestones

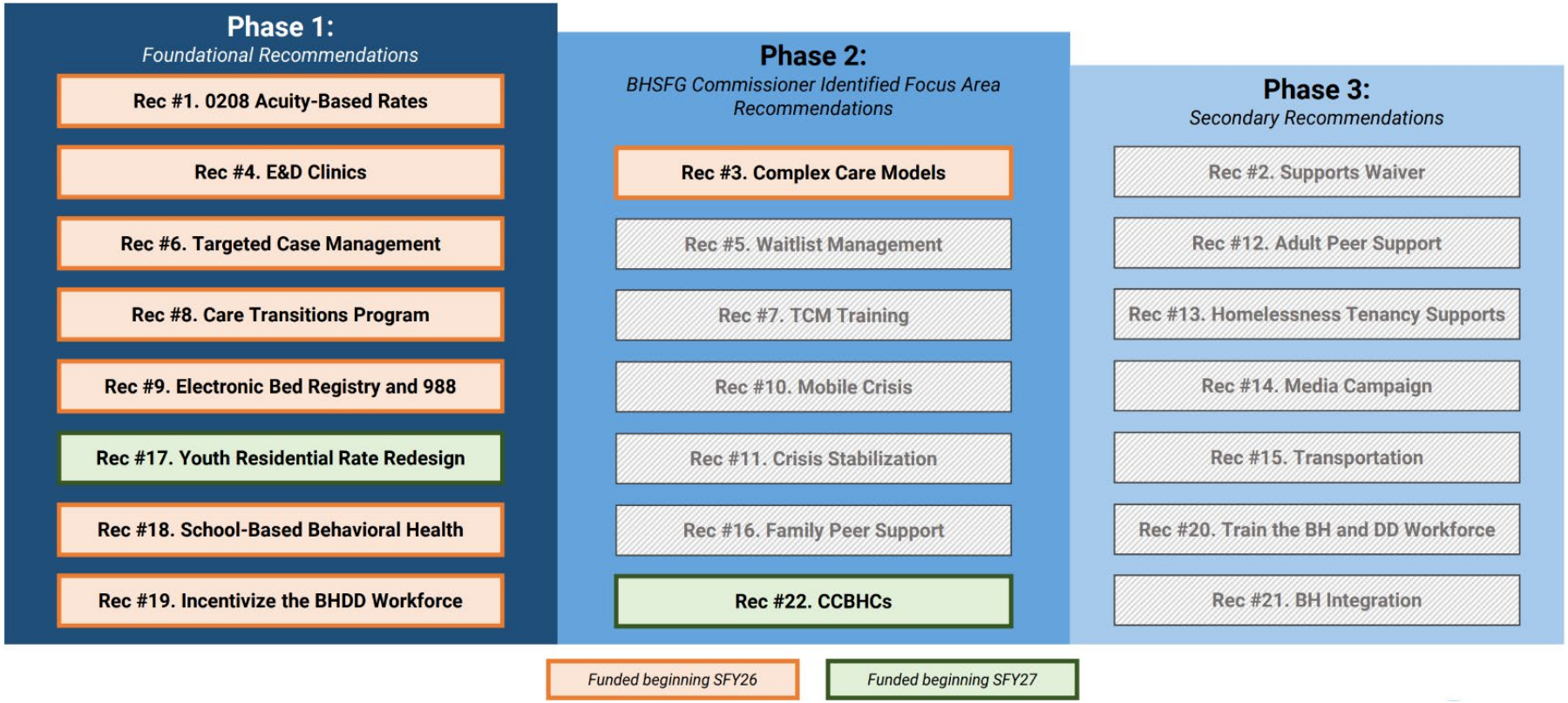
Recent	
September 30, 2024	Commission submitted BHSFG report to Governor Gianforte.
November 15, 2024	Governor Gianforte's Path to Security and Prosperity Budget fully funds all Phase One (foundational) and two Phase Two recommendations contained in the Commission's final report.

