

PRESENTATION TO THE 2025 HEALTH AND HUMAN SERVICES JOINT APPROPRIATIONS SUBCOMMITTEE

BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES DIVISION

Medicaid and Health Services
Practice

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OVERVIEW

The Behavioral Health and Developmental Disabilities Division (BHDD), within the Department of Public Health and Human Services (DPHHS), administers a wide range of services to facilitate the efficient delivery of effective services to adults and children with behavioral health (BH) challenges and/or developmental disabilities (DD). BHDD's work is guided by the goal of supporting Montanans in living full lives within their communities. BHDD consists of four bureaus and two programs.

PREVENTION BUREAU

Jami Hansen has been serving as the Prevention Bureau Chief since November 2022. Before her current position, she worked for the department for three years, where she played a pivotal role in enhancing the Mental Health Block Grant programs. Jami has strongly emphasized fostering collaboration with advisory councils and Service Area Authorities throughout her tenure. With over 12 years of experience in BH, Jami has been instrumental in developing peer and recovery-based support services. Her expertise and leadership have contributed significantly to advancing this critical field.

The Prevention Bureau is comprised of dedicated program officers who oversee various grants and programs. These program officers are responsible for all aspects of their assigned programs, such as creating requests for proposals (RFPs), managing contracts, monitoring budgets, providing technical assistance, and collaborating with internal and external stakeholders to achieve programmatic goals. The bureau also includes a program evaluator and two epidemiologists to ensure effective data collection and analysis. These professionals are crucial in monitoring program utilization and outcomes, offering valuable insights for program improvement. The Prevention Bureau has become a dynamic and efficient force in promoting prevention efforts and enhancing BH services.

TREATMENT BUREAU

Isaac Coy is the Treatment Bureau Chief and has worked for the department since 2013. During his time with DPHHS, Isaac served as a program officer and section supervisor, working with BH providers and stakeholders to expand the continuum of care and ensure that Montanans have access to needed services. Before joining DPHHS, Isaac worked as a licensed addictions counselor (LAC) in various treatment settings.

The Treatment Bureau is comprised of three distinct sections: Medicaid State Plan, Severe and Disabling Mental Illness 1915(c) waiver, and Special Populations. Each section has program officers who manage distinct Medicaid and Non-Medicaid services and programs. The bureau's program officers oversee every aspect of their assigned programs, including developing RFPs, establishing and monitoring contracts,

completing state plan and waiver amendments, managing budgets, and providing technical assistance. In addition to central office staff, the bureau has two community program officers, each covering half of the state. They provide necessary assistance and support to waiver provider agencies, case managers, and members and their families. The bureau employs an LAC who oversees the state approval process for SUD treatment programs to assure compliance with standards of care.

CHILDREN'S MENTAL HEALTH BUREAU

Renae Novak is the Children's Mental Health Bureau (CMHB) Chief for BHDD and has served in this role for one year. Before her current role, Renae oversaw Medicaid programs within CMHB for over four years. This past year, she has continued ongoing work with providers and stakeholders to evaluate and improve services within the children's continuum of care, focusing on family engagement, community services, and increasing capacity to treat youth with complex needs in the state.

CMHB consists of a Medicaid program section and a clinical team. The Medicaid program staff oversee bureau operations, including benefit plans, administrative rules, appeals, and provider support. The program section is also responsible for the tracking and reporting of outcome measurements. The bureau's clinical team includes a part-time board-certified child and adolescent psychiatrist, licensed mental health clinicians, and regional resource specialists (RRS). The bureau's clinical team coordinates care for Medicaid-enrolled youth receiving psychiatric residential treatment outside of Montana. Care coordination duties include attending treatment team meetings, assisting with discharge planning, monitoring quality of care, and engaging with parents and caregivers of youth. RRS provide information and resources on service availability, including community-based therapeutic group homes and community services available by region. RRS serve parents and caregivers, BH providers, Child and Family Services Division (CFSD) employees, and other organizations within the children's systems.

SUICIDE PREVENTION

The Suicide Prevention Program operates out of BHDD's central office in Helena. Karl Rosston is the Suicide Prevention Coordinator for DPHHS and John Tabb is the Suicide Program Manager.

Karl provides evidenced-based programs to all Montana secondary schools, implements the State Suicide Prevention Plan, supports the Montana 988 Suicide Prevention Crisis Lifeline, provides suicide prevention training, and coordinates suicide prevention efforts around the state.

John oversees the implementation of Montana's 988 Suicide Prevention Crisis Lifeline. He works with the Montana Veteran's Administration and National Guard on prevention efforts to reduce the rate of suicide among Montana veterans.

DEVELOPMENTAL DISABILITIES PROGRAM

Lindsey Carter is the Developmental Disabilities Program (DDP) Bureau Chief and has worked for DDP for over 11 years. She has focused her bureau's efforts on improving access to services administered through the DDP. This includes supporting community-based providers through several workforce recruitment and retention initiatives, developing a training grant program, and facilitating extensive stakeholder engagement efforts to better understand and ameliorate existing barriers.

DDP operates out of a central office in Helena and five regions across the state, with offices in Helena, Missoula, Great Falls, Billings, Glasgow, Miles City, Butte, Bozeman, and Kalispell. The regional offices provide important assistance and support to members receiving or applying for services, members' families, DDP provider agencies, and case managers. Regional managers oversee quality assurance and incident management activities and serve as local liaisons with their communities. In addition, the regions have quality improvement specialists who work directly with provider agencies and members. Some regions also provide targeted case management services.

OPERATIONS BUREAU

Natacha Bird is the Operations Fiscal Bureau Chief for BHDD. Natacha has a bachelor's degree in accounting and has worked for the State of Montana for 21 years. Prior to joining the department, Natacha worked as the Fiscal Bureau Chief at the Department of Justice for seven years and as an accountant for the Commissioner of Securities and Insurance.

The Operations Bureau operates out of a central office in Helena and is comprised of 9.75 Positions Budgeted (PB). The bureau provides fiscal support, such as processing invoices; budgetary support, such as monthly projections; and procurement support, such as drafting contracts.

SUMMARY OF MAJOR FUNCTIONS

BEHAVIORAL HEALTH SYSTEM FOR FUTURE GENERATIONS

Governor Greg Gianforte signed House Bill 872 into law on May 22, 2023, providing a generational investment of \$300 million to reform and improve Montana's BH and DD service systems. Throughout the biennium, BHDD has supported the work of the Behavioral Health System for Future Generations (BHSFG) commission to improve the BH and DD systems of care. Beginning in July 2023, the BHSFG Commission held 14 meetings in communities across Montana. Each meeting had extensive testimony from community stakeholders, people with lived experience, and subject matter experts. The BHSFG Commission completed a final [BHSFG Commission Report](#) that was presented

to Governor Gianforte on September 30, 2024. This report contains 22 recommendations and 11 Near-Term Initiatives (NTIs), shown in Figure 2 of the submitted BHSFG Commission Report.



Seven core priorities established by the BHSFG Commission served as the cornerstone of this report's recommendations and included:

1. Comprehensive statewide crisis system
2. Clinically appropriate state-run health care settings and a functional commitment system
3. Capacity of adult BH care settings and a functional commitment system
4. Capacity of children's mental health service delivery system
5. Capacity of DD service delivery system
6. Capacity of co-occurring populations service delivery system
7. Family and caretaker supports (BH and DD)

The 11 NTIs, approved by the BHSFG Commission and the Governor, span the continuum of care across the BH and DD systems; these initiatives focus on expanding

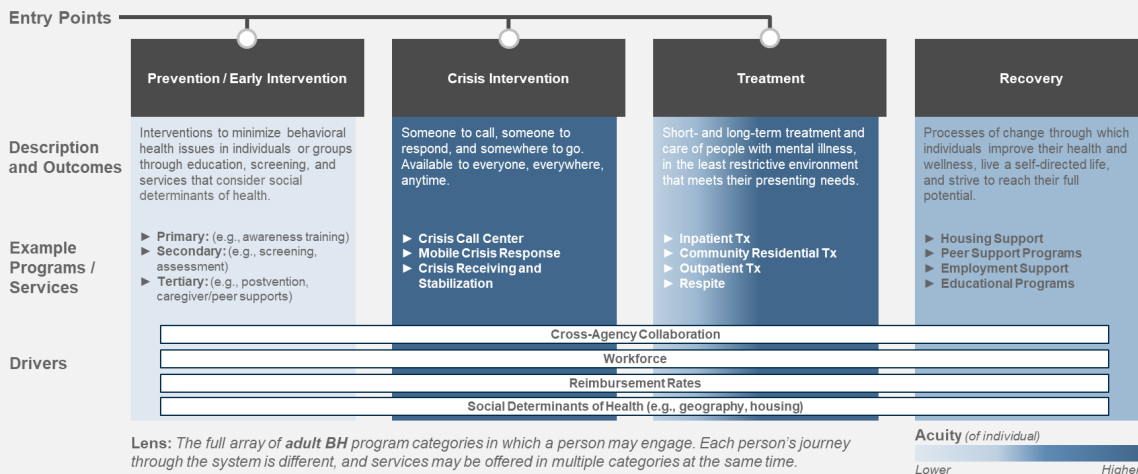
residential capacity, enhancing crisis services, addressing workforce shortages, and providing services tailored to meet the needs of specific communities across Montana. Currently, four NTIs are distributing dollars, six are in the contracting phase, and one is in the application phase.

