



DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

*Serving Montanans in their communities to improve health,
safety, well-being, and empower independence.*

ANNUAL PERFORMANCE REPORT

FY2025

DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES (DPHHS)

Director Charlie Brereton was appointed to lead DPHHS by Governor Greg Gianforte in June 2022 and confirmed by Montana's Senate in 2023 and 2025. Director Brereton leads the state's comprehensive health and human services agency to ensure an integrated, strategic, and transformative approach to **serving Montanans in their communities to improve health, safety, well-being, and empower independence**. In comparison to many other states, Montana is unique in that essential health and human services functions rest within one state agency; this allows for greater cross-program collaboration, innovation, and outcomes for those served by DPHHS.

Director Brereton, in partnership with his executive leadership team, is responsible for ensuring the provision of critical state and federal public assistance programs across Montana. The Director's executive leadership team is comprised of a Deputy Director, Human Services Executive Director, Medicaid and Health Services Executive Director, Public Health and Community Affairs Executive Director, Health Care Facilities Executive Director, Chief Financial Officer, Chief Legal Counsel, Chief Information Officer, Chief Human Resources Officer, and State Medical Officer.

The Director's Office is further supported by the offices of Budget and Finance, Legal Affairs, Human Resources, Communications, Strategy and Transformation, Research and Data Analytics, Faith and Community-Based Services, and American Indian Health.

Of DPHHS's 12 divisions, 10 are housed within its four core practices: **Human Services, Medicaid and Health Services, Public Health and Community Affairs, and Health Care Facilities**; the remaining two divisions exist within the Director's Office. Descriptions of DPHHS's budgeted programs are below. As of the date of publication of this plan, DPHHS has 2,752.62 positions budgeted and more than 70 offices statewide.

The goals in the FY2025 Annual Plan were intentionally ambitious. DPHHS believes that setting high standards drives significant progress for Montanans. While not every metric was met, the Department is committed to transparently reporting progress, identifying factors influencing goal pursuit, and using shortfalls for learning and continuous improvement.

Director's Office

Business and Financial Services Division (BFSD)

BFSD helps DPHHS meet its goals by efficiently managing financial resources and support services.

Technology Services Division (TSD)

TSD provides information technology (IT) solutions for DPHHS's health and human services programs. The division manages strategic IT investments to ensure access to reliable, secure, and high-quality data and technologies to address health and human services needs. TSD aims to offer secure, accessible, and responsive IT services to DPHHS.

Human Services Practice

Disability Employment and Transitions Division (DETD)

DETD advances the independence and employment of Montanans with disabilities by promoting opportunities for individuals with disabilities to have rewarding careers and achieve maximum personal potential through informed choice. DETD programs include Vocational Rehabilitation Services, Pre-Employment Transition Services, Blind and Low Vision Services, Disability Determination Services, and the Montana Accessible Communication Program.

Human and Community Services Division (HCSD)

HCSD manages eligibility services, as well as the policies and processes related to program access for Montana's Temporary Assistance for Needy Families (TANF) program, Supplemental Nutrition Assistance Program (SNAP), Medicaid Programs, and Healthy Montana Kids (HMK) Programs statewide. The division also administers the Community Services Block Grant, which is utilized by 10 Human Resource Development Councils across the state to deliver a variety of community-based human services programs.

Child Support Services Division (CSSD)

CSSD improves family economic stability by establishing and enforcing child and medical support orders. Services include locating parents, establishing paternity, creating support orders, and enforcing or modifying support orders.

Child and Family Services Division (CFSD)

CFSD administers child protective services, child abuse and neglect services, prevention services, and other programs designed to keep children safe and families strong, with the overarching goal of improving safety, permanency, and well-being for children. CFSD is organized into six regions and a central office that manage child welfare programs across Montana. Local Family Services Advisory Councils advise CFSD regional offices, enhancing collaboration between communities and DPHHS.

Early Childhood and Family Support Division (ECFSD)

ECFSD offers services to enhance the well-being, health, and development of children, families, and communities. Programs include childcare, home visits, food security, nutrition education, violence prevention, family support, and preventive health care. The division aims for consistent, efficient, and coordinated services across Montana.