Recent Commission Meetings

- Thursday, October 24, 2024
- Friday, December 6, 2024

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

The 2027 Biennium Executive Budget includes funding for all eight Phase 1 Recommendations advanced by the Commission and two Phase 2 recommendations

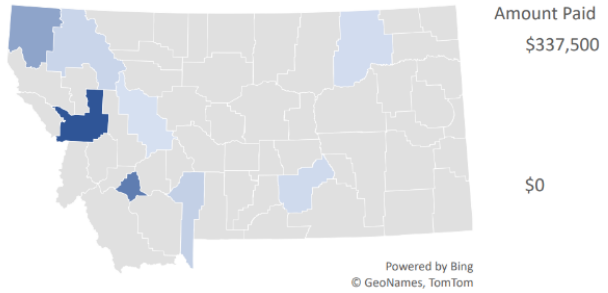


HB 872: Behavioral Health System for Future Generations Update (cont.)

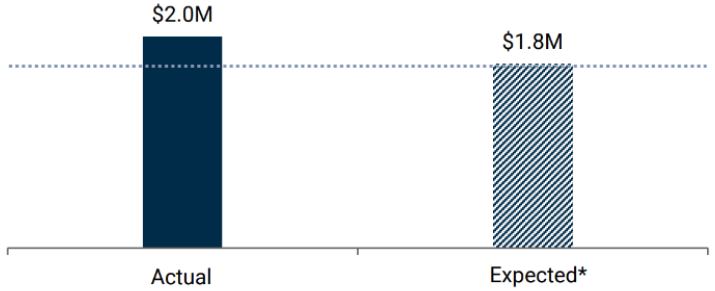
NTI	Launch Date	Funding	Description
Court Ordered Evaluations (COEs)	3/8/24	$7.5M	Expand access to community-based COE and/or stabilization services
Residential Bed Capacity	2/5/24	$15.8M	Increase bed capacity of residential services providers
Crisis Response	5/31/24	$7.5M	Fund existing MCR providers and expand crisis receiving and stabilization services
Crisis Curriculum	8/1/24	$500K	Expand access to crisis response training/curriculum through university partner
DD Workforce	4/19/24	$600K	Support DD health care workforce training and help DSPs obtain certification
Family Peer Supports	7/31/24	$700K	Expand access to Family Peer Support services
Fair Market Rent (FMR)	9/13/24	$1M	Reassess Fair Market Rent values across Montana
Naloxone/Fentanyl Test Strips	TBD	$400K	Increase access to naloxone and fentanyl test strips
OT and PA Workforce Programs	11/8/24	$4M	Fund Montana college costs associated with launching OT and PA programs
Tribal and UIOs	8/30/24	$6.5M	Increase capacity to meet the tailored BH and DD needs of tribal populations
Local Innovations	TBD	2.5M	Fund rural and frontier local governments to pilot new behavioral health programs

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

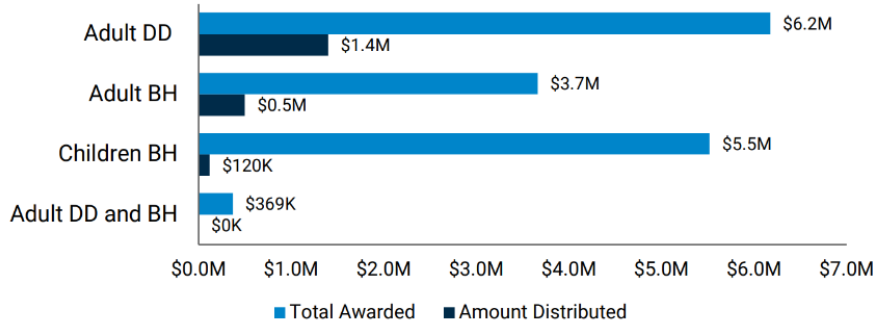
Residential Grants Distributions by County



