

# **PRESENTATION TO THE 2025 HEALTH AND HUMAN SERVICES JOINT APPROPRIATIONS SUBCOMMITTEE**

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## **DIRECTOR'S OFFICE**



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## OVERVIEW

The Director's Office (DO) provides leadership to, and management and oversight of, the Department of Public Health and Human Services (DPHHS), to ensure an integrated, strategic, and transformative approach to serving Montanans in their communities to improve health, safety, well-being, and empower independence.

Compared to many other state health and human services (HHS) structures, Montana is unique. At DPHHS, essential HHS functions rest within one state agency. This allows for greater cross-collaboration, innovation, and outcomes for those DPHHS serves.

The DPHHS Executive Leadership Team is comprised of leaders who oversee the major organizational sections of the department. The department director provides leadership, guidance, and direction to this team.

The director, [in partnership with his executive leadership team](#), is responsible for ensuring the provision of critical state and federal assistance programs across Montana. The director's Executive Leadership Team is comprised of a deputy director, Human Services executive director, Medicaid and Health Services executive director, Public Health and Community Affairs (PHCA) executive director, Health Care Facilities executive director, chief financial and operating officer, chief legal counsel, chief information officer, chief human resources officer, and state medical officer.

The DO is further supported by the offices of Budget and Finance, Legal Affairs, Human Resources, Communications, Strategy and Transformation, Research and Performance Analysis, Faith and Community Based Services (OFCBS), and American Indian Health.

Of DPHHS's 12 divisions, 10 are housed within its four core practices: Human Services, Medicaid and Health Services, Public Health and Community Affairs, and Health Care Facilities; the remaining two divisions exist within the DO.

## SUMMARY OF MAJOR FUNCTIONS

The DO includes 79.25 Positions Budgeted (PB) for FY 2025 that help support and provide leadership to the nearly 3,000 agency employees statewide by providing oversight of DPHHS divisions and programs.

DPHHS maintains a strong statewide presence, including its Helena-based headquarters, 24 Child and Family Services Division offices structured into six service regions, 19 Offices of Public Assistance, nine Disability Employment and Transition Division field offices, 10 Developmental Disabilities Program offices, and five Child Support Services Division regional offices that serve the entire state.

DPHHS also has seven health care facilities that serve Montanans living with mental illness, developmental disabilities, aging-related health conditions, and/or substance use disorders.

To improve efficiencies and overall operations, the DO has led several major organizational restructuring initiatives, including the creation of the Health Care Facilities Practice to allow for more focus and centralized support to specialized facilities, as well as the creation of the Public Health and Community Affairs Practice.

## **DEPUTY DIRECTOR**

The Deputy Director is responsible for direct supervision of the OST and the Office of Human Resources and works alongside the Director to provide policy, operations, and management support across the department.

## **OFFICE OF LEGAL AFFAIRS**

OLA is led by DPHHS's Chief Legal Counsel and serves as the legal team for the department by providing advice to and representing the department and all its components on a wide range of critical issues. OLA supports the development and implementation of the department's programs by providing quality legal services that include: developing and negotiating contracts and other agreements; participating in beneficiary and provider hearings; representing the department in litigation, negotiations and settlements; drafting or reviewing administrative rules, legislation, guidance, and policies and procedures; reviewing documents; providing internal and public-facing trainings; advising on compliance with state and federal laws and regulations; and assisting with policy development.

OLA plays a key role in the department's Regulatory Reform Initiative (RRI). In addition, OLA is playing a significant role in supporting the department's efforts to modernize department-operated health care facilities in addressing issues relating to forensic or involuntary civil commitments of individuals with significant mental health issues to the department's care, and in developing and implementing the Behavioral Health System for Future Generations (BHSFG) initiatives, which are focused on enhancing the continuum of care.

## **OFFICE OF HUMAN RESOURCES**

OHR is led by DPHHS's Chief Human Resources Officer and is comprised of human resources, payroll, and safety professionals who serve the department's approximately 2,900 employees across the state of Montana. OHR develops the overall direction and utilization of human resources and related functional areas for the department. Agency strategies and objectives for staffing, workforce planning and development, pay administration, labor relations, occupational health and safety, and HR risk management are guided and directed by the OHR through executive consultation and leadership to the department.

## STATE MEDICAL OFFICER

The state medical officer advises on statewide public health policy, program planning, and administration; provides medical direction and oversight to department and division programs to prevent and control disease, mitigate disease outbreaks, and promote healthy behavior; and provides oversight for epidemiology and surveillance of public health-related issues.

## OFFICE OF COMMUNICATIONS

The Communications Office (CO) is led by the communications director with assistance from a communications officer, a communications specialist, and two web developers. The CO coordinates media inquiry responses, writes and issues news releases, organizes press events, oversees department media campaigns and social media, prepares fact sheets and FAQs related to agency initiatives, manages public records requests with OLA and the state's Office of Public Information Requests, oversees the DPHHS website, and assists with legislator, constituent, and stakeholder inquiries.