Medicaid and Health Services Practice

Senior and Long-Term Care Division (SLTC)

SLTC plans, administers, and provides publicly funded long-term care services for Montana's senior citizens and persons with disabilities. Additionally, the division offers aging and long-term care education and support to Montanans of all ages, including Older Americans Act services, Medicaid community services, Big Sky Rx services, and Adult Protective Services.

Health Resources Division (HRD)

HRD oversees the administration of various components of Montana's Medicaid Program. This includes Medicaid primary care services, HMK (Medicaid and Children's Health Insurance Program services for children in low-income families), and the Medicaid Expansion Program. The division reimburses public and private providers for a range of preventative, primary, and acute care services.

Behavioral Health and Developmental Disabilities Division (BHDD)

BHDD provides Medicaid and grant-funded services for adults and children with behavioral health diagnoses and developmental disabilities. The division aims to help Montanans live independently in their communities and also supports Montana's Suicide Prevention Program.

Public Health and Community Affairs Practice

Office of Inspector General (OIG)

OIG works to improve the efficiency, effectiveness, and integrity of DPHHS programs while ensuring the health and safety of Montanans served in health care facilities. OIG offers various services, including certifying and licensing different health care facilities, detecting and investigating public assistance program fraud and abuse, and recovering overpayment claims for SNAP, TANF, Medicaid, and LIHEAP.

Public Health and Safety Division (PHSD)

PHSD provides a variety of public health services focused on disease prevention and promoting healthy lifestyles for Montanans. These services are available through both private and public providers, including local and tribal public health departments, clinics, hospitals, and community-based organizations. The division also offers epidemiology, scientific support, and laboratory services to assist clinicians in diagnosis and treatment. Additionally, PHSD supports responses to disease outbreaks or water contamination incidents.

Health Care Facilities Practice

Health Care Facilities Division (HFD)

HFD currently operates seven safety net health care facilities across Montana, each addressing distinct populations with varied needs and challenges. These facilities include the Montana State Hospital (MSH) and its Forensic Mental Health Facility (FMHF), Montana Mental Health Nursing Care Center (MMHNCC), Montana Chemical Dependency Center (MCDC), Montana Veterans Home (MVH), Southwest Montana Veterans Home (SWMVH), Eastern Montana Veterans Home (EMVH), and the Intensive Behavior Center (IBC). Several of HFD's facilities serve individuals civilly or forensically committed to DPHHS.



Strategic Outcome

1

Strengthen and Stabilize Montana's Health Care Delivery System

Implement Near-Term Initiatives (NTI) authorized by the Behavioral Health System for Future Generations (BHSFG) Commission to increase capacity in the state's behavioral health and developmental disabilities services systems and, in part, decrease pressure on state-run healthcare facilities.

Increase in-state access to residential services for individuals with complex service needs.

Implement programs that strengthen Montana's behavioral health and developmental disabilities workforce.

Develop a singular value-based payment Medicaid Primary Care Delivery Model to reward healthcare providers for positive patient outcomes.

Continue establishment of a pathway to U.S. Centers for Medicare and Medicaid Services (CMS) recertification of MSH.

Fully operationalize and staff the new Health Care Facilities Practice, as well as recruit and retain permanent state-run healthcare facility administrators.

Continuously address HFD direct care vacancies, including through the implementation of recruitment and retention strategies and a renewed emphasis on appropriate contract staff utilization.

Key Measures

- Expend 50% of approved NTI funding (see each NTI for initiative-specific measures).

Several of the approved and funded NTIs have implementation timelines longer than one year, which were not factored when this measure was established. DPHHS has expended 26.6% of approved NTI funding but has obligated 85.88% of the total approved NTI funding.
- Reduce wait times for completion of Court-Ordered Evaluations (COEs) by 15%.

DPHHS reduced wait times for the completion of COEs by 26.9% for male clients and 37.71% for female clients.
- Reduce out-of-state placement of children with complex

physical and behavioral health needs by 5%.

