Medicaid *in* MONTANA

ISSUE SPOTLIGHT

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The Critical Role of Medicaid Expansion in Supporting Montana's Behavioral Health System

MONTANA HEALTHCARE FOUNDATION

ACKNOWLEDGEMENTS

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This report would not have been possible without the partnership and support of the Montana Department of Public Health and Human Services (DPHHS). MHCF would also like to thank the stakeholders who were interviewed to inform the development of this report, including: Mary Windecker, Behavioral Health Alliance of Montana; Lenette Kosovich, Rimrock Foundation; Todd Wilson and Kyle Ann Johnson, Helena Indian Alliance; Lakiasha Gregerson, Providence Medical Group; Steve Todd, Sarah Teaff, and Paul Soukup, St. Luke Community Healthcare; and Timothy Pellandini, St. Vincent Physicians, SCL Health.

LETTER FROM MHCF CEO **DR. AARON WERNHAM**

MHCF has focused on behavioral health since the start of our programing in 2014. The need was clear. Substance use disorders and mental illnesses were among the most common health concerns ranked in surveys by Montana county and Tribal health departments. The data on drug and alcohol use, mental illness, and suicide rates, along with our conversations with health officials and providers around the state, reinforced the need for a new and focused approach to this issue.

To improve behavioral health in Montana, we use three core strategies:

- Supporting proven prevention programs: Historically, a relatively small amount of the state's budget for behavioral health has gone towards prevention. We work to increase funding for and widespread use of proven prevention programs

- Activating primary care: We give primary care providers the tools they need to treat behavioral health issues. Early identification and treatment by primary care providers is among the most effective ways to improve outcomes. It also helps ensure that scarce specialty providers are available for those who need them most.

- Increasing access to high-quality specialty care: In many parts of Montana, specialty care for behavioral health issues is difficult or impossible to access. We provide grants and strategic support to increase access to evidence-based specialty treatment.

This report shows how much progress has been made to improve behavioral health since Montana implemented Medicaid expansion in 2016. With Medicaid expansion now providing a payment source for behavioral health services, Montana's system is in the process of a deeply needed transformation. Between 2016 and 2020, Montana's budget for prevention doubled, and 59% of adults on Medicaid now receive primary care in a practice that also provides behavioral health services. In 2020 alone, over 8,600 adults participated in psychotherapy and nearly 3,300 received treatment for substance use disorders.

Medicaid expansion has allowed more individuals access to care, and it has enabled Montana's health system to start building a strong continuum of prevention and treatment services. But, even though significant progress has been made, turning the tide on addiction, suicide, and mental illness in our state will require ongoing solid and steady leadership.

EXECUTIVE SUMMARY

Montana consistently has among the highest mortality rates due to drugs, alcohol, and suicide in the nation. Between 2007 and 2018, drug overdoses cost Montana 1,400 lives; suicide takes 250 Montanans annually; and in 2020, the state experienced the highest level of alcohol-related deaths in twenty years: over 260 Montanans lost their lives. **Access to prevention, early intervention, treatment, and recovery services is critical to addressing Montana's deaths of despair** and improving the health and well-being of Montanans. **Montana's Medicaid program is instrumental in providing such access**.

Medicaid provides Montanans with low incomes access to physical and behavioral health care services based on their medical needs and life circumstances. It also provides access to primary care services, a crucial resource for early detection and treatment of behavioral health concerns.

Montana expanded Medicaid in 2016, increasing access to behavioral health care services in two critical ways. First, it provided coverage for over 90,000 Montanans, including many previously uninsured. Second, it provided funding that has allowed Montana's behavioral health system to grow and add new services to the benefit of all Montanans.

- In 2020, nearly 34,000 expansion enrollees (37%) had a behavioral health diagnosis recorded on a claim or received a behavioral health service.
- Between 2019 and 2020, through the public health emergency, expansion enrollee use of behavioral health services increased by 28%, as telehealth services for behavioral health reshaped how services were delivered (+3,112%) and as the state expanded access to medication-assisted treatment, peer support services, and intensive outpatient services.
- Increased access to and utilization of behavioral health services by expansion enrollees, combined with a nine-to-one federal spending match for payments, has brought nearly $54 million in new funding to Montana to support the state's behavioral health system. Expansion expanded the resources available for substance use disorder prevention and treatment in Montana by over 70% and allowed funding for substance use disorder prevention services to double.
- Increased provider payments allowed Montana's behavioral health system to grow to meet the need better. 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 waivered to prescribe buprenorphine increased by over 700% between 2017 and 2021.