BEHAVIORAL HEALTH CONTINUUM OF CARE

BHDD oversees the state's BH continua of care, ensuring that individuals receive comprehensive and effective mental health and substance use services. Through a coordinated approach, the division establishes policies, allocates resources, and collaborates with various stakeholders, including health care providers, community organizations, and advocacy groups, to create a robust system of care. This oversight encompasses a wide range of services, from prevention and early intervention to treatment and recovery support, aimed at addressing the diverse needs of Montanans. By prioritizing accessibility, quality, and community-based solutions, BHDD strives to enhance the overall well-being of individuals experiencing BH challenges, ultimately fostering healthier communities across Montana.

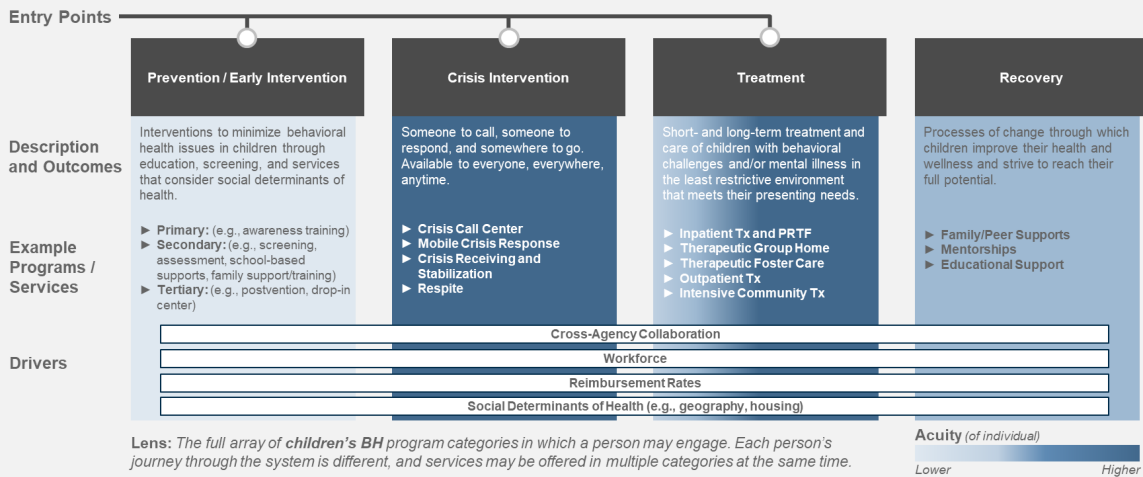
Behavioral Health | Continuum of Care | Adult

The continuum presents an array of behavioral health services, woven together by effective service coordination. This view offers a map of where services, and potential areas of investment, exist.



Behavioral Health | Continuum of Care | Children

The continuum presents an array of behavioral health services, woven together by effective service coordination. This view offers a map of where services, and potential areas of investment, exist.



PREVENTION

Mental illness and substance abuse have profound impacts on the well-being and productivity of tens of thousands of Montanans. These BH conditions are linked to a multitude of health and social issues. Their effects ripple through the fabric of society, affecting individuals, families, and communities at large. The public's health and productivity are significantly impacted, necessitating a comprehensive approach to address these challenges.

BHDD is committed to supporting community-based substance use prevention initiatives throughout Montana. Our approach focuses on promoting public health and employing coalition-based strategies to enact effective, community-driven prevention strategies. Our initiatives encompass prevention, treatment, recovery service strategies, and targeted interventions for at-risk populations.

BHDD offers technical assistance and training to strengthen community efforts in local advisory councils and coalitions engaging in community collaboration and strategic planning efforts. This additional support equips communities with the necessary knowledge and skills to implement prevention initiatives effectively. By combining community leadership, evidence-based practices, and ongoing support, BHDD aims to create lasting change in substance use prevention across Montana.

PAX Good Behavior Game

Primary prevention is a required set aside per the federal block grants the Prevention Bureau oversees. One way that BHDD implements primary prevention strategies is through school-based prevention services. The PAX Good Behavior Game (GBG) is a widely recognized school-based intervention that teaches children important skills like

self-regulation, self-management, and self-control. The PAX GBG has been implemented in 65 schools, impacting 17,794 students. The Montana PAX GBG Annual Report reported that 67% of teachers surveyed reported an increased ability to address students' social and emotional needs after implementing the program.

Naloxone Distribution

The naloxone program has a clear objective: to raise awareness about naloxone, offer training on its administration, and distribute units across the state. To achieve this, the program utilizes a comprehensive approach. It includes a statewide media campaign and provides training sessions to various groups, such as first responders, emergency medical services (EMS), health care providers, community organizations, and the public. BHDD utilizes federal grant funding to cover the cost of naloxone, allowing communities and organizations to sustain a supply at no cost. From Oct. 2023 to Sept. 2024, 33,316 naloxone kits were distributed across Montana.

NALOXONE DISTRIBUTION

Time Frame	Naloxone Kits Distributed
Q1 (Oct. 2023 - Dec. 2024)	8,166
Q2 (Jan. 2024 - March 2024)	8,465
Q3 (April 2024 - June 2024)	9,611
Q4 (July 2024 - Sept. 2024)	7,074
Total	33,316

SUICIDE PREVENTION PROGRAM

In 2007, MCA 53-21-1101 established a suicide prevention coordinator within DPHHS. Over the last decade, the Suicide Prevention Program has been working with stakeholders across the state to bring the issue of suicide to the forefront and ensure that suicide prevention efforts in Montana are informed by national research and current best practices.

A list of resources implemented or expanded through the suicide prevention program in the past biennium includes:

School-Based Suicide Prevention Programs

Youth Aware of Mental Health (YAM) is an interactive program for adolescents that promotes increased discussion and knowledge about mental health, suicide prevention, and the development of problem-solving skills and emotional intelligence.

Question Persuade Refer (QPR) is a research-based intervention to increase awareness of suicide warning signs, how to talk to an at-risk person, and how to connect them to crisis resources. In 2023 and 2024, more than 850 education staff were trained in QPR.

Suicide Safe Care for Students is a training for school counselors that covers national and Montana data, warning signs, depression screening, anxiety screening, suicide risk assessment, safety planning, lethal means counseling, and caring contact practices. The training also focuses on evidence-based practices and resources available to school counselors and staff. In 2023 and 2024, more than 170 school counselors were trained in Suicide Safe Care for Students.

The Crisis Action School Toolkit for Suicide (CAST-S) assists school districts in designing and implementing strategies to prevent and respond to suicides and promote BH. It includes tools to implement a multifaceted suicide prevention program that responds to students' needs and cultures and postvention guidelines.

Rural Community Suicide Postvention Toolkit

In collaboration with Columbia University, a postvention toolkit is meant to be used after a suicide occurs in a local community. It provides a series of action steps a community can take to safely offer support and reduce the risk of additional suicides from occurring in their community. These efforts are collectively referred to as suicide postvention because the response occurs after a suicide has happened.

Suicide Prevention Toolkit for Primary Care Physicians

The Suicide Prevention Toolkit for Primary Care Physicians is a suicide assessment and intervention training designed for health care providers practicing in rural communities. The suicide prevention coordinator provides training every semester for college students studying medicine, nursing, social work, counseling, pharmacy, school counseling, and psychology. In addition to the training provided directly to students, training is also offered at numerous medical conferences and for the Montana Medical Association. BHDD collaborated with the National Council for Mental Wellbeing to provide Suicide Safe Care train-the-trainer sessions, expanding Montana's capacity to over 80 trainers.

Community Suicide Prevention Training

In 2023 and 2024, more than 2,600 community members, employers, first responders, educators, and other stakeholders were trained in suicide awareness. In addition, 2,500 health care and BH providers were trained in suicide risk assessment and intervention.

Community Suicide Prevention Grants

Through HB 118, passed in 2017, \$500,000 in community grants are awarded annually to entities around the state that provide research-based interventions to identify risk, increase resiliency skills, and increase suicide awareness in high-risk populations. The high-risk populations include American Indians, veterans, youth, LGBTQ+, individuals with SUD, individuals with chronic pain, and middle-aged men.

Public Awareness Campaigns

Through collaboration with the Montana Broadcaster's Association, public service announcements concerning suicide awareness and crisis resources appear on all local television stations. Radio ads are aired throughout the entire state in collaboration with the Northern Broadcasting System. Outreach has also been done to raise awareness of the 988-crisis lifeline with over 7,000 cosmetologists, 1,900 physical therapists, and more than 400 chiropractors.

EARLY INTERVENTION SERVICES

Early intervention services are crucial in targeting individuals at risk of developing an illness. By implementing specific practices, these services aim to mitigate the need for higher levels of care, resulting in less disruption to their lives and improved health outcomes.

First Episode Psychosis

Early intervention services are crucial in helping individuals with mental health issues. One effective program supported by BHDD is the First Episode Psychosis (FEP) program. FEP focuses on identifying and addressing the initial episode of psychosis in young people, ensuring they have access to necessary treatment and ongoing support. These programs have proven to be highly effective in reducing or alleviating adult psychosis, which is why they are mandated within the Mental Health Block Grant. BHDD funds two FEP programs at Billings Clinic and Alluvion Health. Efforts are underway to establish additional programs in different regions of Montana within the next two years.

School-Based Universal Screening

In October 2022, BHDD expanded a pilot project for universal screening through a contract with the Rural Behavioral Health Institute (RBHI). RBHI utilizes an evidence-based digital suicide risk screening tool that connects students with elevated risk of suicide to same-day mental health care in middle and high schools across the state. Universal suicide risk screening linked to follow-up mental health care, or Screening Linked to Care, increases the proportion of at-risk youth who are identified and connected with appropriate mental health care. This program continues to grow each year in Montana schools.