The number of children with complex physical and behavioral health needs placed out of state to meet those treatment needs increased by 3.5%. This figure should be evaluated within the context of a 23.3% increase in the number of children with complex physical and behavioral health needs receiving treatment in-state at a Therapeutic Group Home (TGH) or Psychiatric Residential Treatment Facility (PRTF) and a 1.7% reduction in the number of in-state TGH and PRTF beds during FY25. While there was a significant increase in the overall number of children with complex needs requiring a higher level of care in FY25, DPHHS successfully worked with providers and families to meet the needs of many of these children in-state.

- Increase access to behavioral health, primary care, and developmental disabilities services by 5%.

The number of behavioral health, primary care, and developmental disabilities service providers reduced by 1.4% and the total units of services provided to these populations decreased by 3.3%. These figures should be evaluated within the context of a 12.8% reduction in Medicaid member enrollees following Montana's Medicaid redetermination process following termination of the federal COVID-19 Public Health Emergency. The reductions in providers and total units of services were significantly less pronounced than the decrease in Medicaid member enrollees, indicating that DPHHS successfully retained providers and sustained service delivery at a rate exceeding what could be expected from the reduction in enrollees.

- Increase Montana's residential services capacity by 10%.

DPHHS achieved a 6.09% increase in residential services capacity. In June 2024, the original BHSFG residential services capacity NTI allocation of \$10 million was amended to \$15.8 million to permit the Department to approve more applications than projected, and 100% of the funds were obligated by September 16, 2024. Projects must be completed by March 16, 2026. Following this

historic investment, DPHHS anticipates residential services capacity will continue to rise as funded projects are completed.

- Increase completion of DPHHS-sponsored training initiatives available to the behavioral health and developmental disabilities workforce by 25%.

DPHHS achieved a 22.6% increase in the number of trainings available to the behavioral health and developmental disabilities workforce and an 18.9% increase in the number of attendees participating in the offered trainings. The significant increase in both the number of trainings offered and the number of attendees demonstrates the Department's commitment to strengthening the capacity and skills of providers with the goal of improving the quality of care delivered to Montanans.

- Establish two value-based metrics for use in the Medicaid Primary Care Delivery Model.

DPHHS has established 11 value-based metrics for potential inclusion in the finalized Medicaid Primary Care Delivery Model.

- Complete at least 50% of HB 5 capital improvement projects for CMS recertification of MSH.

DPHHS completed 62.6% of HB 5 capital improvement projects for CMS recertification of MSH.

- Fully staff the Health Care Facilities Practice leadership team by filling 100% of authorized PB.

DPHHS has filled 90.9% of authorized PB on the Health Care Facilities Practice leadership team. The only unfilled position is the Executive Director position, which DPHHS intends to fill as soon as possible.

- Implement 100% of required CMS recertification reforms at MSH.

DPHHS has completed and operationalized approximately 70% of the workstreams necessary to meet the CMS Conditions of Participation for recertification.

- **Reduce traveler costs by 5% for HFD and increase state HFD PB by 5%.**

HFD experienced an increase in contract expenses for travelling clinical staff in FY25 as compared to FY24. The overall increase in traveler costs was 19.87%. Primary cost drivers include the following:

- **An increase of 55.7% in 1:1 staffing at MSH due to patient acuity levels.**
- **Operationalization of the new MSH Grasslands facility in Helena to allow for capital projects at MSH main campus.**
- **Higher than projected traveler utilization at the Montana Mental Health Nursing Care Center due to housing shortages in Lewistown.**

Despite realizing increases in contract expenses for travelers, DPHHS increased the number of filled HFD PB by 4.58%, demonstrating the Department's continued focus on recruiting state staff while needing to maintain service provision at its 24/7 facilities.



Strategic Outcome

2

Drive Independence and Accountability through Public Assistance Programs

Improve and streamline methods used by public assistance clients to engage with DPHHS.

Help public assistance clients achieve independence, including by continuing to improve access to and increase utilization of Employment and Training (E&T) services provided through the Supplemental Nutrition and Assistance Program (SNAP) and the Temporary Assistance for Needy Families (TANF) Pathways program.