## OFFICE OF AMERICAN INDIAN HEALTH

The OAIH director, assisted by an American Indian programs and operating officer and an American Indian child and family specialist, serves to connect people and cultures across the state, translating concepts of health and informing how to best work with Montana's tribal governments and Urban Indian Organizations (UIOs) to create better health outcomes for all Montanans. The office provides diplomatic and cultural insight to DPHHS, helping tailor effective and respectful outreach to American Indian communities. The office also provides a voice for indigenous perspective and knowledge within DPHHS, broadening ideas and approaches for improving tribal health outcomes. By tying the data DPHHS gathers with indigenous practice and knowledge, the OAIH serves as a bridge between DPHHS programming and the tribal population of Montana.

## OFFICE OF ADMINISTRATIVE HEARINGS

OAH conducts impartial hearings whenever a party chooses to exercise their hearing rights pursuant to the rules and statutes governing the programs administered by DPHHS. OAH receives over 4,000 hearing requests annually, which, unless otherwise specified, are conducted in accordance with the Montana Administrative Procedure Act. OAH resolves cases concerning a wide variety of topics, including: eligibility for public assistance programs; licensing and certification of entities, such as child care and health care facilities; decisions related to establishment and enforcement of child support; ability to pay for care at state facilities; provider reimbursements for services; denial of admission to or discharge from state facilities and long-term care facilities; substantiation of child abuse and neglect; and eligibility for vocational rehabilitation services.

OAH provides neutral administrative hearings for individuals and entities aggrieved by adverse actions of DPHHS, such as benefit determinations, as well as overseeing the child support hearing apparatus to assist district court judges in setting child support amounts. Additionally, OAH provides other neutral administrative hearings as required by federal law, including between Montana's long-term care providers and their residents over discharges for cause.

## REFUGEE RESETTLEMENT PROGRAM

The state refugee coordinator oversees Montana's Refugee Resettlement program to ensure federal funds are correctly allocated and spent, as well as ensuring refugees receive necessary services in a timely manner.

The Refugee Resettlement Program must adhere to strict federal regulations and guidelines from the U.S. Office of Refugee Resettlement, U.S. Department of State, U.S. Department of Homeland Security, U.S. Citizenship and Immigration Services, and the Centers for Disease Control and Prevention. The program also develops and administers statewide refugee and refugee health programs in response to state needs, federal grants, and community interest and participation.

## OFFICE OF FAITH AND COMMUNITY BASED SERVICES

The OFCBS coordinator is a conduit between DPHHS and faith and community organizations across Montana, creating a two-way flow of information, resources, and programs to serve the identified health and wellness needs in each community most effectively. Through valuable collaborations, the OFCBS coordinator expands resources and strategies for prevention and intervention to improve health outcomes for all Montanans.

Local community organizations are pivotal in promoting the wide variety of resources and initiatives offered by DPHHS, including support for aging Montanans, suicide prevention, foster parent recruitment, substance use prevention, and more. Faith and community organizations hold the trust of their communities, so they naturally play a fundamental role in sharing information locally. Faith communities often provide support to community members in ways that enhance emotional, financial, social, occupational, physical, intellectual, and environmental health. The OFCBS works to strengthen existing initiatives, establish public-private partnerships, and identify successful models that can be replicated within communities statewide.

## OFFICE OF STRATEGY AND TRANSFORMATION

The OST is comprised of project managers with subject matter expertise in Medicaid, child welfare, and behavioral health. This team is dedicated to advancing the work of all practices within DPHHS and making the department more efficient and effective. OST staff collaborate across divisions within DPHHS to ensure that any new priority projects are fully supported. In the past, this team has worked closely with the Behavioral Health and Developmental Disabilities Division (BHDD) leadership to establish and sustain

projects such as the Healing and Ending Addiction through Recovery and Treatment Initiative (HEART) initiative, the Alternative Settings Project, and the BHSFG Initiative (including its commission). As this office evolves, it will bring the same dedication to innovation and project management to the Director’s Office and divisions across the agency.

## HIGHLIGHTS AND ACCOMPLISHMENTS DURING THE 2025 BIENNIUM

### BEHAVIORAL HEALTH SYSTEM FOR FUTURE GENERATIONS COMMISSION

Over the past biennium, the DO and BHDD staff worked tirelessly with the BHSFG Commission on the historic effort to reform and improve Montana’s behavioral health (BH) and developmental disabilities (DD) service systems.

This work culminated on September 30, 2024 when the commission presented Governor Greg Gianforte with its [final report](#) that includes 22 recommendations. The governor also has approved [11 Near-Term Initiatives \(NTIs\)](#) as recommended by the commission that target specific community needs and are in various stages of implementation.



**Pictured are Commission members and DPHHS staff with Governor Gianforte after presenting the governor with the final BHSFG report.**

Gov. Gianforte’s [Path to Security and Prosperity Budget](#) for the 2027 biennium makes a historic \$100 million investment in state and federal funds.

The budget request fully funds all [eight Phase One and two Phase Two foundational recommendations](#).

