



August 26, 2024

Amy Carlson  
Legislative Fiscal Division  
State Capitol  
PO Box 201711  
Helena, MT 59620-1711

Re: Response to Comments from the Joint Meeting of the Legislative Finance Committee, Section B Interim Budget Committee, and Children, Families, Health, and Human Services Interim Committee

Dear Ms. Carlson,

On behalf of the Behavioral Health System for Future Generations (BHSFG) Commission, Director Brereton and I would like to thank you for the opportunity to present the Draft BHSFG Commission Report to various legislative committees on July 23, 2024, and for the thoughtful comments subsequently provided on August 13 by your staff on behalf of legislators. The Commission recognizes that feedback from legislators is key to advancing the recommendations included in the report and ultimately improving Montana's behavioral health and developmental disabilities systems. The draft report now reflects some of this valuable feedback.

The most significant set of revisions to the draft report in response to the feedback related to Key Performance Indicators (KPIs). The draft report now includes a streamlined list of Performance Measures that more clearly delineate outcomes from process measures and more directly align with the requirements and definitions set forth in both HB 872 and HB 190. These revisions are captured for each recommendation in the body of the draft report. There is also a new section of the report appendix that further clarifies and summarizes the Commission's approach. We acknowledge the importance of measuring the success of all implemented recommendations and will coordinate with the Office of Research and Performance Analysis (ORPA) and the Office of Strategy and Transformation (OST) within DPHHS to establish required baseline data points once certain recommendations are authorized and funded for full implementation.

In further response to legislator feedback, we have also added a new section of the draft report appendix that demonstrates the relationships and linkage among various recommendations, as well as visualizes implementation sequence. Looking ahead, we acknowledge the benefit in identifying an initial set of "foundational recommendations"

that require long-term funding and, upon implementation, would establish the foundation for this important and potentially decades-long work. It is important to note that from the Commission's perspective, every recommendation included in this report is a priority despite our attempt to clarify which recommendations should be implemented first due to limited personnel and financial resources.

Otherwise, the Commission believes that the recommendations set forth in the draft report address much of the remaining feedback from legislators.

Respectfully,

Representative Bob Keenan, Chair

Director Charlie Brereton, Vice Chair

## Comment Summaries and Commission Responses

Comments from LFD Memo	Response
<p><b>1) Key Performance Indicators</b></p> <p>The most frequently mentioned topic was the key performance indicators (KPIs). Comments on this subject emphasized that clarity on processes, along with solid, measurable and impact-based KPIs are crucial for the Commission’s success. To achieve this clarity in the eyes of legislators and stakeholders, legislators stressed that a plan for baseline measurements is essential. Some comments specifically urged the commission to ensure that KPIs measured impact rather than process and suggested the inclusion of additional KPIs.</p>	<p><i>See response above; it is our hope that the revisions to and additional material contained in the report better address the topic of Key Performance Indicators.</i></p>
<p><b>2) Content Refinement and Resource Suggestions</b></p> <p><b>Refinements:</b> highlight which programs are proposed as pilot programs and would therefore need future consideration to be included in the base; outline which recs are linked and the dependencies they have, in order of implementation; clarify and narrow the intent of the report as a whole.</p> <p><b>Supplemental Resources:</b> add an acronym guide to the end of the report for ease of reading; include a list of proposed recommendations that did not make it into the final analysis and the report draft; include a list of possible programs (e.g., on a state or local level) that may implement recommendations if the Commission’s recommendations are not adopted.</p>	<p><i>See response above; it is our hope that the addition of recommendation sequencing in the report provides further clarity.</i></p> <p><i>An acronym guide has been added to the appendix of the report; the Commission will discuss the request for providing a list of recommendations not included in the report, which would also include possible programs that could be implemented in lieu of the Commission’s recommendations.</i></p>
<p><b>3) Points of Further Clarification</b></p> <p><b>Funding:</b> Questions arose regarding the sufficiency of funding in Recommendation 4 to fully replace the closed E &amp; D clinics, as well as the adequacy of the amount proposed in</p>	<p><i>The Commission worked with DPHHS program staff and community partners to review available, historic data to guide budget projections by recommendation. DPHHS will closely monitor and keep the Commission</i></p>

Comments from LFD Memo	Response
<p>Recommendation 10 to bring and manage services statewide in a timely manner.</p> <p><b>Implementation:</b> The timeline of a CCBHC demonstration waiver is of interest. Regarding Recommendation 14, concern was expressed about potential messaging and whether guardrails would be put in place to ensure that any media campaign does not undermine the key principle that illegal drug use is inherently harmful. Further detail about the tuition reimbursement program in Recommendation 19 was also requested.</p> <p><b>Learning from Previous Examples:</b> There is a concern that HB 660 from 2019, which provided a similar opportunity to Recommendation 10, did not attract applications from rural communities. Regarding Recommendation 1, a question was brought forward about whether other states successfully reconfigured similar Medicaid waivers and if so, what lessons can be implemented in Montana given its unique geographical challenges.</p> <p><b>Scope and Duplicity Issues:</b> Questions arose about Recommendation 18 and whether further investment in school-based behavioral health initiatives is necessary, given the wide reach of the CSCT program. Concerns were also raised regarding Near-Term Initiative 10 and whether this initiative is assuming a responsibility that should be addressed by the federal government.</p>	<p><i>updated on budget versus actuals for approved recommendations to identify any areas where revisions may be needed.</i></p> <p><i>An effort will be made to assure that the media campaign spreads an appropriate message for Montana. Related to the request for more information regarding Recommendation #19, it is anticipated that tuition reimbursement will be managed in a similar process to the current Montana State Loan Repayment Program (SLRP).</i></p> <p><i>Project planning for approved recommendations will seek to mitigate identified past issues associated with similar initiatives. Regarding Recommendation #1 and more broadly, examples from other states were reviewed and considered during development of the report.</i></p> <p><i>Special consideration will be given to ensure efforts are not duplicative with the existing CSCT program. Additional concerns were raised regarding NTI #10, which is directed at one-time only funding to local colleges and universities to stand up programs in Montana but does not offer continuous funding for program operations.</i></p>

Comments from LFD Memo	Response
<p><b>4) Additional Recommendations</b></p> <ul style="list-style-type: none"> <li>• Expand training opportunities into continuing education opportunities</li> <li>• Support workforce housing, particularly in rural areas</li> </ul>	<p><i>The Commission believes that current recommendations regarding the health care workforce are comprehensive and will take this feedback under advisement as it finalizes the report for submission to the Governor.</i></p>
<p><b>5) Comments in Support</b></p> <ul style="list-style-type: none"> <li>• One legislator emphasized their support for what NAMI dubbed, “the consistent six,” or recommendations that were both identified by the Commission and the Montana Legislature separately</li> <li>• Another legislator wrote in support of Recommendation 18 as an augmentation of the current CSCT program</li> </ul>	<p><i>The Commission appreciates all comments in support of the recommendations provided in the draft report, including those summarized in the August 13 memo from LFD.</i></p>