STUDENTS SCREENED BY RBHI

School Year	Number of Screenings	Number of Schools	Number of Students with Recent Suicidality
2022 – 2023	11,213	62	915
2023 – 2024	16,771	77	1130
2024 – 2025	23,000+ Anticipated	85+ Anticipated	479+ Anticipated

RBHI’s digital screening platform includes validated assessments for suicide risk, depression and anxiety symptoms, functioning, and substance/alcohol use. An important outcome of this project is the proportion of youth with the highest risk of suicide who received same-day follow-up care. Students with the highest risk of suicide are defined as those having suicidal ideations with intent in the past month, or intent with a detailed plan and/or suicidal behaviors (suicide attempt, aborted or interrupted, or preparatory behavior) in the past three months. During the 2023 - 2024 school year, 1,130 students met these criteria, and 100% received same-day care.

CRISIS INTERVENTION SERVICES

BHDD is working towards a statewide crisis system based on a national best-practice model called the Crisis Now Model. This model is designed to provide people experiencing a crisis with appropriate and effective care and to avoid unnecessary emergency medical services and law enforcement use. The Crisis Now Model is flexible and adapted to work successfully in urban, rural, and native communities. It has the following four components: someone to call, someone to respond, somewhere to go, and essential principles/practices.

Someone to Call: Implementation of the 988 Crisis Line

Montana 988 is part of the National Suicide Prevention Lifeline network, which provides immediate support and resources to individuals in crisis. Launched in July 2022, this service connects callers with trained crisis counselors who offer confidential, 24/7 assistance.

Calls to 988 in Montana are routed to one of three Lifeline call centers or one satellite call center on the Fort Peck Indian Reservation. Over the past two years, there has been a 30% increase in calls, with 98% being handled in-state. Over the past year, the answer time rate has dropped from 32 seconds to eight seconds, with more than 80% of calls having the issue resolved on the phone. By the end of 2024, 988 will have geo-routing capability where the call location will be based on the nearest cell tower instead of the caller's area code.

Someone to Respond: Mobile Crisis Response

Mobile crisis response services provide integrated, short-term crisis response, stabilization, and intervention for individuals experiencing a mental health or substance use crisis in the community. This service is a mobile, on-site therapeutic response to a member experiencing a BH crisis to identify, assess, treat, and stabilize the situation and reduce the immediate risk of danger to the member or others. Mobile crisis response service providers can make or arrange for referrals to outpatient care and follow-up to ensure that the member's crisis is resolved or that they have successfully been connected to ongoing services.

Effective July 1, 2023, Montana Medicaid reimburses for mobile crisis response services. Additionally, providers may request reimbursement for individuals without Medicaid or other health insurance utilizing available state funds. Mobile crisis response providers also have temporary funding through a BHSFG NTI for operating costs not reimbursed by Montana Medicaid. The goal of the NTI is to stabilize existing teams and determine whether reimbursement is sufficient for sustainability. There are currently seven counties that have a mobile crisis response team.

Somewhere to Go: Crisis Receiving and Stabilization

Crisis receiving is a short-term urgent or emergent treatment for crisis intervention and stabilization of no more than 23 hours and 59 minutes after the member is admitted to the program. Members receiving this service must be evaluated, then stabilized, and/or referred to the most appropriate level of care. A crisis receiving center is an alternative, but not a replacement, to a community hospital ED; as such, it operates 24 hours a day, seven days a week, 365 days a year (24/7/365) and offers walk-in and first responder drop-off options.

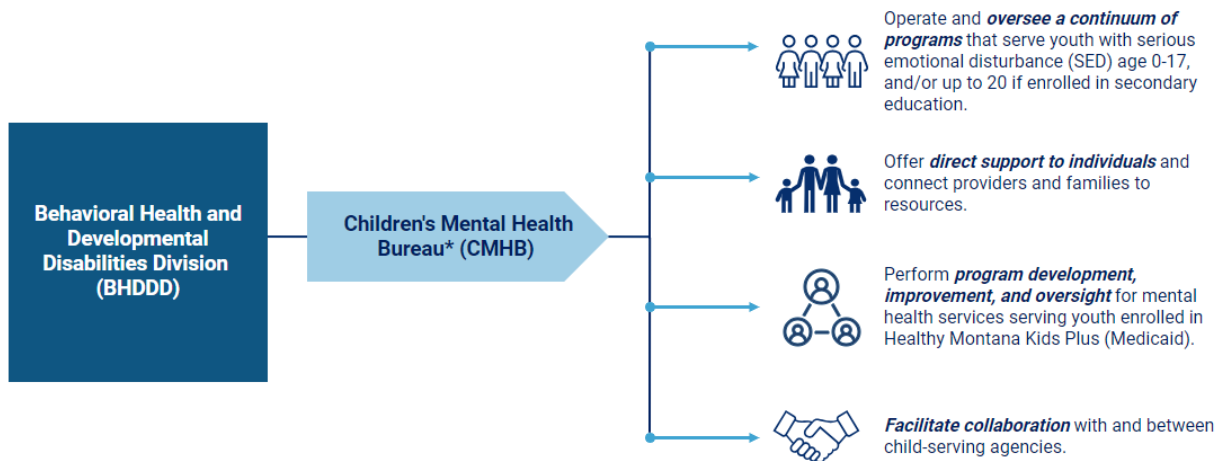
Crisis stabilization is short-term (24 hours or more) supervised residential treatment in a community-based facility of fewer than 16 beds for adults with mental health and/or mental health and substance use (co-occurring) disorders. Crisis stabilization programs are alternative treatment options to acute inpatient hospitalization. The service is medically monitored and provides psychiatric stabilization designed to reduce disability and restore members to previous functional levels by promptly intervening and stabilizing when crisis situations occur.

Essential Principles and Practices

Implementing a Crisis Now Model throughout Montana requires enormous stakeholder coordination and collaboration. To that end, BHDD partners with the Montana Health Care Foundation (MHCF) and the Montana Public Health Institute (MPHI) to develop and implement monthly collaborative calls with crisis providers. These calls were utilized to engage stakeholders while restructuring Montana's crisis system. These calls continue to be used for provider education, coalition building, and technical assistance.

MPHI is contracted with BHDD to work closely with counties to support the continued development of local crisis coalitions and their strategic planning processes. So far, 18 counties and two tribes are working on their crisis systems. BHDD is also working with JG Research under a contract with the Behavioral Health Alliance of Montana (BHAM) to develop a crisis services dashboard to visualize crisis-related data. This will further assist communities with planning and will enable BHDD and local communities to see the impact of implemented crisis services.

CHILDREN’S MENTAL HEALTH TREATMENT SERVICES



The CMHB supports and strengthens Montana youth and families by providing Medicaid mental health services. These services range from home and community-based to facility-based. In SFY 2024, CMHB managed and funded mental health services for nearly 21,000 youth enrolled in Montana Medicaid. These services focus on improving a youth’s functional level by facilitating the development of appropriate behavioral and life skills.

State Plan Children’s Mental Health Services

In overseeing the continuum of care, CMHB has focused on enhancing services to keep children within their homes, schools, and communities. Services in the children’s mental health continuum of care range from low-intensity outpatient services to residential services for youth with higher needs. All CMHB Medicaid services are described on the [CMHB Continuum of Care Infographic](#).

During the biennium, the bureau engaged in provider and stakeholder workgroups to improve the quality and access to community-based services. Community-based services include outpatient therapy, targeted case management, comprehensive school and community treatment, and home support services. The workgroup’s focus is developing an ongoing systematic approach to integrate family engagement into providing treatment services and increasing outcome measurement.

Standardized Functional Assessment

CALOCUS-CASII is a comprehensive standardized assessment tool used to determine medical necessity and provide level-of-service intensity for children and adolescents aged six to 18. CALOCUS-CASII currently serves two primary functions within CMHB. First, it has been utilized as medical necessity criteria in-home support services and comprehensive school and community treatment. CMHB will continue to expand the use of the CALOCUS-CASII as a medical necessity criterion throughout the continuum of care. The second function of the CALOCUS-CASII is for individual providers to use assessment findings to drive treatment planning and define desired treatment outcomes.

CMHB intends to expand its use of the CALOCUS-CASII tool over the next biennium. CMHB is working with the American Academy of Child and Adolescent Psychiatry (AACAP), which created the tool, to explore additional utilization of CALOCUS-CASII in program administration and identify how CALOCUS-CASII data can be leveraged for outcome measures.

Children's Mental Health and Child and Family Services Division Collaboration

CMHB regularly collaborates with the CFSD. Clinical and programmatic staff frequently support CFSD staff in many areas to support the BH of Montana youth, including finding treatment support, utilizing Montana Medicaid, and navigating the children's mental health system.

RRS staff in the CMHB frequently join treatment teams for Montana youth involved with CFSD. They are available to CFSD as a resource for identifying appropriate BH treatment options for Montana youth. They also support CFSD in following up on referrals and facilitating communication between CFSD and BH providers. Care coordinators monitor the treatment of youth in out-of-state psychiatric residential treatment facilities (PRTF) and collaborate with CFSD to ensure that youth receive quality care with CFSD involvement. The RRS and care coordinators support discharge planning for youth and communicate with CFSD when a youth's discharge is upcoming.

School-Based Services Update

Comprehensive School and Community Treatment (CSCT) is an outpatient service mental health centers provide under contract with public school districts. Services are focused on improving the youth's functional level by facilitating the development of skills related to exhibiting appropriate behaviors in school and community settings.

During the 2025 biennium, the CMHB worked closely with the Office of Public Instruction (OPI) to smoothly transition the CSCT Intergovernmental Transfer (IGT) process to DPHHS, effective July 1, 2023. The IGT process allows school districts to secure federal reimbursements for services eligible under Medicaid or CHIP.