These recommendations included in the governor’s budget are considered foundational and necessary to build the infrastructure required by the 12 remaining



recommendations. A total of seven BH and three DD recommendations are included in the budget.

The 22 BHSFG recommendations cover every aspect of the BH and DD continua of care, address the commission's stated priorities, incorporate input from a diverse range of stakeholders, and serve many different populations. Additionally, all recommendations aim to ensure that Montanans can be appropriately served in their communities and avoid unnecessary, preventable institutionalization.

Beginning in July 2023, the commission has hosted 14 public meetings in Missoula, Kalispell, Billings, Havre, Helena, and Great Falls. Each meeting had extensive testimony from community stakeholders, people with lived experience, and subject matter experts.

In 2023, Gov. Gianforte signed into law House Bill (HB) 872, sponsored by Rep. Bob Keenan (R-Bigfork), to establish the BHSFG Commission.

## HEART INITIATIVE

Authorized by the 2021 Legislature through HB 701, the HEART Initiative continues to expand the range of behavioral health services available to Montanans and to fill gaps in the continuum of care.

Several milestones have been achieved over the past biennium.

In the [HEART annual report](#) published in September 2024, DPHHS reported that newly available Medicaid and grant services under the HEART Initiative served a combined total of 5,092 Montanans in SFY 24. A total of 1,612 Montanans received substance use disorder (SUD) treatment through newly added HEART Medicaid services. Additionally, 2,665 Montanans in jail were able to access behavioral health treatment services through HEART grants.

When HEART was first launched in 2021, DPHHS began the arduous path of gaining Centers for Medicare and Medicaid Services (CMS) approval for several Medicaid waivers.

The first HEART waiver, approved in July 2022, allows more considerable licensed substance use disorder (SUD) treatment providers to receive Medicaid reimbursement for short-term acute inpatient and residential stays at facilities that meet the definition of an institution for mental disease (IMD). Since then, 2,221 Montanans have been able to access this level of SUD treatment.

Then, in February 2024, DPHHS gained CMS approval for three new Medicaid-funded services. The services will help Montanans struggling with addiction and mental health conditions find and keep stable housing, provide incentives to those meeting treatment

goals, and provide services to incarcerated individuals in the 30 days before their release from the state prison system. The new services, referred to as Tenancy Supports, Contingency Management, and Justice-Involved Reentry Services, were allocated through the federal 1115 waiver as approved by CMS. All three services are in various stages of development.

Other HEART service areas include an emphasis on crisis services, substance use disorder treatment, tribal grants, jail grants, and suicide prevention.

## PROCUREMENT AND CONTRACTING REFORM

DPHHS overhauled and reformed longstanding procurement and contracting business processes. This reform focused on compliance and processing/review speeds, uniform agencywide contract monitoring, standardized contract templates/tables, continuous training and review of policies/procedures, and streamlined contract routing and approval processes.

A total of six workstreams were identified to overhaul the agency's longstanding procurement and contracting business processes.

The targeted reforms included:

- Implementation of a single contract monitoring tool for all programs.
- Review of contract terms to determine if alternative performance periods can provide an even distribution of workload.
- Increased contract monitoring for compliance.
- Standardization of common contract elements to minimize review time.
- Enhanced self-service and training resources.

## DRIVING INDEPENDENCE AND ACCOUNTABILITY IN PUBLIC ASSISTANCE PROGRAMS

One of DPHHS's priority strategic initiatives is to 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.

A decision was made to procure a single statewide vendor for both programs through a novel pay-for-performance contract, which incentivizes outcomes and allows for comparable levels of service no matter where a client lives.

Pathways requires many participants to meet E&T requirements.

The SNAP Employment and Training (SNAP E&T) program helps SNAP participants enhance skills, training, or work experience to obtain regular employment that leads to economic self-sufficiency.

The new employment and training vendor will ensure the delivery of statewide services through 20 service locations. The vendor will continue to expand SNAP E&T services by aligning the necessary funding with intentional expansion into additional counties.

## IMPROVING OUTCOMES FOR YOUTH IN FOSTER CARE

DPHHS has worked to develop a streamlined referral process for foster youth and parents who may benefit from vocational rehabilitation (VR).

This effort has met and surpassed the initial goal of increasing enrollment of foster children into VR Pre-Employment Transition Services by 50%. To date, enrollment has increased by 109%.

This partnership enhances foster youth's community integration, connectivity, and self-reliance opportunities. The consistent presence and connection with VR staff help foster youth receive uninterrupted services as they prepare for and enter the adult workforce.

## HISTORIC INVESTMENTS IN IT SYSTEMS (HOUSE BILL 10)

The 2023 legislature authorized historic investments in DPHHS information technology (IT) systems, many of which are considered legacy and past their lifecycle. Over the past biennium, the DO has provided leadership and guidance to replace old, costly, and antiquated IT systems. Once fully implemented, these systems will positively impact the DPHHS's ability to improve overall service delivery to Montanans.

The design, development, and implementation of these new IT systems are in various phases. They primarily relate to child support, child welfare, electronic health records and billing at state-run health care facilities, and electronic benefit transfers.

## HEALTH CARE FACILITIES PRACTICE MANAGEMENT AND REFORM

The Health Care Facilities Practice oversees seven facilities across Montana, each serving populations with unique needs and challenges. Over the biennium, the DO has remained intimately involved in managing and reforming DPHHS's state-run health care facilities.

One key hire was Kevin Flanigan, MD, MBA, who has taken on the role of chief executive officer at Montana State Hospital (MSH). Dr. Flanigan brings nearly 25 years of health care management and leadership working within large health systems, small hospitals, statewide organizations, and state government agencies to develop innovative

solutions to complex challenges. He also has vast experience as a physician treating patients of all ages, with a focus on serving rural communities and populations.

MSH also filled other vital management positions in recent months, including the chief medical officer, director of nursing, assistant director of nursing, quality improvement manager, director of social services, and maintenance manager.

In addition to MSH, six other state-run health care facilities now have permanent (non-interim) administrators at the helm. The DO also ended its approx. 2.5-year facilities management and reform agreement with Alvarez & Marsal in December 2024 and has successfully shifted related workstreams to state staff.

### **Montana State Hospital Grasslands**

In November 2024, 18 patients were transitioned from the main hospital to DPHHS's new MSH Grasslands facility. Patients will reside at this location while MSH is upgraded.

DPHHS leased the facility from Shodair Children's Hospital for 12 months, with two six-month extension options. The lease includes the building, utilities, external security, access control management, land maintenance, and parking.



**The Montana State Hospital Grasslands facility is located on the Shodair Children's Hospital campus in Helena.**

Staffing at MSH Grasslands is provided by a combination of MSH state PB 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.

### **Hiring Incentive Program, Advertising Campaign**

In January 2024, the DO implemented one-time incentive payments and targeted, historic wage increases to recruit and retain employees at Montana's state-run health care facilities, in part to reduce reliance on contracted clinical staff. DPHHS simultaneously launched a statewide advertising and media campaign. The website [Work4DPHHS.com](http://Work4DPHHS.com) launched on Jan. 19, 2024.

This initiative demonstrates DPHHS’s continued strong commitment to reforming and investing in the facilities that serve Montana’s most vulnerable patients.

The initiative also included a Hiring Incentive Program for direct patient care positions at five (non-contracted) state-run health care facilities, as well bonuses and wage reform at two facilities for existing staff working in positions with the highest vacancy rates.

DPHHS continues to issue \$7,500 incentive payments to external candidates hired into several targeted clinical positions staffed primarily through contractors. Incentive payments will be made to successful candidates at the six–and 12-month marks of continuous employment.

The pay adjustments for existing staff were adopted following successful discussions with the unions.

The positions include registered nurses, certified nurse aides (CNAs), direct support professionals, psychiatric technicians, and forensic mental health technicians.



At MSH, the vacancy rate for psychiatric technicians has steadily decreased from a peak of 31% in February 2024 to below 15% since May 2024.

In addition, the vacancy rate among CNAs at the Montana Veterans Home (MVH) has decreased from 44% in January 2024 to a low of 27% in October 2024.

With support from its union partners and to address positions experiencing the highest vacancy rates, DPHHS also provided retention bonuses and historic hourly wage increases for registered nurses, licensed practical nurses, psychiatric technicians, forensic mental health technicians, and direct support professionals currently employed at MSH and the Intensive Behavior Center (IBC). These employees received a \$7,500, one-time-only retention bonus through savings that resulted from less reliance on contracted staff.

## **MEDICAID REDETERMINATION**

The DO provided guidance and leadership for a 10-month Medicaid redetermination process that impacted nearly 330K Montanans because of the end of the federal COVID-19 Public Health Emergency (PHE). The PHE was a significant event during

which most rules governing ongoing Medicaid eligibility were suspended. As of December 2024, all PHE-related “unwind” work has been completed.

Individuals determined to be eligible for Medicaid from March 2020 through the end of the PHE were given a continuous enrollment condition as a condition for receiving enhanced federal financial participation in the program. This means that individuals already enrolled in March 2020 and those who applied later and were found eligible were not disenrolled from Medicaid during the PHE with very few exceptions. DPHHS elected to begin the unwinding activities in April 2023. Over the last 18 months, Offices of Public Assistance (OPAs) have processed 440,773 renewals and applications.

As of the issuance of this report, DPHHS has not observed a meaningful increase in re-enrollment following the conclusion of the redetermination process. DPHHS views this as a signal that individuals whom Medicaid previously covered were no longer eligible for the program, due, in part, to the historically low unemployment rates and high wages Montanans are experiencing under Gov. Gianforte’s leadership. As of the issuance of this report, Medicaid enrollment is also below pre-pandemic levels.

## STRENGTHENING ACCESS TO PUBLIC ASSISTANCE SERVICES

Throughout the Medicaid redetermination process and despite proactive preparation, the DO observed significant stress on the eligibility processes for all public assistance programs.

