

**DPHHS-RFP-2023-0475KH**  
**BEHAVIORAL HEALTH**  
**&**  
**DEVELOPMENTAL DISABILITY**  
**SERVICE SYSTEMS**  
**STRATEGY PROPOSAL**

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# 1.0 Introduction

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## 1.1 Project Title

### Behavioral Health System & Developmental Disability Service Strategy

## 1.2 Background

Behavioral health services in Montana are overseen and coordinated by the Department of Public Health and Human Services (DPHHS) within the Behavioral Health and Developmental Disabilities Division (BHDD). BHDD is responsible for developing and overseeing the state's systems for delivering and reimbursing publicly funded Behavioral Health and Developmental Disability Services. The division ensures the availability and efficient delivery of appropriate and effective services; analyzes and reports on program operations, costs, and outcomes; and provides extensive monitoring of program implementation and operation. Fee for service behavioral health providers throughout the state provide Medicaid behavioral health services. These include hospitals and hospital-based programs, Federally Qualified Health Centers (FQHCs), Mental Health Centers (MHCs), Rural Health Centers (RHCs), substance use disorder providers, and independent practitioners licensed to provide psychiatry, clinical psychology, counseling, and a variety of related services to persons with behavioral health needs.

Since Medicaid expansion, enrollee use of behavioral health services increased by 28%, as telehealth services for behavioral health reshaped and greatly expanded how services were delivered. The state expanded access to medication-assisted treatment, peer support services, and intensive outpatient services. Medicaid expansion improved the resources available for substance use disorder prevention and treatment in Montana by over 70% and allowed funding for prevention services to double. The number of state-authorized substance use disorder treatment provider service locations more than doubled between 2016 and 2021. In addition, the number of providers waived to prescribe buprenorphine increased by over 700% between 2017 and 2021. Medicaid expansion strengthened access and provided critical funding to support and grow Montana's behavioral health system.

Post Medicaid expansion, DPHHS has engaged in numerous efforts to improve behavioral health and developmental services across Montana including:

### HEART Initiative

The 2021 Montana Legislature passed Governor Greg Gianforte's Healing and Ending Addiction through Recovery and Treatment (HEART) Initiative, which seeks to strengthen the continuum of behavioral health services available to Montanans. The HEART Initiative invests significant state and federal funding to expand promotion of mental health, substance use disorder prevention services, crisis services, and treatment and recovery services for individuals with mental health and substance use disorders. It includes behavioral health programs and services provided using the HEART special revenue fund, Medicaid state plan, HEART 1115 demonstration waiver, and the Substance Use Prevention, Treatment, and Recovery Services Block Grant. Elements of the HEART

1115 demonstration waiver continue to be negotiated with the U.S. Centers for Medicare & Medicaid Services.

### CCBHC Planning

DPHHS is implementing the Montana Certified Community Behavioral Health Clinic (CCBHC) Planning Project in collaboration with the Montana Healthcare Foundation, the Montana Primary Care Association, and the Behavioral Health Alliance of Montana. The project is aimed at transforming how behavioral health in the State of Montana is delivered, accessed, and measured by implementing high-quality programs, practices, and policies that are recovery oriented, trauma-informed, and equity-based. The project aims to address complex challenges, from rising levels of drug overdoses and suicide to longstanding issues with the fragmentation of behavioral health and substance use from primary care systems. This initiative will address the needs of individuals in urban, rural, and frontier communities, focusing on those with health disparities by providing consistent access to prevention, early intervention, crisis services, treatment, and recovery services, as well as more robust care coordination and/or case management in accordance with federal requirements for CCBHCs.

### Comprehensive Facility Reform and Quality Improvement

As part of the State's competitive Request for Proposal (RFP) process, Alvarez & Marsal (A&M) was selected to provide a comprehensive assessment and establish long-term sustainable operation plans for DPHHS's seven health care facilities. A&M works closely with Healthcare Facility Division (HFD) leadership and operates under the authority of DPHHS, while partnering with the facilities, and key stakeholders (e.g., labor unions, advocacy groups, patients, and their families). A&M's primary focus has been on improving facility operations and aligning efforts with best practices and the HFD mission, to create a high quality, person-centered "system of care" in service of individuals living with mental illness, substance use disorders, intellectual and developmental disabilities, and aging related health conditions, including for veterans.