BHSFG Commission Report recommendation #18 also endorses investment in school-based BH initiatives. Under this recommendation, additional support will be provided to schools for expanding universal screening and implementing additional evidence-based interventions to increase prevention and BH support for youth. Intended outcomes include increased utilization of Medicaid-funded BH services billed by school districts, decreased waitlists for services, increased access to community-based services, and increased workforce capacity.

SAMHSA Project AWARE Grant

The SAMHSA Project AWARE grant was awarded to the Montana OPI in 2020. The OPI has a memorandum of understanding (MOU) with CMHB to co-manage the grant. In this capacity, the co-manager oversees mental health services provided by grant-funded contracted mental health professionals, provides guidance and resources to school districts on mental health services for students, and collaborates on training and reporting. The grant funds three local education agencies (LEAs): Billings School District (K-8), Dillon School District (K-8), and Rocky Boy School District (K-12).

Residential Treatment and Out-of-State Placements

Annually, CMHB works collaboratively with the Child and Family Services Division, Department of Corrections, and Juvenile Probation to report on the number of youth who received residential treatment in an out-of-state facility, as required by MCA 52-2-311. The following table represents the total number of youth who received treatment in an out-of-state residential program during the reporting period, July 1, 2023, through June 30, 2024, as well as the results from the annual report for SFY 2023.

	SFY 23 (07/01/22-06/30/23)		SFY 24 (07/01/23-06/30/24)	
	PRTF	TGH	PRTF	TGH
Number of youth who received treatment in an out-of-state facility	174	65	198	56

The most common reasons youth are denied admission to in-state PRTFs are:

- No beds available (at max capacity, limited staffing)
- Unable to treat current condition (co-occurring medical conditions, maladaptive sexualized behaviors, requires acute care, in need of substance abuse treatment)
- Aggression (physical, verbal, or combination)

The Children’s Mental Health Bureau (CMHB) is not a placing agency; however, CMHB has policies to reduce out-of-state placements for youth with Medicaid funding. CMHB requires specific utilization review of medical necessity criteria for both in and out-of-state Therapeutic Group Homes (TGHs) and Psychiatric Residential Treatment Facilities (PRTFs); review of medical necessity every 30 days for PRTFs; and assigned Care Coordinators and Regional Resource Specialists to each out-of-state PRTF to ensure

that youth are being treated in the least restrictive level of care at the earliest possible time in their home communities.

CMHB has several initiatives and policies intended to reduce the number of out-of-state placements and support successful discharge after an out-of-state placement.

- Complex Case Qualified Provider Pool
- Parent Outreach Letter
- Warm Hand-Off Policies
- Residential Provider Rate Increases
- BHSFG Residential Grant NTI

ADULT MENTAL HEALTH AND SUBSTANCE USE TREATMENT SERVICES

The Treatment Bureau manages the delivery and reimbursement of publicly funded BH services for adults with a mental health diagnosis (primarily focused on individuals with a severe and disabling mental illness) and both adults and children with SUD. Adult mental health services range from home and community-based services (HCBS) to residential services, while SUD services include outpatient, residential, and inpatient services. The Treatment Bureau adheres to the following priorities:

- Ensure people get the appropriate service at the right time
- Enhance and expand community-based services
- Support best practices for treatment service delivery
- Improve communication and collaboration with stakeholders
- Align crisis services to the Crisis Now model

State Plan Rehabilitative Adult Mental Health Services

Rehabilitative services such as outpatient therapy, targeted case management, day treatment, and assertive community treatment are intended to help individuals develop and enhance psychiatric stability, social competencies, personal and emotional adjustment, and independent living and community skills. Rehabilitative services are delivered in the community to maximize the reduction of mental disability and the restoration of a member to their best possible functional level. The Treatment Bureau managed and funded rehabilitative mental health services for approximately 55,000 adults enrolled in Montana Medicaid in SFY 2024.

Severe and Disabling Mental Illness Home and Community-Based Services

The Severe and Disabling Mental Illness (SDMI) HCBS 1915(c) waiver is available to adults experiencing a severe and disabling mental illness who require long-term support at a level typically provided in a nursing facility. Eligible individuals receive services to enable them to live in their homes and communities instead of an institution. The Treatment Bureau funds services for 557 adults enrolled in the SDMI HCBS waiver.

State Plan Substance Use Disorder (SUD) Treatment Services

Substance use is a significant public health issue in Montana, affecting individuals and families across the lifespan. BHDD has collaborated with providers and stakeholders to improve access to and expand the continuum of SUD services. Medicaid, Medicaid Expansion, and other innovative programs implemented in Montana have significantly expanded access to SUD treatment. Montana Medicaid funds an array of community-based treatment programs to provide services to individuals in their community, which spans outpatient, residential, and inpatient services based on the nationally recognized American Society of Addiction Medicine (ASAM) Criteria. The ASAM Criteria is the most widely used and comprehensive set of standards for level of care recommendations, continued service, and care transitions for individuals with addiction and co-occurring conditions. The Treatment Bureau managed and funded SUD treatment services for approximately 7,337 adults and 410 children enrolled in Montana Medicaid in SFY 2024.

Treatment for Opioid and Stimulant Use Disorders

Although the state has made progress in addressing SUD, more work is required to expand access to SUD prevention and treatment services and prevent drug overdoses. Medication for Opioid Use Disorder (MOUD) provides individuals experiencing an Opioid Use Disorder with treatment to reduce or eliminate reliance on opioids. Authorized medications include methadone, buprenorphine, and naltrexone, all of which work to mitigate opioid receptors. Montana is currently operating one Mobile MOUD program and 11 MOUD programs.

BHDD has contracted with the Montana Primary Care Association (MPCA) to provide training and technical assistance to all substance use and opioid use disorder providers. MPCA's role is to educate providers on evidence-based prescribing practices by having training on engaging patients with BH treatment, facilitating Medicaid Assessment Treatment (MAT) monthly calls, facilitating Screening, Brief Intervention, and Referral to Treatment (SBIRT) training, and hosting an annual Addiction Medicine Networking conference. The technical assistance MPCA provides enhances our provider network through educational support on SUD/MOUD treatment interventions and clinical best practices.

Contingency Management

BHDD is working to implement contingency management through the HEART waiver with an expected effective date of January 1, 2025. It is the most effective evidence-based treatment for stimulant use disorders. Contingency management is a structured 12-week intervention program where individuals who participate can receive incentives for non-use of stimulants. Contingency management reinforces positive behaviors by

providing incentives to individuals who successfully screen negative for stimulants throughout the program.

RECOVERY

Peer Support Services

Recovery services provide ongoing support for individuals to maintain their recovery from substance use and mental illness. Peer support services are a critical resource for individuals in recovery as they are provided by individuals who have lived experience with a mental health or SUD and who have successfully maintained their recovery. Certified behavioral health peer support specialists (CBHPSS) guide individuals through their treatment and recovery processes by providing an additional supportive service based on mutual understanding. CBHPSS training is free to individuals seeking certification, and services are funded by Medicaid and federal grant funding.

Drop-In Centers

Drop-in centers promote recovery by providing community-based, recovery-support services in a low-barrier, peer-led setting. Individuals experiencing BH issues, seeking resources, or maintaining their recovery can attend support groups and skill development classes, receive supportive services and referrals to other social service providers, establish healthy relationships, and reengage productively within their community. Montana currently has eight drop-in centers across the state.

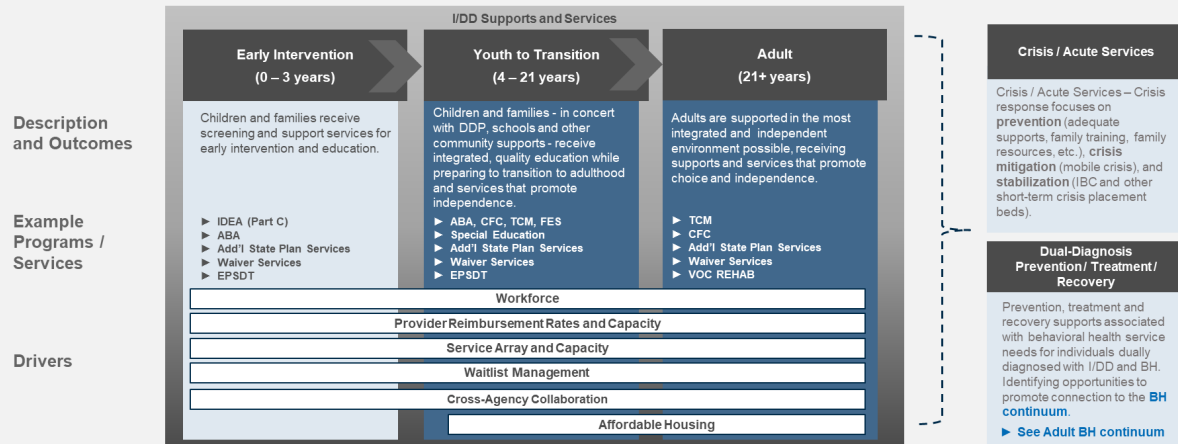
Recovery Residences

Recovery housing is a recovery support service that was designed by persons in recovery specifically for those initiating and sustaining recovery from substance use issues. Recovery residences cultivate prosocial bonds, a sense of community, and a recovery-supportive milieu. Recovery residences that focus on populations with higher needs often add peer recovery support services and other types of support or actively link residents to recovery or clinical services in the community.

DEVELOPMENTAL DISABILITIES

Developmental Disabilities | Continuum of Care

The continuum presents the array of services, woven together through service coordination. This view offers a map of where services, and potential areas of investment, exist.