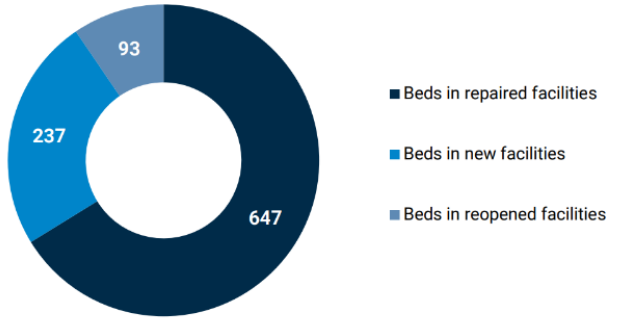
First Two Months of Grant Distribution – Actual vs. Expected



Total Awarded vs. Amount Distributed by Population Served



Breakdown of Projected Residential Bed Capacity

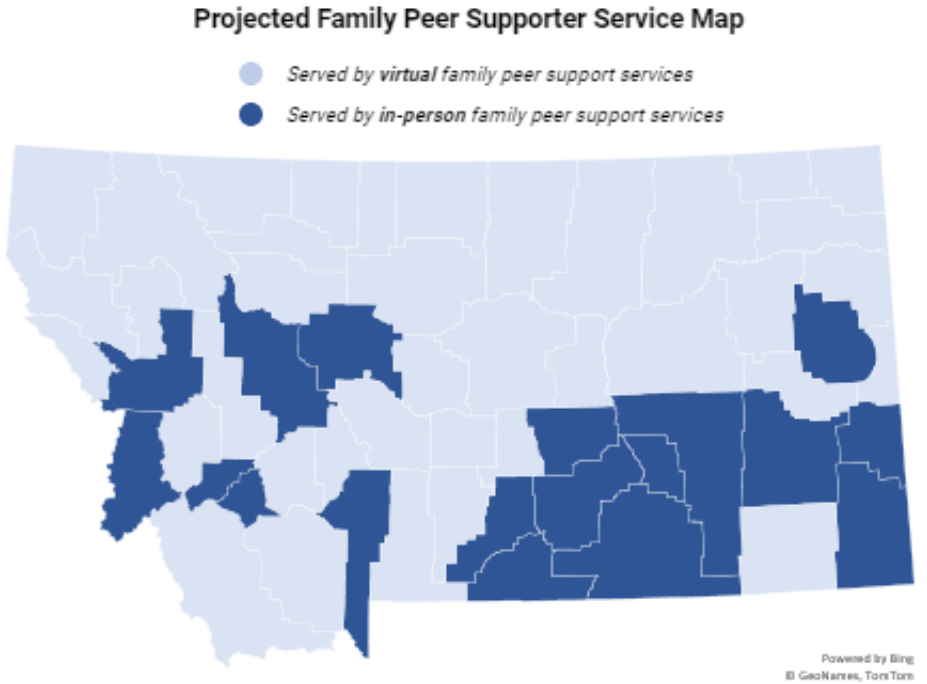


** The $15.6M in total grant funding must be spent by awardees over an 18-month period with an average monthly distribution of $867K. Monthly distributions will vary.*

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

NTI Recent Highlights

- The department launched the grant application for the **Funding to Launch Occupational Therapy Doctorate (OTD) and Physician Assistant (PA) Programs** NTI. It will provide $4M to cover start-up costs for Montana-based institutions of higher education to launch OTD and PA programs, addressing critical workforce shortages.
- The department reviewed, selected, and notified awardees for the **Support for Tribes and Urban Indian Health Organizations** NTI. Each Tribe and UIO across Montana will receive up to $500K to expand or improve a BH solution tailored to meet community needs.
- The department also selected awardees to participate in the **Family Peer Support Pilot Program** NTI, which will provide $700K to hire family peer supporters to help families of children with behavioral health needs across the state. The map shows the projected service area of these peer supporters.



Conclusion

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES