



DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

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

ANNUAL PLAN

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 subsequently confirmed by Montana's Senate. Director Brereton provides leadership to 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, and 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 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 and Operating 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 Performance Analysis, 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.

Director's Office

Business and Financial Services Division (BFSD)

BFSD enables DPHHS to achieve its strategic objectives through accurate and efficient management of the agency's financial resources and support services.

Technology Services Division (TSD)

TSD delivers innovative and timely information technology (IT) solutions across the breadth of DPHHS's health and human services programs. The division coordinates strategic IT investments to ensure citizen access to reliable, secure, high-quality data and technologies to address complex and evolving health and human services needs. TSD is committed to providing 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. Many programs are provided to support Montanans with disabilities, notably the Montana Telecommunications Access Program (MTAP), which ensures

those who are deaf or speech impaired can use traditional telecommunications equipment and services.

Human and Community Services Division (HCSD)

HCSD oversees eligibility services and the policy and processes associated with 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 across the state. The division also administers the Community Services Block Grant, which is used by ten Human Resource Development Councils statewide to provide a wide range of community-based human services programs.

Child Support Services Division (CSSD)

CSSD works to improve the economic stability of families through the establishment and enforcement of child support and medical support orders. Services include locating parents, establishing paternity, establishing financial and medical support orders, and enforcing or modifying child support orders including medical 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 administer child welfare programs across Montana. CFSD regional offices are advised by Local Family Services Advisory Councils, which serve as links between local communities and DPHHS.

Early Childhood and Family Support Division (ECFSD)

ECFSD provides coordinated services and resources to promote the well-being, health, and development of children, families, and communities. Programs administered by ECFSD include childcare and home visiting services, food security and nutrition education, violence and neglect prevention, family support, and preventative health care. The division is committed to supporting consistency, efficiency, and better-coordinated services for children and families 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 works to improve and protect the health and safety of all Montanans through administering components of the state's Medicaid Program, including 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

wide range of preventative, primary, and acute care services.

Behavioral Health and Developmental Disabilities Division (BHDD)

BHDD administers a wide range of Medicaid and grant-funded services to facilitate the delivery of effective services to adults and children with behavioral health challenges and/or developmental disabilities. The division's work is guided by the goal of providing Montanans with the support to live full, independent lives within their communities. BHDD also supports Montana's Suicide Prevention Program.

Public Health and Community Affairs Practice

Office of Inspector General (OIG)

OIG promotes the efficiency, effectiveness, and integrity of DPHHS programs and ensures the health and safety of Montanans served by health care facilities. OIG provides a range of services, including certifying and licensing various healthcare 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 works to improve the health of Montanans through a wide range of public health services aimed at disease prevention and the promotion of healthy lifestyles. Services are offered through private and public providers, including local and tribal public health departments, clinics, hospitals, and other community-based organizations. The division also includes epidemiology, scientific support, and laboratory services that are used by clinicians to aid in diagnosis and treatment. PHSD also supports responses to disease outbreaks or water contamination.

Health Care Facilities Practice

Health Care Facilities Division (HFD)

HFD currently operates seven healthcare facilities across Montana, each serving populations with unique 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). The division is responsible for overseeing the state's safety net health system, which serves certain Montanans living with mental illness, developmental disabilities, aging-related health conditions, and/or substance use disorders.



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).
- Reduce wait times for completion of Court Ordered Evaluations (COEs) by 15%.
- Reduce out-of-state placement of children with complex physical and behavioral health needs by 5%.
- Increase access to behavioral health, primary care, and developmental disabilities services by 5%.
- Increase Montana's residential services capacity by 10%.
- Increase completion of DPHHS-sponsored training initiatives available to the behavioral health and developmental disabilities workforce by 25%.
- Establish two value-based metrics for use in the Medicaid Primary Care Delivery Model.
- Complete at least 50% 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 FTE positions. - Implement 100% of required CMS recertification reforms at MSH. - Reduce traveler costs by 5% for HFD and increase state HFD FTE by 5%.
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 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. - Increase SNAP E&T participants statewide by 15%. - Increase TANF Pathways participants exiting the TANF program due to employment by 25%. - Increase referrals of non-custodial parents engaged in child support services to E&T services by 25%. - Improve access to quality childcare by enrolling 25% 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.



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 FTE positions.
- Inventory and catalog 75% of Human Services and Public Health and Community Affairs data assets through enterprise solution.
- 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.
- Develop use case modeling for metrics and outcomes related to client self-sufficiency/independence and population health.
 - Implement at least four use cases with outcome measures for success (at least two for self-sufficiency/independence and two for population health).
- 100% completion of data use strategy 1.0 (i.e., development of a data collection and utilization plan) to be reviewed annually thereafter.