Lens: The full array of program categories in which a person may engage. Each person's journey through the system may differ, including point of entry and scope of support needs.

DDP manages a range of community-based services to meet the support needs of Montanans with intellectual and DD from birth to death. The services DDP administers are often lifelong and necessary to support individuals with activities related to health and safety and achieve quality-of-life outcomes. DDP serves the entire continuum of developmental disability needs, from individuals who require minimal support to thrive in the community to individuals with very intensive needs who require 24-hour care. DDP works closely with other key disability-serving partners, such as Vocational Rehabilitation and Early Childhood and Family Support Division, to provide a continuum of care in Montana that supports individuals to live, work, and play in their communities of choice.

DDP managed and funded services for 3,307 Montanans with DD in SFY 2024. Services are primarily delivered through an HCBS Medicaid waiver and State Plan services. Of the 3,307 individuals served by DDP in FY 2022, 99.7% received a community-based service.

While overall, DDP operates a robust service system that works to meet the needs of Montanans with intellectual and/or DD, the BHSFG Commission identified opportunities to improve the DD continuum of care by refining the infrastructure and expanding service options to strengthen the overall system through five DDP-specific recommendations that center around the following goals:

- Expand access points to the service system to better support the needs of families
- Modernize the funding of services to support more person-centered services while supporting service provider flexibilities and sustainability

- Expand the array of services available to provide more options that better align with the needs of individuals served by DDP

The [BHSFG Commission Report](#) contains additional recommendations impacting DD and BH populations. These recommendations aim to positively impact members through improved service delivery and bolstering the DD and BH workforce.

Comprehensive 0208 1915(c) Home and Community-Based Services

The DDP's HCBS waiver is the 0208 Comprehensive Waiver. This waiver offers an important alternative to institutionalization through 32 separate community-based services. These services can range from minimal supported living services to 24/7 residential care. Additional available services include behavioral support, employment support, day program services, and transportation. DDP's HCBS waiver serves around 2,500 individuals with cost plans ranging from \$1,500 to over \$600,000 in SFY 2024. The services an individual receives and the cost of those services range significantly depending on the needs of the individual.

The BHSFG Commission Report identified two foundational recommendations directly impacting DDP's HCBS waiver. One recommendation is to re-engineer the reimbursement model to account for the level of acuity and support needs of an individual served, while a second key recommendation seeks to expand the service delivery system to support individuals with complex needs.

Medicaid State Plan Services

Targeted case management (TCM) is available to individuals of any age who are enrolled in DDP's HCBS waiver and individuals ages 16 and older who have been determined eligible for DDP. These services are delivered across the state by either a DDP-employed or contracted case manager. Approximately 3,100 individuals statewide are enrolled in TCM for individuals with DD.

TCM services are comprehensive and include assessment of an eligible individual, development of an individualized care plan, referral to services, and monitoring of those services. Quality TCM services require well-trained case managers who know their clients, work collaboratively with community providers, and can navigate complex systems to improve outcomes.

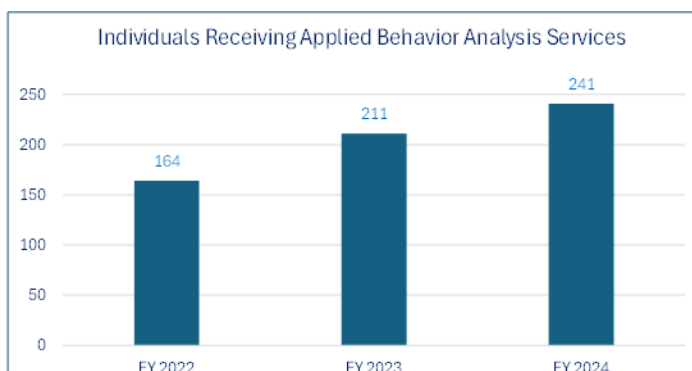
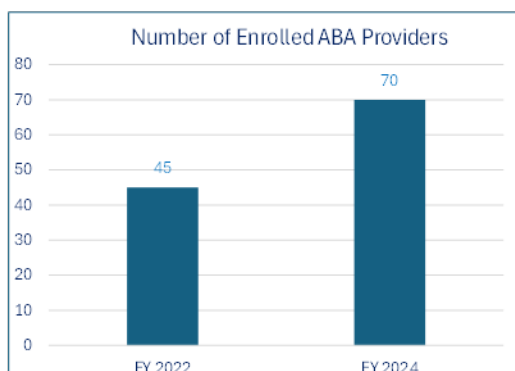
The BHSFG Commission Report identified opportunities to enhance TCM services by re-evaluating the current TCM reimbursement model, expanding the TCM program, and incentivizing providers to measure outcomes. The report also recommends developing a TCM training curriculum to improve this important service.

Applied Behavioral Analysis (ABA) is an important type of therapy that has been shown to improve social, communication, and learning skills through positive reinforcement.

This therapy is provided by a licensed board-certified behavior analyst (BCBA). Montana Medicaid members may be eligible for ABA services with the following diagnoses:

- Autism Spectrum Disorder (ASD)
- Serious Emotional Disturbance
- Developmental Disabilities

DDP worked with providers and stakeholders to improve access to this critical service by significantly revising the state plan benefit in SFY 2022. Additionally, DDP partnered with the Montana Association for Behavior Analysis (MT ABA) to pilot a grant program to increase Medicaid-enrolled BCBAs, particularly in rural areas. This grant funded education, outreach activities, and clinical supervision for grant recipients enrolled in an accredited ABA program. Medicaid-enrolled ABA providers increased 56% from January 1, 2022, to November 6, 2024.



Autism Facilities Grant Program

House Bill 952 was passed by Montana’s 68th Legislature and signed into law by Governor Gianforte, creating an Autism Facilities Grant program providing one-time funding for the construction or renovation of residential settings designed and equipped to provide services to individuals with ASD. The intent of the legislation was to support the development of additional in-state residential services for individuals with ASD to divert out-of-state placements from occurring. Jake’s Farm in the Dell in Ronan was awarded \$400,000, the maximum amount of funds allotted by the Legislature. This community-based setting has broken ground, and construction is underway.

HCBS Settings Innovation through Collaboration

Staff from DDP, SDMI, and Senior and Long-Term Care (SLTC) waiver programs partnered with the Department of Administration to increase efficiencies and improve customer service by designing and implementing the Settings Evaluation and Tracking System (SETS) portal. SETS is used by HCBS providers and DPHHS to ensure compliance with the HCBS Settings Rule issued by the Centers for Medicare and Medicaid Services (CMS). SETS improves communication and workflow of providers and DPHHS staff across multiple programs to ensure services to Montanans are delivered in integrated community settings compliant with the HCBS Settings Rule.

HIGHLIGHTS AND ACCOMPLISHMENTS DURING THE 2025 BIENNIUM

WORKFORCE DEVELOPMENT

Behavioral Health and Developmental Disabilities Workforce Recruitment and Retention Project

Workforce challenges continue to be identified as a significant barrier to the delivery and access to quality BH and DD services across the state. To address this barrier, BHDD, in partnership with the University of Montana Center for Children, Families, and Workforce Development (Center), collaborated to develop several workforce initiatives, including:

- Workforce Survey
- Learning Collaborative Cohorts
- Workforce Recruitment and Retention Strategic Planning Guidebook

These projects aimed to create actionable solutions by helping BH and DD providers build organizational capacity to innovate and evaluate recruitment and retention strategies.

Workforce Survey

The Center conducted a survey to assess the stability of the BH and DD workforces. The survey, conducted in the summer of 2023 and a second time in the summer of 2024, provided valuable information about desired compensation, turnover risk, and burnout. The results were used to create data-driven strategies to improve industry recruitment and retention. Repeating the survey allows comparative analysis to determine if strategic efforts are successful. The survey collected data from more than 488 BH and DD workers (2023) and 523 workers (2024) on:

- Employee's intent to remain in their current organization
- Employee's intent to remain in BH care
- Employee ranking of factors that determine if they stay with the organization
- Employee ranking of factors they are looking for in another organization
- Professional quality of life assessment
- Demographic information, including diversity indicators

Learning Collaboratives

Three cohorts of six BH and DD providers (18 organizations) completed a series of learning collaboratives designed to cultivate the key competencies in evaluating workforce strategies and forecasting workforce sustainability. The Center also developed a guidebook to aid organizations in developing data-driven strategies to improve recruitment and retention.

In addition to the learning collaboratives, each organization's human resource team received individual coaching to identify specific challenges and cultivate organizationally specific solutions. Each of the 18 organizations developed individualized recruitment and retention plans. Coaching continued following the plans' development to aid in their implementation and evaluation of success.

Station MD Pilot Supports Workforce Retention

StationMD is a physician service specifically for individuals with intellectual and/or DD. Its physicians are trained to work with individuals with intellectual and/or DD and treat patients through a secure telemedicine platform. The goal of StationMD is to resolve medical issues without the patient needing to leave the comfort and security of their home setting. DDP is piloting StationMD services for approximately 900 Montanans receiving DDP services.

StationMD services impact workforce retention by supporting direct support professionals (DSPs) working with individuals with intellectual and/or DD and enabling DSPs to focus on their numerous responsibilities while having immediate access to medical guidance and decision-making. Additionally, StationMD helps reduce unnecessary ED visits and urgent care trips, saving valuable time for DSPs and the individuals they support and avoiding lengthy waits in EDs. This streamlined access to care ensures more efficient use of time and resources within the community. A recent independent study completed by Ohio State University showed that 91% of DSPs surveyed felt that Station MD services made their job less stressful.