### Provider Rate Study

In September 2021, DPHHS committed American Rescue Plan Act (ARPA) funding to assess the reasonableness of Medicaid provider rates. The department contracted with Guidehouse, Inc. to conduct a detailed provider rate methodology study for home and community-based and skilled nursing facility services. In part due to the study, funding for provider rate increases has been authorized by the 2023 Montana Legislature.

### Regional Behavioral Health Care Settings

DPHHS and Guidehouse proactively launched an initiative designed to identify and implement promising and best practice approaches to improving access to regional behavioral health settings, with a focus on reducing overdependence on state-run health care facilities and ensuing civilly committed and other individuals in the care of the State are being served in the most clinically appropriate settings. The initiative will identify the services, costs, and rates necessary to improve the continuum of care and treat Montanans in clinically appropriate and accessible behavioral health and co-occurring treatment settings beyond DPHHS's current facilities.

## Behavioral Health System for Future Generations Fund (House Bill 872)

Governor Greg Gianforte's administration partnered with the 2023 Montana Legislature to develop and adopt HB 872, historic legislation which establishes a fund reserved for long-term, strategic investments in the behavioral health and developmental disability service systems. Pursuant to HB 872, eligible uses of the fund include:

Medicaid and CHIP matching funds for payments made to behavioral health settings;

Medicaid and CHIP matching funds for payments made to intermediate care facilities for individuals with intellectual disabilities;

statewide community-based investments to stabilize behavioral health and developmental disabilities service providers and delivery, increase and strengthen the behavioral health and developmental disabilities workforce, increase service capacity to meet identified behavioral health and developmental disabilities services demands, and increase opportunities for Montanans to receive integrated physical and behavioral health care;

acquisition of new or remodeling of existing infrastructure or property to support the establishment of behavioral health settings and intermediate care facilities for individuals with intellectual disabilities;

planning, operation, or other contract expenses associated with intermediate care facilities for individuals with intellectual disabilities; and

planning, operation, or other contract expenses associated with behavioral health settings.

Additionally, the legislation created an advisory commission comprised of both Legislative and Executive Branch appointees to recommend to the governor how the funds shall be prioritized and expended. These recommendations will include rapidly impactful near-term recommendations through long-term capital investments for improving the systems for future generations.

Please see Company Profile and Experience in the Offeror Qualifications for response instructions.

### **1.3 Objectives**

DPHHS is seeking an experienced Contractor qualified to support the Department in designing and implementing a cohesive behavioral health system and developmental disability service strategy that meets the needs of Montana with excellence. The contractor will ensure that BHDD, HFD, other contracted support, and other DPHHS programs and divisions are aligned in their efforts to improve component pieces of the behavioral health and developmental disability systems.

**The Department intends on awarding within 2-4 weeks of RFP closure with an immediate start date. The Contractor's team needs to be readily available upon reward.**

**Project goals include:**

1.3.1 Analysis and summarization of the current behavioral health and developmental disability systems, operations, and financing strategies in effect across Montana.

1.3.2 Identification of and recommendations for closing gaps in state and local planning and collaboration.

1.3.3 Expansion and alignment of pre-existing department and contractor work products, including those related to existing state-run health care facilities, to identify key gaps in service offerings across the state.

1.3.4 Development of a Behavioral Health System for Future Generations Strategic Plan that includes recommendations for:

- improved local and state communication and coordination;

- right sizing and strengthening community-based and institution-based services;

- improving the systems for crisis response and stabilization;

- increasing service availability in rural and frontier Montana;

- increasing the size of Montana's behavioral health workforce;

- innovative approaches to supporting families with caring for those with a behavioral health diagnosis and/or developmental disability; and

- administrative, regulatory, and budgetary recommendations.