Montana has an integrated eligibility model, meaning public assistance applications and redeterminations for all programs are processed simultaneously. Under typical operating processes, this model allows for a more streamlined experience for clients.

In response to the increase in client interactions, the DO provided guidance and approval for various efforts to improve access to services. These efforts included shifting staffing to be more responsive to both office and phone entry points, providing contracted Tier 1 service on the Public Assistance Help Line (PAHL), using specialized staff to address more complicated cases, and doing outreach about program rules and coverage options.

Ongoing work includes creating a queued callback feature for the PAHL and managing incoming PHAL calls statewide.

## IMPLEMENTATION OF HISTORIC PROVIDER RATE ADJUSTMENTS

In 2022, DPHHS contracted with Guidehouse to complete an extensive Provider Rate Study across adult behavioral health, children’s behavioral health, intellectual and developmental disabilities, and senior and long-term Medicaid services. This study enabled the department to provide statistically valid cost data for the 2023 legislature to consider when assessing rates for these provider groups.

Following the 2023 legislative session, Gov. Gianforte signed HB 2 into law, which contained \$339 million in rate increases for all Medicaid providers over the past two years.

Non-studied rates increased by 4% in SFY 2024 and by 4% again in SFY 2025.

Rates that were included in the Guidehouse rate study received an increase, on average, of 17% in SFY 2024 and an additional increase, on average, of 7% in SFY 2025, bringing all studied rates up to the Guidehouse benchmark rate effective July 1, 2024.

## **BUILDING DATA, ANALYTICS, AND RESEARCH CAPACITY**

Over the past biennium, DPHHS launched a data and analytics transformation that involves three new agency offices, including the Office of Research and Data Analytics (ORDA), the Data Management Office (DMO), and the OST.

All three offices provide essential functions to the overall effort. ORDA identifies embedded patterns used to improve services and family outcomes; the DMO provides centralized data services for the agency and oversees data governance, ensuring consistency in policies and procedures. The DMO promotes access to relevant, readily available data to support data-driven initiatives, statistical analysis, and performance management; and the OST combines project management with analytics to operationalize new information derived from research and analysis.

One of the primary goals of this new effort is to use data to make data-informed decisions and to positively impact the decision-making process, with the ultimate goal of improving DPHHS's service delivery system.

For example, data will be used in the Human Services Practice to determine service effectiveness by providing feedback to service providers, matching individuals to services, determining if services are aligned with family needs, and driving pay-for-performance.

In addition, DPHHS will be working to incorporate predictive modeling, and answering the question of whether services can be provided earlier to prevent more costly, adverse outcomes and avoidable dependency on government services.

## **REGULATORY REFORM INITIATIVE (RED TAPE RELIEF)**

DPHHS's Regulatory Reform Initiative (RRI) is the department's implementation of Gov. Gianforte's executive order that launched the Red Tape Relief project across all state agencies.

This project called for a comprehensive review and reform of regulations in all state agencies, including the identification of excessive, outdated, and unnecessary regulations, removal of burdensome regulations, and repealing or amending regulations that disproportionately impact small businesses or unduly infringe on the liberty interests of individuals or organizations.

In January 2021, DPHHS commenced its RRI work. Since then, DPHHS has worked to amend, repeal, or improve nearly 1,000 administrative rules.

All components of DPHHS contributed to and are continuing to contribute to the RRI. They repealed or amended outdated rules, imposed undue or excessive burdens on those required to comply with them, or lacked regulatory clarity. Where the legislature required DPHHS to regulate, they adopted rules that provided clear requirements or minimized regulatory burden, consistent with statutory direction.

During the COVID-19 PHE, DPHHS waived or otherwise exercised flexibility on numerous regulatory requirements, including Medicaid requirements for provider reimbursement, consistent with RRI principles. Under the RRI, when the PHE ended, DPHHS was able to retain many such flexibilities and reduce the regulatory burden. Other areas of regulatory reform include health care facilities, assisted living facilities, foster care, and child care licensing. DPHHS also adopted regulations for public participation in departmental activities.

DPHHS's RRI work extends beyond rulemaking to legislative proposals. Most of the DPHHS legislative proposals for the 2025 legislative session include provisions providing for regulatory relief. For example, DPHHS proposes that the legislature completely revamp and update the automatic external defibrillator (AED) program laws, revise AED use requirements, and eliminate DPHHS regulatory oversight.

## IMPLEMENTATION OF SUMMER EBT

By working together, the DO, agency staff, and the Office of Public Instruction (OPI) delivered the Summer Electronic Benefit Transfer (SEBT) program to qualified families in 2024 and 2025. The October 2024 issuance provided over \$9 million in benefits to approximately 46,000 households, including over 76,000 children.

Families who qualified received \$120 per eligible child and information on how their benefits can be utilized. Benefits paid to families are 100% federally funded, and state costs for the technology system and staff to manage the program receive a 50% cost match by the USDA Food and Nutrition Service.