Western Interstate Commission on Higher Education

BHDD contracts with WICHE's Behavioral Health Program to optimize the delivery of Assertive Community Treatment (ACT). ACT is a member-centered, recovery and resiliency-oriented, rehabilitative mental health services delivery model for facilitating community living, psychosocial rehabilitation, and recovery for members who have not benefited from traditional outpatient services. ACT is an evidenced-based practice provided by a multidisciplinary, self-contained clinical team 24 hours a day, seven days a week, 365 days a year.

WICHE has performed fidelity reviews of ACT teams for the last four years. They have used these fidelity reviews to educate providers and encourage improved service delivery. Each year, they provide training for delivering ACT services to providers to support workforce development. Over the last two years, WICHE has provided monthly technical assistance to BHDD and providers during calls with providers to work together collaboratively to improve the Medicaid policies for this service.

REIMBURSEMENT RATES

Under HB 632 of the 2021 Legislative session, the department contracted with Guidehouse to conduct a comprehensive provider rate study of Medicaid services

administered by BHDD and SLTC. Central to the rate development process, the department and Guidehouse worked to identify the specific costs of delivering services, including residential services, in-home services, behavioral services, day services, case management, intensive behavioral services, PRTFs, supported employment, non-medical transportation, nursing, peer support, and self-directed support services across all programs.

Guidehouse developed benchmark rates for individual services using an independent rate build-up methodology commonly applied by states for setting rates for similar populations. The studied service benchmark rates were staggered and implemented over two fiscal years starting in FY 2024.

Implementing benchmark rates over the biennium is projected on an average weighted basis to increase studied service rates by 23.5% for DD, 28.1% for children's mental health services, and 14.6% for adult BH services. With staggered rate implementation over the 2025 biennium, it is estimated that raising rates for studied services increases expenditures over the two years by \$54.1 million for DD services, \$23 million for children's mental health services, and \$15.6 million for adult BH services.

FAMILY ENGAGEMENT

During the past biennium, CMHB, in partnership with the Center, has focused on family engagement to enhance the quality of children's mental health services. The Center provided partnership, leadership, and support across several efforts to both measure and improve family engagement. Best practice standards in children's mental health consistently recognize the family's involvement as paramount to successful treatment outcomes. "Nothing about us without us" is a phrase commonly used by family advocates when providing input for individual treatment planning and delivery and when engaging at a system or policy level.

Family Engagement Fidelity Assessment (FEFA)

The FEFA is a self-assessment tool that targets key family engagement skills and behaviors throughout care and treatment. This was developed based on findings from a full evaluation of the targeted case management system for SED youth. The tool is being implemented by mental health centers to further evaluate case management practices and make process improvements based on findings. The FEFA tool is also being used by mental health centers as a training tool for case managers.

Family Ambassador Board

The Center identified parents and caregivers whose children are currently receiving services with a strong interest and willingness to drive system improvements. Innovation grant funds have been allocated to hire up to 10 family members as consultants. The Family Ambassador Board was launched in the spring of 2024. Currently, six members provide input on several key projects, including:

- Review, editing, and implementation of family surveys
- Editing and improvements to the FEFA tool (described above)
- Development of a resource hub
- Treatment planning improvements

“The importance of the FAB group can’t be overstated enough. It has given families a bigger voice in the children’s mental health system, which is so important because we live these struggles all day every day. The continuance of FAB will allow for important changes in the mental health system, which will support children and their families in ways that actually feel helpful for their particular situation.”

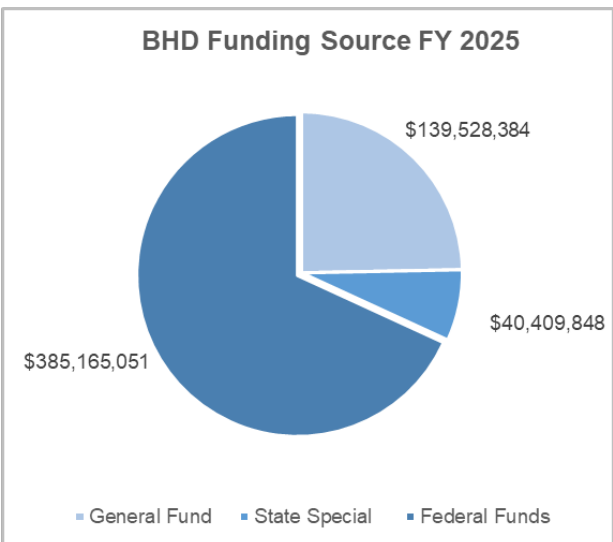
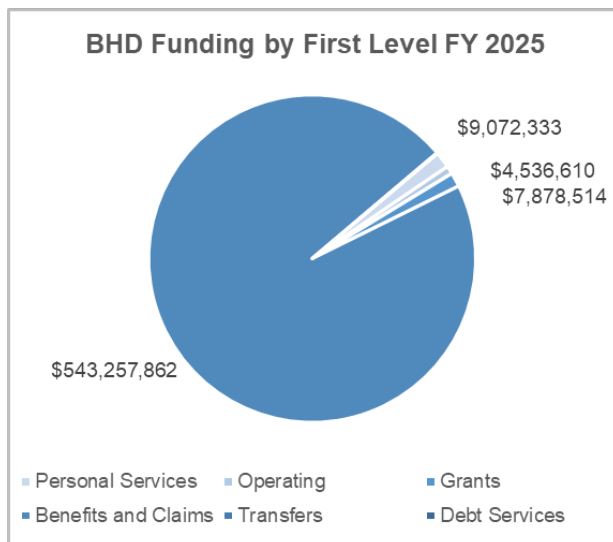
(Family Ambassador Board Member)

Family Peer Support

Family Peer Support is a leading national model of families with lived experience providing other families with emotional support, help accessing resources, and greater connection to the community. The information gathered was shared with CMHB and with the BHSFG commission in developing a near term initiative to fill this gap in Montana’s continuum of care. The final BHSFG report recommends adding family peer support to the State Plan as a Medicaid-reimbursable service to support long-term sustainability in Montana.

FUNDING AND PB INFORMATION

BEHAVIORAL HEALTH DEVELOPMENTAL DISABILITIES	FY 2025 BUDGET	FY 2026 REQUEST	FY 2027 REQUEST
PB	104	104	104
Personal Services	\$9,072,333	\$9,458,744	\$9,740,639
Operating	\$4,536,610	\$27,576,146	\$14,242,683
Equipment	\$0	\$0	\$0
Local Assistance	\$0	\$0	\$0
Grants	\$7,878,514	\$11,034,279	\$11,037,933
Benefits and Claims	\$543,257,862	\$532,424,094	\$607,081,972
Transfers	\$0	\$0	\$0
Debt Services	\$357,964	\$357,964	\$357,964
TOTAL COSTS	\$565,103,283	\$580,851,227	\$642,461,191
	FY 2025 BUDGET	FY 2026 REQUEST	FY 2027 REQUEST
General Fund	\$139,528,384	\$153,479,833	\$161,713,362
State Special Fund	\$40,409,848	\$65,495,293	\$57,476,303
Federal Fund	\$385,165,051	\$361,876,101	\$423,271,526
TOTAL FUNDS	\$565,103,283	\$580,851,227	\$642,461,191



CHANGE PACKAGES

PRESENT LAW ADJUSTMENTS

SWPL 1 – PERSONAL SERVICES

The budget includes \$168,257 in FY 2026 and \$193,152 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
FY 2026	\$107,213	\$116,513	(\$55,469)	\$168,257
FY 2027	\$119,824	\$116,794	(\$43,466)	\$193,152
Biennium Total	\$227,037	\$233,307	(\$98,935)	\$361,409

SWPL 3 – Inflation Deflation

This change package includes a reduction of \$3,429 in FY 2026 and \$2,318 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
FY 2026	(\$1,591)	(\$15)	(\$1,823)	(\$3,429)
FY 2027	(\$1,075)	(\$10)	(\$1,233)	(\$2,318)
Biennium Total	(\$2,666)	(\$25)	(\$3,056)	(\$5,747)

PL 10550 – MEDICAID CORE SERVICES AMH - BHDD

This present law adjustment for caseload growth in the Adult Mental Health (AMH) Program in the Behavioral Health and Developmental Disabilities Division covers the projected change in the number of eligible individuals, utilization, acuity levels, and cost per service for medical care. This adjustment does not include any changes in eligibility criteria or allowable plan services. This package requests \$6,222,998 in total funds for the biennium, including an increase of \$2,683,685 in general fund, a decrease of \$288,033 in state special revenue, and an increase of \$3,827,346 in federal funds.

	General Fund	State Special	Federal Funds	Total Request
FY 2026	\$737,128	(\$169,825)	\$910,435	\$1,477,738
FY 2027	\$1,946,557	(\$118,208)	\$2,916,911	\$4,745,260
Biennium Total	\$2,683,685	(\$288,033)	\$3,827,346	\$6,222,998

PL 10551 – MEDICAID CORE SERVICES DDP&CMH - BHDD

This present law adjustment is for the decrease in caseload in the Developmental Disabilities Program (DDP) and Children’s Mental Health (CMH) programs in the Behavioral Health and Developmental Disabilities Division which covers the projected change in the number of eligible individuals, utilization, acuity levels, and cost per service for medical care. This adjustment does not include any changes in eligibility criteria or allowable plan services. This package requests a reduction of \$7,501,086 in total funds for the biennium, including an increase of \$8,098,678 in general fund, a decrease of \$10,977,882 in state special revenue, and a decrease of \$4,621,882 in federal funds.