1.3.5 Development of a multi-biennia Behavioral Health System for Future Generations Implementation Plan.

1.3.6 Development of a Developmental Disability Services for Future Generations Strategic Plan that includes recommendations for:

- right sizing and strengthening statewide community-based and institution-based services;

- improving the systems for crisis response and stabilization;

- increasing service availability in rural and frontier Montana; decreasing reliance on out-of-state providers;

- innovative approaches to supporting families with caring for those with a developmental disability and/or behavioral health diagnosis.

- administrative, regulatory, and budgetary recommendations.

1.3.7 Development of a multi-biennia Developmental Disability Services for Future Generations Implementation Plan.

1.3.8 Development of materials, proposals, and reports as required by the Behavioral Health System for Future Generations commission.

- 1.3.8.1 Develop, draft, present and/or advance near-term proposals.

- 1.3.8.1 In coordination with the commission and the department prepare the final required commission report that includes near and long-term proposals as well as capital investment recommendations.

## 1.4 High-Level Scope

1.4.1 Provide subject matter expertise on behavioral health public policy issues, strategies, and implementation plans.

1.4.1.1 Identify, review, and analyze other state best practices to propose viable solutions to support Montana's behavioral health and developmental disabilities care systems.

1.4.1.2 Identify, review, and analyze federal program opportunities for alignment with and in support of Montana's behavioral health system redesign efforts.

1.4.1.3 Collaborate with existing and future department contractors to ensure all efforts are aligned with the executive and department strategy.

1.4.1.4 Conduct an environmental scan of state and national systems that provide services to populations with developmental disabilities, mental health, and substance-use disorder diagnoses, Special focus given to co-occurring disorder populations. Compare health and wellness outcomes of individuals with behavioral health and developmental disability diagnoses in Montana to other states and systems.

1.4.1.5 Analyze existing Montana behavioral health and developmental disability reports, Medicaid claims, and other health and human services data to identify the status of services availability, service gaps, and outcomes.

1.4.2 Identify solutions that align and braid local, state, and federal behavioral health care programs to improve access across Montana.

1.4.2.1 Identify, review, and analyze federal program opportunities for substantive support in Montana's behavioral health and developmental disability system redesign efforts.

1.4.2.2 Provide statewide recommendations for appropriate levels of community-based, public hospital-based, and private hospital-based behavioral health care services.

1.4.2.3 Provide recommendations to improve statewide acute behavioral health capacity.

1.4.2.4 Provide recommendations to increase behavioral health provider participation in the Medicaid and CHIP programs.

1.4.2.5 Provide recommendations to increase behavioral health service provision by primary care providers in the Medicaid and CHIP programs.

1.4.2.6 Develop an implementation plan for a statewide behavioral health bed registry including system, operational, legal, and provider adoption recommendations.

1.4.2.7 Provide recommendations for improved use of Substance Use Prevention, Treatment, and Recovery Services Block Grant, Mental Health Services Block Grant, and Medicaid federal programs.

1.4.2.8 Identify opportunities for the integration of physical and behavioral health to provide Montanans with a seamless service system.

1.4.2.9 Identify opportunities to leverage relatives and other non-traditional caretakers to support service delivery for those with a behavioral health diagnosis and/or developmental disability.

1.4.3 Plan, facilitate, review, analyze, and provide synthesis summaries for local and/or statewide stakeholder meetings and communications.

1.4.3.1 Analyze agency survey and transcripts from pre-contract and contract term listening sessions.

1.4.3.2 Participate in and/or facilitate stakeholder meetings as required.

1.4.3.3 Prepare a final report of stakeholder interests, concerns, and recommendations.

1.4.3.4 Produce all public-facing meeting documents, including invitations, meeting minutes, and any follow-up documents.

1.4.3.9 Prepare a final report of stakeholder interests, concerns, and recommendations.

1.4.4 Support the agency during legislative hearings, commissions, and meetings.

1.4.4.1 Assist DPHHS with structuring the activities and agendas of the legislative commission authorized by HB 872.

1.4.4.2 Assist in the research, development, and drafting of near-immediate proposals for commission consideration based on known behavioral health and developmental disability service needs.

1.4.4.3 Assist in the research, development, coordination, and drafting of midrange to long term proposals for commission consideration based on needs identified through the performance of this contract.

1.4.4.3 Support DPHHS with staffing and presenting to the legislative commission authorized by HB 872.

1.4.4.4 Provide a holistic view of statewide behavioral health structures, operations, and financing as they currently stand.

1.4.5 Assist the Department in developing and implementing a comprehensive, holistic Behavioral Health System for Future Generations Strategic Plan, which should address:

1.4.5.1 What state and local planning and collaboration can be improved and what structure would be needed to support the improvement.

1.4.5.2 Whether the current structure for community-based services can be enhanced to better deliver services and viable implementation steps needed for those enhancements.

1.4.5.3 Whether a different structure or model, such as public-private partnership, is appropriate for the operation of state-run facilities, including behavioral health hospitals, nursing homes, and facilities for individuals with intellectual disabilities.

1.4.5.4 What additional actions are necessary to increase the size of Montana's behavioral health workforce and viable implementation steps needed for those actions.

1.4.3.5 Detailed plan must contain near, mid, and long-term recommendations.

1.4.6 Assist the Department in developing actionable steps via the Behavioral Health System for Future Generations Implementation Plan, as well as with comprehensive implementation activities as needed.



1.4.6.1 Develop implementation plans for near, mid, and long-term recommendations identifying strategies for structural and systemic improvements from design and development through execution that best fits the Montana behavioral health system, constructing a clear, quality path for supporting behavioral health disorders through the continuum of care with legislative, administrative, regulatory, and financial recommendations for consideration.

1.4.6.2 Include recommendations for approach and timing of transition, including timeline through calendar year 2025 that is responsive to policy, legislative, administrative, regulatory, and budgetary (inclusive of federal funding opportunities) initiatives and existing contractual timelines.

1.4.6.3 Identify key deliverables, measures, and metrics to be reported on a digital dashboard created by the Contractor. The measures must be categorized and reported as either outcome, output, or performance, as defined in Montana Code Annotated 2-15-2221.

1.4.6.4 Implement and execute identified reforms and initiatives at the direction of the department and pursuant to needed or relevant task order(s).

1.4.7 Assist the Department in developing a Developmental Disability Services for Future Generations Strategic Plan, which should address:

1.4.7.1 Whether the current structure for adult community-based services can be enhanced to provide a comprehensive system of care.

1.4.7.1.1 Are there additional upstream, preventative services that could impactfully support individuals waiting for waiver services?

1.4.7.1.2 Are services sufficient for individuals who have acute or intensive long-term needs?

1.4.7.2 Whether the current structure for youth services can be enhanced to provide a comprehensive system of care, especially those youth cross-systems involvement?

1.4.7.3 How can BHDD adopt and promote case management services that incentivize service levels based on individual need?

1.4.7.4 What state and local planning, collaboration, and coordination can be improved to impact response and stabilization services.

1.4.7.7 Whether the current structure for community-based services can be enhanced to increase access to services, including clinical and psychiatric services, for individuals living in rural and frontier counties so that individuals can remain in their communities.

1.4.7.8 Whether changes to services, payment methodologies, or service delivery modalities can decrease reliance on out-of-state providers.

1.4.7.11 Detailed plan must contain near, mid, and long-term recommendations that include key populations such as youth, individuals with co-occurring behavioral health conditions, and individuals transitioning out of institutional settings.

1.4.8 Assist the Department in developing actionable steps via the Developmental Disability Services for Future Generations Strategic Implementation Plan, as well as with comprehensive implementation activities as needed.

1.4.8.1 Develop an implementation plan for Year One, Year Two, and Year Three, and beyond identifying strategies for structural and systemic improvements from design and development through

execution that best fits the Montana developmental disability service system, constructing a clear, quality path for supporting a lifetime continuum of care with legislative, administrative, regulatory, and financial recommendations for consideration.

1.4.8.2 Include recommendations for approach and timing of transition, including timeline through calendar year 2025 that is responsive to policy, legislative, administrative, regulatory and budgetary (inclusive of federal funding opportunities) initiatives, and existing contractual timelines.

1.4.8.3 Identify key deliverables, measures, and metrics to be reported on a digital dashboard created by the Contractor.

1.4.8.4 The measures must be categorized and reported as either outcome, output, or performance, as defined in Montana Code Annotated 2-15-2221.

1.4.8.5 Implement and execute identified reforms and initiatives at the direction of the department and pursuant to needed or relevant task order(s).

## 2.0 Project Team Roles and Responsibilities

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The contractor shall provide sufficient and qualified staff to perform services. Qualifications include, but are not limited to:

- **Results Driven.** Be a proven facilitator of behavioral health and developmental disability systems reform demonstrated by resume or portfolio outlining experience in planning and both short and long-term implementation. Experience should demonstrate the ability to successfully balance and move providers and stakeholders, with different interests and perspectives, toward a common goal.
- **Knowledge and Understanding of Health and Human Services Programs.** Familiarity with health and human services data, policies, and funding streams, as well as financial requirements, reporting, and common compliance or financial risk factors associated with such programs, and procedures and policies set forth in the State of Montana MCAs, ARMS, and federal regulations. Operational experience within these programs is also desired.
- **Conflict Resolution/Change Management.** Must demonstrate ability to manage and navigate dynamics of providers, individuals receiving services, and state staff. This includes being able to identify background influences and perspectives underlying different positions and beliefs, and to effectively identify and manage dynamics, including individuals or organizations who could become counterproductive to successful outcomes of the process.

The State shall:

- Provide subject matter experts capable of identifying current processes and practices across Montana. This will include knowledge of existing state and federal laws/rules governing processes.
- Provide additional staff, as appropriate, to be available for collaboration with contractor throughout project, including attending and participating in meetings, and responding in a timely manner.

- Assist with coordinating logistics of meetings (dates/times/locations) based upon needs of each task.
- Provide a primary contract liaison who will be the primary contact for review of any additions, changes, or actions regarding the master contract.
- Provide a project liaison for each task order.
- Make data, systems, and other department tools and resources available to assist contractor with fact gathering, analysis, planning and recommendations, and implementation of reforms.

### **3.0 Task Order Based Contract**

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This will be a task order-based contract; the State will issue task orders based on business needs. The State will issue a task order request to contractor with detailed information regarding identified services. Contractor will have 30 calendar days or other agreed upon timeline to provide a response to task order request. At minimum, the following will be a requirement of every task order response; other response requirements may be added on a task-by-task basis.

- a. Narrative description and documentation of proposed work to be performed.
- b. High level implementation timeline.
- c. Forecasted hours and budget.
- d. Personnel to be working on task order.

The offeror's proposal shall include an hourly rate for services provided. The hourly rate should encompass all costs as there is no add-on for materials or travel in this request for proposal. The state has identified a budget of up to five million dollars for the initial contract efforts and up to ten million dollars for full contract term.

### **4.0 Timeline and Period of Performance**

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The Department intends on awarding within 2-4 weeks of RFP closure with an immediate start date. The initial contract term will run until December 31, 2025. The contract may be extended upon mutual agreement of both parties.

### **5.0 Compensation and Payment Schedule**

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The contractor must bill monthly identifying the task order and deliverables being invoiced. All invoices must be reviewed and accepted by the contract manager prior to payment. The department will issue payment on approved invoices within 30 days of receipt.

## 6.0 Miscellaneous

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The contractor may perform some of this contract remotely. The department and the contractor will agree on what tasks must be performed on sight as part of the task order development.