## IMPLEMENTATION OF MEDICAID COVERAGE FOR POSTPARTUM MOTHERS

A DPHHS priority during the 2023 Montana Legislative Session was to provide 12-month coverage to postpartum women. During this session, HB 2 was passed and signed into law. This bill appropriated funds to extend Medicaid and Healthy Montana Kids/CHIP



coverage to postpartum women from the standard 60 days to a full 12 months after the conclusion of pregnancy.

During SFY24, 965 members received extended coverage, with 840 accessing services and over \$1,680,000 in claims paid. Top services include prescription drugs, dental, and behavioral health services.

## OFFICE OF AMERICAN INDIAN HEALTH COLLABORATIONS

Over the past biennium, the OAIH led numerous collaborations across the agency and with tribes.

The OAIH played an integral role in organizing the BHSFG June 2024 meeting held in Great Falls with tribal and UIOs. This was one of several statewide BHSFG meetings to inform the final BHSFG recommendations and NTIs. The meeting was held to discuss current BH and DD challenges facing tribal nations and identify possible solutions. The OAIH worked diligently behind the scenes to ensure all tribes and UIOs were represented.



**BHSFG Commission members with tribal and UIO representatives during the March meeting in Great Falls.**

In July 2024, due to this collaboration, a total of \$6.5 million in one-time grants was awarded to tribal nations and UIOs to support and improve BH services provided in Native American communities. The funding is being used to improve, repair, or expand existing behavioral health facilities, support mobile crisis response teams, and cover transportation expenses to facilities that serve individuals with behavioral health needs in a culturally relevant manner.

In September 2024, the OAIH hosted a one-day Indian Health Service/Tribal/Urban Indian Health 101 educational opportunity. This was an opportunity to hear presentations from **Bryce Redgrave**, Director of Rocky Mountain Region Indian Health Service; Joel Rosette, CEO of Rocky Boy Health Center; and Todd Wilson, Executive Director of Helena Indian Alliance. The information presented directly correlates with

DPHHS's daily work with tribes. Meeting participants included DPHHS leadership across the agency, who attended both in person and virtually.

The OAIH also played an integral role in the launch of Caring for Indigenous Montanans, an MT Tribal Health training series. This year-long effort was through a partnership between the Montana Office of Rural Health (MORH) Area Health Education Center (AHEC), the Montana Tribal Governments, and the OAIH. This was created as a training series with each tribe to increase knowledge and awareness about culturally appropriate care.

## OFFICE OF FAITH AND COMMUNITY BASED SERVICES WORK

The OFCBS connects department programs, resources, trainings, and services to faith and community organizations. Through developing a monthly newsletter, website, regional summits, virtual monthly sessions, and other initiatives, faith and community



**Lieutenant Governor Kristen Juras, Dir. Brereton, and OFCBS coordinator Rob Lawler at the Helena CFSD office with representatives from various local organizations.**

organizations have a new two-way communication structure with DPHHS.

This position has created opportunities to learn about nonprofit-sponsored programs and replicate them in other communities, including those related to expanding support for adoptive and foster children. The OFCBS coordinator is dedicated to advancing the health

and self-sufficiency of Montanans through public-private partnerships with faith and community organizations.

In addition, Senate Bill 163 was passed during the 2023 Legislative session to establish a volunteer program within DPHHS to support the Child and Family Services Division (CFSD). This rule established a registration portal for volunteers and organizations interested in supporting CFSD. Interested organizations or individuals are encouraged to

register with the OFCBS by visiting the [Child Welfare Volunteer Portal \[ymm0dj30.r.us-west-2.awstrack.me\]](https://ymm0dj30.r.us-west-2.awstrack.me).

In July 2024, the OFCBS partnered with Intrepid Credit Union and Toys for Tots to help bring smiles to the faces of hundreds of children in foster care throughout Montana.

Intrepid Credit Union, with offices in Helena, Bozeman, and Billings, donated 83 large duffel bags, each containing a bear, blanket, coloring book, brushes, and crayons. The OFCBS said the bags will be dispersed to CFSD field offices.

Hasbro, one of America's largest toy companies, donated \$1 million in toys to the Toys for Tots Foundation, including 10,494 toys for CFSD offices. To date, toys have been distributed to the communities of Red Lodge, Lame Deer, Broadus, Baker, Wibaux, Sidney, Savage, Glendive, Butte, Bozeman, Billings, Libby, Polson, Dillin, Saco, Browning, Cut Bank, Missoula, Choteau, Great Falls, Helena, and Fortine.

In July 2023, the CFSD Helena office received 2,000 new children's toys and various furnishings from local community partners to benefit family visitation rooms.

Led by the OFCBS, [Helena Toys for Tots](#), [Buffalo Church](#), [Promise 686](#), and CFSD staff worked together to improve three rooms used for safe parenting time between children in foster care and their parents.

## HONORING MONTANANS

DPHHS recognizes annual celebrations that are aligned with its mission by recognizing Montanans annually for their service to the state and communities where they live. Recognition events held over the past biennium honored individuals who help support Montana's child welfare system, direct support professionals (DSPs), emergency medical services (EMS) personnel, Montana centenarians, and individuals with disabilities.