	General Fund	State Special	Federal Funds	Total Request
FY 2026	\$2,595,303	(\$5,602,063)	(\$4,825,384)	(\$7,832,144)
FY 2027	\$5,503,375	(\$5,375,819)	\$203,502	\$331,058
Biennium Total	\$8,098,678	(\$10,977,882)	(\$4,621,882)	(\$7,501,086)

PL 10552 – MEDICAID CORE FMAP ADJUSTMENT AMH - BHDD

This present law adjustment is necessary to maintain existing services for Adult Mental Health (AMH) services in the Behavioral Health and Developmental Disability Division. The request adjusts the FY 2025 budgeted expenses from the FY 2025 FMAP (Federal Medical Assistance Percentage) rate of 35.88% state funds 64.12% federal funds to the FY 2026 rate of 32.39% state funds and 67.61% federal funds, and the FY 2027 rate of 32.53% state funds and 67.47% federal funds. The biennial funding increases the general fund by \$2,292,099, increases state special revenue by \$442,099, and includes an offsetting decrease in federal funds. The total cost for the program does not change.

	General Fund	State Special	Federal Funds	Total Request
FY 2026	\$1,110,445	\$215,360	(\$1,325,805)	\$0
FY 2027	\$1,181,654	\$226,739	(\$1,408,393)	\$0
Biennium Total	\$2,292,099	\$442,099	(\$2,734,198)	\$0

PL 10553 – MEDICAID CORE FMAP ADJUSTMENT DDP&CMH - BHDD

This present law adjustment is necessary to maintain existing services for the Developmental Disabilities Program (DDP) and Children’s Mental Health (CMH) programs in the Behavioral Health and Developmental Disabilities Division. The request adjusts the FY 2025 budgeted expenses from the FY 2025 FMAP (Federal Medical Assistance Percentage) rate of 35.88% state funds 64.12% federal funds to the FY 2026 rate of 38.39% state funds and 61.61% federal funds, and the FY 2027 rate of 38.53% state funds and 61.47% federal funds. The biennial funding increases general fund by \$6,476,227 and increases state special revenue by \$1,079,817, and includes an offsetting decrease in federal funds of \$7,556,044. The total cost for the program does not change.

	General Fund	State Special	Federal Funds	Total Request
FY 2026	\$3,154,959	\$522,347	(\$3,677,306)	\$0
FY 2027	\$3,321,268	\$557,470	(\$3,878,738)	\$0
Biennium Total	\$6,476,227	\$1,079,817	(\$7,556,044)	\$0

PL 10554 – MEDICAID WAIVER SERVICES AMH - BHDD

This present law adjustment is for the increase of caseload in the Adult Mental Health (AMH) Program in the Behavioral Health and Developmental Disabilities Division which covers the projected change in the number of eligible individuals, utilization, acuity levels, and cost per service for medical care in the Severe and Disabling Mental Illness (SDMI) Waiver. This adjustment does not include any changes in eligibility criteria or allowable plan services. This package requests \$14,552,303 in total funds for the biennium, including \$4,836,027 in general funds, \$763,995 in state special revenue, and \$8,952,281 in federal funds.

	General Fund	State Special	Federal Funds	Total Request
FY 2026	\$1,580,789	\$333,485	\$3,072,113	\$4,986,387
FY 2027	\$3,255,238	\$430,510	\$5,880,168	\$9,565,916
Biennium Total	\$4,836,027	\$763,995	\$8,952,281	\$14,552,303

PL 10555 – MEDICAID WAIVER SERVICES DDP&CMH- BHDD

This present law adjustment is for the decrease of caseload in the Developmental Disabilities Program (DDP) and Children’s Mental Health (CMH) programs in the Behavioral Health and Developmental Disabilities Division which covers the projected change in the number of eligible individuals, utilization, acuity levels, and cost per service for medical care in the Developmental Disabilities Waiver. This adjustment does not include any changes in eligibility criteria or allowable plan services. This package requests a reduction of \$6,268,541 in total funds for the biennium, including a decrease of \$1,209,026 in general fund, a decrease of \$1,200,000 in state special revenue funds, and a decrease of \$3,859,515 in federal funds.

	General Fund	State Special	Federal Funds	Total Request
FY 2026	(\$1,111,917)	(\$600,000)	(\$2,747,360)	(\$4,459,277)
FY 2027	(\$97,109)	(\$600,000)	(\$1,112,155)	(\$1,809,264)
Biennium Total	(\$1,209,026)	(\$1,200,000)	(\$3,859,515)	(\$6,268,541)

PL 10556 – MEDICAID WAIVER FMAP ADJUSTMENT AMH - BHDD

This present law adjustment is necessary to maintain existing services for the Adult Mental Health (AMH) Program in the Behavioral Health and Developmental Disabilities Division. The request adjusts the FY 2025 budgeted expenses from the FY 2025 FMAP (Federal Medical Assistance Percentage) rate of 35.88% state funds 64.12% federal funds to the FY 2026 rate of 38.39% state funds, and 61.61% federal funds, and the FY 2027 rate of 38.53% state funds and 61.47% federal funds. The biennial funding decreases general fund by \$517,390, increases state special revenue by \$3,522,768, and includes an offsetting decrease in federal funds by \$3,005,378. The total cost for the program does not change.

	General Fund	State Special	Federal Funds	Total Request
FY 2026	(\$258,695)	\$1,736,849	(\$1,478,154)	\$0
FY 2027	(\$258,695)	\$1,785,919	(\$1,527,224)	\$0
Biennium Total	(\$517,390)	\$3,522,768	(\$3,005,378)	\$0

PL 10557 – MEDICAID WAIVER FMAP ADJUSTMENT DDP AND CMH - BHDD

This present law adjustment is necessary to maintain existing services for the Developmental Disabilities and Children's Mental Health Bureaus in the Behavioral Health and Developmental Disabilities Division. The request adjusts the FY 2025 budgeted expenses from the FY 2025 FMAP (Federal Medical Assistance Percentage) rate of 35.88% state funds 64.12% federal funds to the SFY 2026 rate of 38.39% state funds and 61.61% federal funds, and the SFY 2027 rate of 38.53% state funds and 61.47% federal funds. The biennial funding increases general fund by \$9,522,298 and includes an offsetting decrease in federal funds. The total cost for the program does not change.

	General Fund	State Special	Federal Funds	Total Request
FY 2026	\$4,636,619	\$0	(\$4,636,619)	\$0
FY 2027	\$4,885,679	\$0	(\$4,885,679)	\$0
Biennium Total	\$9,522,298	\$0	(\$9,522,298)	\$0

PL 10560 – MEDICAID EXPANSION SERVICES AMH - BHDD

This present law adjustment is for the decrease of caseload in the Adult Mental Health (AMH) Program in the Behavioral Health & Developmental Disabilities Division which covers the projected change in the number of eligible individuals, utilization, acuity levels, and cost per service for medical care for Medicaid Expansion. This adjustment does not include any changes in eligibility criteria or allowable plan services. This package requests a reduction of \$22,674,794 in total funds for the biennium including a decrease of \$2,349,758 in general fund, an increase of \$82,279 in state special revenue, and a decrease of \$20,407,315 in federal funds.

	General Fund	State Special	Federal Funds	Total Request
FY 2026	(\$1,388,412)	\$4,765	(\$12,452,825)	(\$13,836,472)
FY 2027	(\$961,346)	\$77,514	(\$7,954,490)	(\$8,838,322)
Biennium Total	(\$2,349,758)	\$82,279	(\$20,407,315)	(\$22,674,794)

PL 10564 – MEDICAID EXPANSION FMAP AMH - BHDD

This present law adjustment is necessary to maintain existing services for the Adult Mental Health (AMH) Program in the Behavioral Health and Developmental Disabilities Division. The biennial funding increases general fund by \$579,216 and includes an offsetting decrease in federal funds. The total cost for the program does not change.

	General Fund	State Special	Federal Funds	Total Request
FY 2026	\$289,608	\$0	(\$289,608)	\$0
FY 2027	\$289,608	\$0	(\$289,608)	\$0
Biennium Total	\$579,216	\$0	(\$579,216)	\$0

NEW PROPOSALS

NP 10001 - STATE OPIOID RESPONSE GRANT - BHDD

This new proposal adds the State Opioid Response (SOR) Grant to the Prevention Program budget in the Behavioral Health and Developmental Disabilities Division. The funding has been requested through OBPP using the Budget Amendment process since 2018. The grant dollars are used to address the opioid crisis by providing resources to Montana communities to increase access to FDA-approved medications for the treatment of opioid use disorder (OUD), and to support the continuum of prevention, harm reduction, treatment, and recovery support services for OUD and other concurrent substance use disorders. The SOR Program also supports the continuum of care for stimulant misuse and use disorders, including cocaine and methamphetamine. The request adds \$8,000,000 in federal funds for the biennium.

	General Fund	State Special	Federal Funds	Total Request
FY 2026	\$0	\$0	\$4,000,000	\$4,000,000
FY 2027	\$0	\$0	\$4,000,000	\$4,000,000
Biennium Total	\$0	\$0	\$8,000,000	\$8,000,000

NP 10002 - FDA TOBACCO GRANT - BHDD

This new proposal adds the federal Food and Drug Administration (FDA) Tobacco Grant to the Prevention Program budget in the Behavioral Health and Developmental Disabilities Division. The request adds \$218,855 in federal funds in each year of the biennium. The funding has been requested through OBPP using the Budget Amendment process since 2018. The grant dollars are used to enforce retailer compliance with tobacco regulations. This service is funded with 100% federal funds.