Increase opportunities for non-custodial parents engaged in child support services to improve their economic stability.

Expand access to quality childcare for working families, including through the implementation of performance-based resource and referral contracts.

Increase opportunities for older youth in foster care to obtain skills necessary for economic stability and independence as adults.

Key Measures

- Reduce Public Assistance Helpline (PAHL) wait times by 25% through the implementation of further reforms.

DPHHS reduced the PAHL wait time by 40.7%.

- Increase SNAP E&T participants statewide by 15%.

DPHHS achieved a 258.4% increase in SNAP E&T participants statewide.

- Increase TANF Pathways participants exiting the TANF program due to employment by 25%.

DPHHS achieved a 111.8% increase in TANF Pathways participants exiting the TANF program due to employment.

- Increase referrals of non-custodial parents engaged in child support services to E&T services by 25%.

The referrals of non-custodial parents from child support services to Employment and Training (E&T) services remains in a planning phase. This initiative requires strategic collaboration between several federal program areas.

		<ul style="list-style-type: none">• Improve access to quality childcare by enrolling 25% of licensed/registered providers in Montana’s Quality Rating System. DPHHS improved access to quality childcare by enrolling 26% of licensed/registered providers in Montana’s Quality Rating System.• Increase measurable skill growth for foster youth engaging in vocational rehabilitation services for 25% of all participants. DPHHS supported an increase in measurable skill growth for 63% of foster youth engaging in vocational rehabilitation services.
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Strategic Outcome #3

Increase Data Literacy and Analytics Capacity for Performance Measurement and Decision-making

Further establish DPHHS's data analytics and data management infrastructure, including staffing relevant and newly created teams.

Better leverage validated data as a strategic asset that can be easily accessed and meaningfully used by programs.

Steward data effectively and ethically throughout its lifecycle to improve program performance measurement and DPHHS-wide operational decision-making.

Key Measures

- Fully staff the Office of Research and Performance Analysis (ORPA) by filling 100% of authorized PB.

DPHHS filled 100% of authorized PB in the Office of Research and Data Analytics (ORDA), formerly known as the Office of Research and Performance Analysis (ORPA).

- Inventory and catalog 75% of Human Services, Public Health, and Community Affairs data assets through enterprise solution.

Delays were encountered in the procurement processes required to leverage a critical tool necessary to achieve this measure. DPHHS anticipates completing the onboarding process of the new tool by September 30, 2025.

- Develop DPHHS's first research agenda design.
 - 100% completion of detailed project timeline encompassing key milestones from initial research design to completed report.
 - 100% completion of data research methodology design, including tools and data analysis standards.

DPHHS successfully developed research agendas with multiple project options for the Medicaid and Health Services Practice, Human Services Practice (including CFSD, DETD, and HCSD), and Public Health and Community Affairs Practice. Research agendas for all other divisions are in development. DPHHS Executive Leadership and Division Administrators are working with ORDA to identify

		<p>priority projects for each division. Detailed project timelines and research methodology designs will continue to be developed throughout FY26.</p> <ul style="list-style-type: none"> • Develop use case modeling for metrics and outcomes related to client self-sufficiency/independence and population health. <ul style="list-style-type: none"> ○ Implement at least four use cases with outcome measures for success (at least two for self-sufficiency/independence and two for population health). <p>DPHHS has implemented two use cases, one in the area of self-sufficiency/independence and one in the area of population health.</p> <ul style="list-style-type: none"> • 100% completion of data use strategy 1.0 (i.e., development of a data collection and utilization plan) to be reviewed annually thereafter. <p>DPHHS is nearing the completion of a formal data use strategy. The first step was establishing a leadership structure with the Chief Data Officer, OST, and ORDA, followed by building strong relationships with executive and divisional leaders. Governance frameworks were implemented to enhance data oversight and clarify roles and responsibilities. Efforts also included advancing infrastructure, standardizing workflows for data projects, and collaborating with the Office of Legal Affairs to standardize data sharing agreements.</p>
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