### **Honoring those who Support the Child Welfare System**

DPHHS annually honors foster parents, child protection workers, youth, and non-profit organizations at the Montana Prevent Child Abuse and Neglect Conference.



**Lieutenant Governor Kristen Juras and Dir. Brereton honor CFSD employees during the 2024 Prevent Child Abuse and Neglect Conference.**

The list of awards includes the Jana Elliott Memorial Resource Parents of the Year, Youth Achievement of the Year, Engaging Families in Positive Change, Resiliency, Creative Solutions, Progressive Leadership, Practice Model Champion, Parent of the Year, Pinwheels for Prevention, and Strengthening Families.

The event brings together foster and adoptive parents, current and former foster youth, Tribal Social Services, law enforcement representatives, teachers, mental health providers, attorneys, and more.

### **Direct Support Professionals**

In August 2023, DPHHS recognized DSPs. DSPs are critical parts of the developmental disabilities program (DDP) system who provide direct care or in-home support, work as personal assistants, or are attendants who work directly with people with intellectual and/or developmental disabilities. DSPs ensure individuals with disabilities have the support they need to live, work, and enjoy life more independently in a community-based setting.

### **Disability Mentoring Week**



**Gov. Gianforte and Dir. Brereton with Helena High Student Layla Riggs during Disability Mentoring Week.**

In October 2024, Dir. Brereton helped celebrate Disability Mentoring Week by welcoming a Helena High School student to the Capitol and DPHHS offices. The event was part of National Disability Employment Awareness Month, with the theme “Access to Good Jobs for All.” The event underscored the State of Montana’s commitment to ensuring that individuals with disabilities have equal opportunities to succeed in their chosen careers.

Approximately 95 students from Alberton, Baker, Belt, Butte, East Helena, Frenchtown,

Great Falls, Helena, Hamilton, Lockwood, Missoula, and Fortine signed up to take part this year.

### **Montana Centenarians**

Montana centenarians, those who turn age 100 or older before the end of each year, are honored annually during the Governor’s Conference on Aging. The annual Governor’s



**Pictured are Billings residents Leonard Dahl, left, and Charles Hucke during the Governor’s Conference on Aging centenarian luncheon.**

Conference on Aging was created in 1968 to offer information and education to our older citizens, their families, and their caregivers. It also allows professionals who serve these Montanans to connect and collaborate with their colleagues. Attendees include older Montanans, persons with disabilities, caregivers, and service providers.

Over 200 people participated in the conference this year.

The 2024 conference covered topics such as aging with assistive technology, fighting back against Parkinson’s disease, navigating guardianship, simplifying legal and financial issues, and protecting against scams.

Over the past two years, the conference was held in Great Falls and Billings.

### **EMS Personnel Honored**

Over the past biennium, DPHHS honored EMS personnel from Anaconda, Big Sky, Bozeman, Ennis, Glendive, Great Falls, Hinsdale, Miles City, Rudyard, White Sulphur Springs, and Whitehall as part of Emergency Medical Services Week and EMS for Children Day.

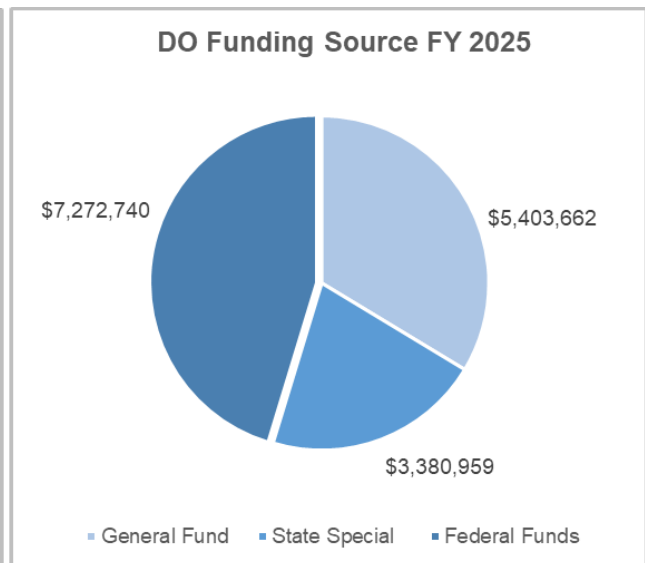
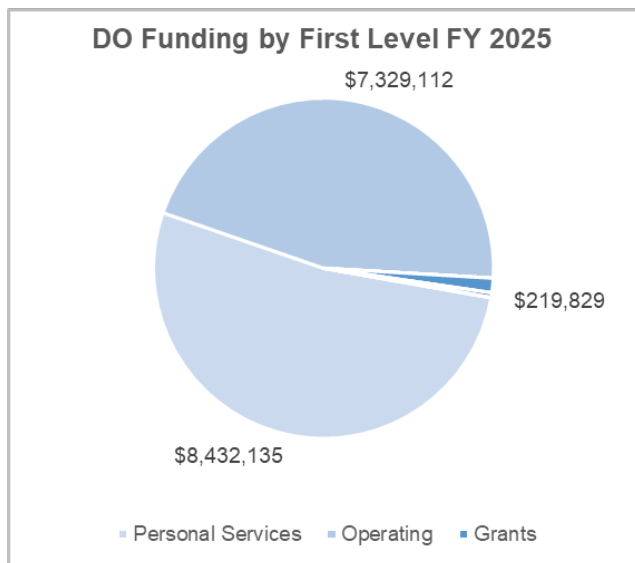
In 2023, EMS services were requested more than 150,000 times, with more than 8,000 requests for children experiencing illness or injury.