	General Fund	State Special	Federal Funds	Total Request
FY 2026	\$0	\$0	\$218,855	\$218,855
FY 2027	\$0	\$0	\$218,855	\$218,855
Biennium Total	\$0	\$0	\$437,710	\$437,710

**NP 10701 - BHSFG 01. REFINE AND RECONFIGURE THE CURRENT 0208
COMPREHENSIVE WAIVER SERVICE RATES - BHDD**

This new proposal is necessary to implement Behavioral Health System for Future Generations (BHSFG) recommendation 01 - Refine and Reconfigure the Current 0208 Comprehensive Waiver Services Rates. This funding will cover one-time only and initial operations costs for the recommendation during the biennium. This package requests \$8,403,600 in total funds for the biennium, including \$3,844,836 in state special revenue and \$4,558,764 of federal funds.

	General Fund	State Special	Federal Funds	Total Request
FY 2026	\$0	\$950,000	\$0	\$950,000
FY 2027	\$0	\$2,894,836	\$4,558,764	\$7,453,600
Biennium Total	\$0	\$3,844,836	\$4,558,764	\$8,403,600

**NP 10703 - BHSFG 03. EXPAND THE SERVICE DELIVERY SYSTEM TO SUPPORT
INDIVIDUALS WITH COMPLEX NEEDS - BHDD**

This new proposal is necessary to implement Behavioral Health System for Future Generations (BHSFG) recommendation 03 - Expand the Service Delivery System to Support Individuals with Complex Needs. This funding will cover one-time only and initial operations costs for the recommendation during the biennium. This package requests \$19,460,000 in total funds for the biennium, including \$14,018,071 in state special revenue and \$5,441,929 of federal funds.

	General Fund	State Special	Federal Funds	Total Request
FY 2026	\$0	\$10,630,000	\$0	\$10,630,000
FY 2027	\$0	\$3,388,071	\$5,441,929	\$8,830,000
Biennium Total	\$0	\$14,018,071	\$5,441,929	\$19,460,000

NP 10704 - BHSFG 04. REDEFINE AND REOPEN E&D CLINICS TO SUPPORT FAMILIES MORE EFFECTIVELY - BHDD

This new proposal is necessary to implement Behavioral Health System for Future Generations (BHSFG) recommendation 04 - Redefine and Reopen E&D Clinics to Support Families More Effectively. This funding will cover one-time only and initial operations costs for the recommendation during the biennium. This package requests \$3,025,000 in total funds for the biennium, including \$2,525,000 in state special revenue and \$500,000 of federal funds.

	General Fund	State Special	Federal Funds	Total Request
FY 2026	\$0	\$2,025,000	\$0	\$2,025,000
FY 2027	\$0	\$500,000	\$500,000	\$1,000,000
Biennium Total	\$0	\$2,525,000	\$500,000	\$3,025,000

NP 10706 - BHSFG 06. ENHANCE THE TARGETED CASE MANAGEMENT PROGRAM - BHDD

This new proposal is necessary to implement Behavioral Health System for Future Generations (BHSFG) recommendation 06 - Enhance the Targeted Case Management Program. This funding will cover one-time only and initial operations costs for the recommendation during the biennium. This package requests \$2,085,545 in state special revenue funds for the biennium.

	General Fund	State Special	Federal Funds	Total Request
FY 2026	\$0	\$1,335,545	\$0	\$1,335,545
FY 2027	\$0	\$750,000	\$0	\$750,000
Biennium Total	\$0	\$2,085,545	\$0	\$2,085,545

NP 10708 - BHSFG 08. IMPLEMENT A CARE TRANSITIONS PROGRAM - BHDD

This new proposal is necessary to implement Behavioral Health System for Future Generations (BHSFG) recommendation 08 - Implement a Care Transitions Program. This funding will cover one-time only and initial operations costs for the recommendation during the biennium. This package requests \$2,107,280 in state special revenue funds for the biennium.

	General Fund	State Special	Federal Funds	Total Request
FY 2026	\$0	\$1,115,619	\$0	\$1,115,619
FY 2027	\$0	\$991,661	\$0	\$991,661
Biennium Total	\$0	\$2,107,280	\$0	\$2,107,280

NP 10709 - BHSFG 09. ADOPT ELECTRONIC BED REGISTRY AND ENHANCE 988 - BHDD

This new proposal is necessary to implement Behavioral Health System for Future Generations (BHSFG) recommendation 09 - Adopt Electronic Bed Registry and Enhance 988. This funding will cover one-time only and initial operations costs for the recommendation during the biennium. This package requests \$6,059,400 in total funds for the biennium, including \$5,263,125 in state special revenue and \$796,275 of federal funds.

	General Fund	State Special	Federal Funds	Total Request
FY 2026	\$0	\$4,216,850	\$0	\$4,216,850
FY 2027	\$0	\$1,046,275	\$796,275	\$1,842,550
Biennium Total	\$0	\$5,263,125	\$796,275	\$6,059,400

NP 10717 - BHSFG 17. REDESIGN RATES TO IMPROVE IN-STATE YOUTH RESIDENTIAL SERVICES - BHDD

This new proposal is necessary to implement Behavioral Health System for Future Generations (BHSFG) recommendation 17 - Redesign Rates to Improve In-State Youth Residential Services. This funding will cover one-time only and initial operations costs for the recommendation during the biennium. This package requests \$150,000 in total funds for the biennium, including \$75,000 in state special revenue and \$75,000 of federal funds.

	General Fund	State Special	Federal Funds	Total Request
FY 2026	\$0	\$0	\$0	\$0
FY 2027	\$0	\$75,000	\$75,000	\$150,000
Biennium Total	\$0	\$75,000	\$75,000	\$150,000

NP 10718 - BHSFG 18. INVEST IN SCHOOL-BASED BEHAVIORAL HEALTH INITIATIVES - BHDD

This new proposal is necessary to implement Behavioral Health System for Future Generations (BHSFG) recommendation 18 - Invest in School-Based Behavioral Health Initiatives. This funding will cover one-time only and initial operations costs for the recommendation during the biennium. This package requests \$9,971,420 in total funds for the biennium, including \$7,317,074 in state special revenue funds and \$2,654,346 of federal funds.

	General Fund	State Special	Federal Funds	Total Request
FY 2026	\$0	\$2,725,015	\$0	\$2,725,015
FY 2027	\$0	\$4,592,059	\$2,654,346	\$7,246,405
Biennium Total	\$0	\$7,317,074	\$2,654,346	\$9,971,420

NP 10719 - BHSFG 19. INCENTIVIZE PROVIDERS TO JOIN THE BH AND DD WORKFORCE - BHDD

This new proposal is necessary to implement Behavioral Health System for Future Generations (BHSFG) recommendation 19 - Incentivize Providers to Join the BH and DD Workforce. This funding will cover one-time only and initial operations costs for the recommendation during the biennium. This package requests \$8,280,000 in state special revenue funds for the biennium.

	General Fund	State Special	Federal Funds	Total Request
FY 2026	\$0	\$8,030,000	\$0	\$8,030,000
FY 2027	\$0	\$250,000	\$0	\$250,000
Biennium Total	\$0	\$8,280,000	\$0	\$8,280,000

NP 10722 - BHSFG 22. EXPAND AND SUSTAIN CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS - BHDD

This new proposal is necessary to implement Behavioral Health System for Future Generations (BHSFG) recommendation 22 - Expand and Sustain Certified Community Behavioral Health Clinics. This funding will cover one-time only and initial operations costs for the recommendation during the biennium. This package requests \$40,439,355 in total funds for the biennium, including \$8,477,644 in state special revenue funds and \$31,961,711 of federal funds.

	General Fund	State Special	Federal Funds	Total Request
FY 2026	\$0	\$0	\$0	\$0
FY 2027	\$0	\$8,477,644	\$31,961,711	\$40,439,355
Biennium Total	\$0	\$8,477,644	\$31,961,711	\$40,439,355

NP 10801 - REFINANCE MED CORE AMH I-149

This new proposal requests a refinance of Medicaid Core Adult Mental Health in the Behavioral Health and Developmental Disabilities Division. This fund switch will increase state special revenue tobacco trust interest funds and decrease state special I-149 revenue by \$2,000,000 each year of the biennium. The total cost for the program is not impacted by this change package.

	General Fund	State Special	Federal Funds	Total Request
FY 2026	\$0	\$0	\$0	\$0
FY 2027	\$0	\$0	\$0	\$0
Biennium Total	\$0	\$0	\$0	\$0

NP 10802 - REALIGN APPROPRIATION FOR HCBS MH WAIVER

This new proposal realigns the appropriation of state special revenue to the Home and Community Based Services Mental Health Waiver program to align appropriation with anticipated expenditures. This change package requests a reduction of \$1,583,514 in state special revenue I-149 and an offsetting increase in state special tobacco trust interest funds.

	General Fund	State Special	Federal Funds	Total Request
FY 2026	\$0	\$0	\$0	\$0
FY 2027	\$0	\$0	\$0	\$0
Biennium Total	\$0	\$0	\$0	\$0

NP 10803 - REALIGN APPROPRIATION FOR MED WAIVER AMH

This new proposal fund switch in the Medicaid Waiver Adult Mental Health program reduces the state special appropriation for I-149 tobacco and increases general fund support. This change package requests a reduction of \$5,500,000 in state special revenue over the biennium and includes an offsetting increase in general funds. The total cost for the program does not change.

	General Fund	State Special	Federal Funds	Total Request
FY 2026	\$2,500,000	(\$2,500,000)	\$0	\$0
FY 2027	\$3,000,000	(\$3,000,000)	\$0	\$0
Biennium Total	\$5,500,000	(\$5,500,000)	\$0	\$0