Medicaid expansion strengthened access to and provided critical funding to support and grow Montana's behavioral health system.

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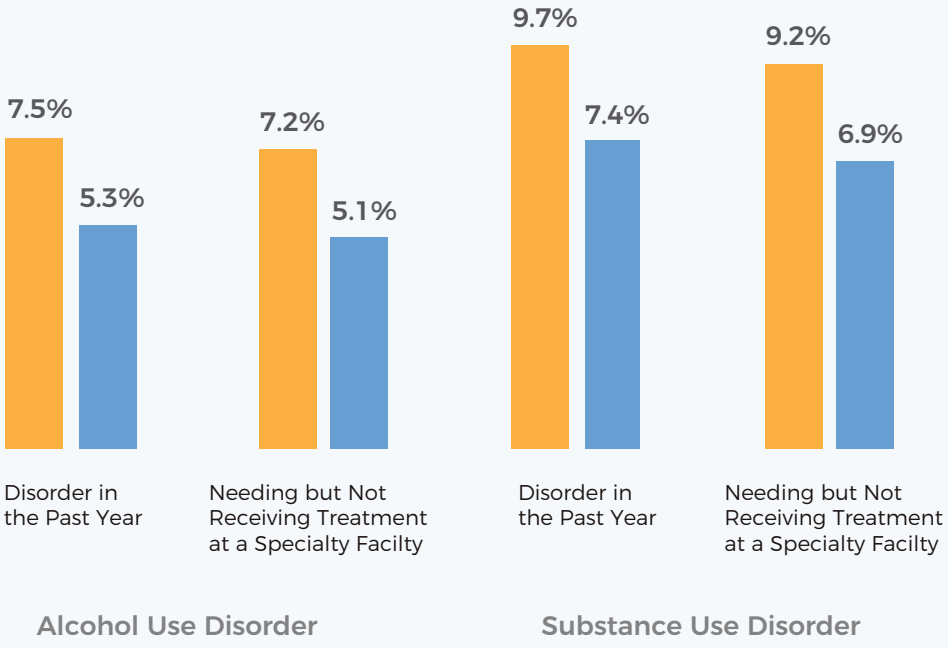
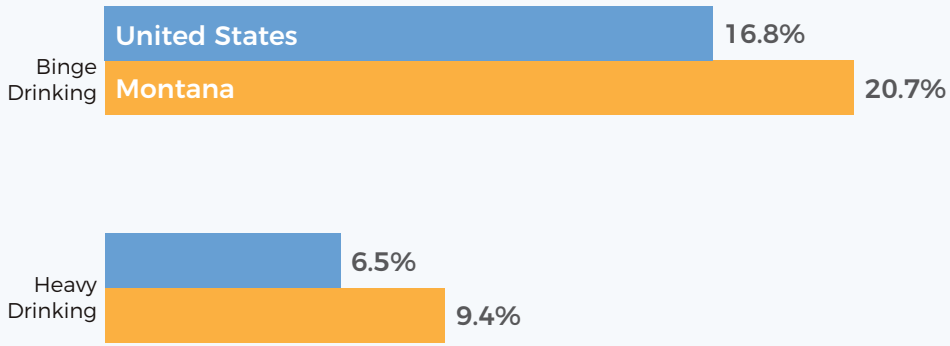
SUBSTANCE USE DISORDER RATES IN **MONTANA** ARE AMONG THE **HIGHEST IN THE COUNTRY**

Between 2007 and 2018, drug overdoses were the fourth leading cause of injury-related death, accounting for over 1,400 lives lost in the state. In 2019, nearly 80% of substance use-related emergency medical service calls involved alcohol (the most commonly used substance). In 2020, alcohol-related deaths surged, accounting for over 260 deaths – the most in the last 20 years. **Access to prevention, early intervention, treatment, and recovery services is critical to improving the health and well-being of Montanans.**

MONTANA RATES OF ALCOHOL & SUBSTANCE USE DISORDERS AND TREATMENT NEEDS (2018-2019)