**Governor Gianforte and Dir. Brereton during the annual EMS awards ceremony in Helena.**

# FUNDING AND PB INFORMATION

DIRECTOR'S OFFICE	FY 2025 BUDGET	FY 2026 REQUEST	FY 2027 REQUEST
PB	79.25	80.25	80.25
Personal Services	\$8,432,135	\$9,074,181	\$9,092,847
Operating	\$7,329,112	\$7,433,468	\$7,435,422
Equipment	\$0	\$0	\$0
Local Assistance	\$0	\$0	\$0
Grants	\$219,829	\$219,829	\$219,829
Benefits and Claims	\$2,549	\$2,549	\$2,549
Transfers	\$68,100	\$68,100	\$68,100
Debt Services	\$5,636	\$5,636	\$5,636
<b>TOTAL COSTS</b>	<b>\$16,057,361</b>	<b>\$16,803,763</b>	<b>\$16,824,383</b>
	FY 2025 BUDGET	FY 2026 REQUEST	FY 2027 REQUEST
General Fund	\$5,403,662	\$5,728,542	\$5,738,143
State Special Fund	\$3,380,959	\$3,351,054	\$3,351,893
Federal Fund	\$7,272,740	\$7,724,167	\$7,734,347
<b>TOTAL FUNDS</b>	<b>\$16,057,361</b>	<b>\$16,803,763</b>	<b>\$16,824,383</b>



# CHANGE PACKAGES

## PRESENT LAW ADJUSTMENTS

### SWPL 1 – PERSONAL SERVICES

The budget includes \$498,730 in FY 2026 and \$517,396 in FY 2027 to annualize various personal services costs including FY 2025 statewide pay plan, benefit rate adjustments, longevity adjustments related to incumbents in each position at the time of the snapshot, and vacancy savings.

	General Fund	State Special	Federal Funds	Total Request
<b>FY 2026</b>	\$198,347	(\$39,923)	\$340,306	\$498,730
<b>FY 2027</b>	\$207,779	(\$39,420)	\$349,037	\$517,396
<b>Biennium Total</b>	\$406,126	(\$79,343)	\$689,343	\$1,016,126

### SWPL 2 – FIXED COSTS

The request includes \$98,702 in FY 2026 and \$103,063 in FY 2027 to provide the funding required in the budget to pay fixed costs assessed by other agencies within state government for the services they provide. Examples of fixed costs include liability and property insurance, legislative audit, warrant writer, payroll processing, and others. The rates charged for these services are approved in a separate portion of the budget.

	General Fund	State Special	Federal Funds	Total Request
<b>FY 2026</b>	\$48,748	\$6,976	\$42,978	\$98,702
<b>FY 2027</b>	\$50,319	\$7,366	\$45,378	\$103,063
<b>Biennium Total</b>	\$99,067	\$14,342	\$88,356	\$201,765

### SWPL 3 – INFLATION DEFLATION

This change package includes a reduction of \$904 in FY 2026 and \$611 in FY 2027 to reflect budgetary changes generated from the application of deflation to state motor pool accounts.

	General Fund	State Special	Federal Funds	Total Request
<b>FY 2026</b>	\$0	\$0	(\$904)	(\$904)
<b>FY 2027</b>	\$0	\$0	(\$611)	(\$611)
<b>Biennium Total</b>	\$0	\$0	(\$1,515)	(\$1,515)

## NEW PROPOSALS

### NP 4001 - PROCUREMENT STAFF ATTORNEY - DIRECTOR'S OFFICE

This new proposal adds 1.00 PB for a Lawyer in the Director's Office to help meet increased contract demands, support internal controls, provide training, and enforce centralized processes implemented by DOA State Procurement Bureau. This package requests \$297,048 in total funds for the biennium, including \$154,168 in general fund, \$6,030 in state special revenue, and \$136,850 of federal funds.

	<b>General Fund</b>	<b>State Special</b>	<b>Federal Funds</b>	<b>Total Request</b>
<b>FY 2026</b>	\$77,785	\$3,042	\$69,047	\$149,874
<b>FY 2027</b>	\$76,383	\$2,988	\$67,803	\$147,174
<b>Biennium Total</b>	\$154,168	\$6,030	\$136,850	\$297,048