MONTANA RATES OF ALCOHOL CONSUMPTION (2019)



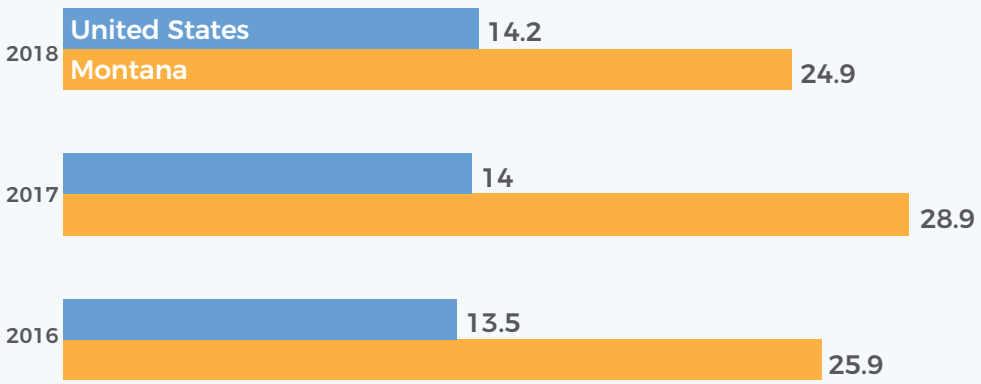
Heavy drinking: More than 14 drinks for men and more than 7 drinks for women per week

Binge drinking: 5 or more drinks for men and 4 or more drinks for women on one occasion

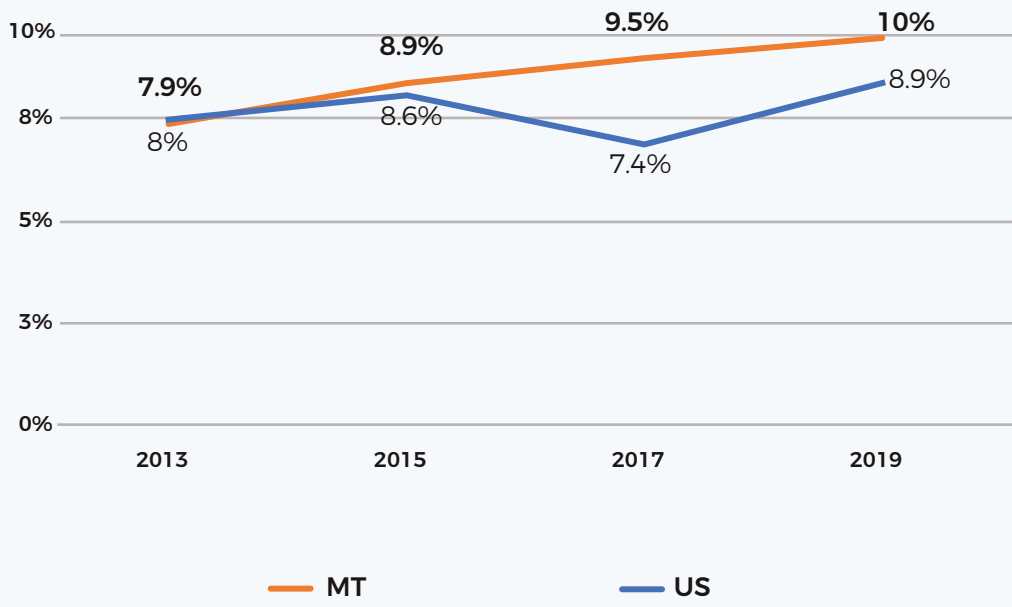
MONTANA HAS RANKED AMONG THE **TOP FIVE STATES** FOR SUICIDE DEATHS FOR OVER FOUR DECADES

250 Montanans take their own lives annually. In 2019, one in ten high school students reported a suicide attempt in the previous year. Individuals who commit suicide often struggle with depression or substance use disorders. Suicide attempts frequently involve alcohol use - 42% of suicide victims had alcohol in their systems. Research shows an association between greater availability of mental health services and lower rates of suicide, making access to behavioral health care crucial for early detection of suicidal ideations and treatment to prevent intentional self-harm.

MONTANA SUICIDE MORTALITY RATES PER 100,000 PEOPLE (2016-2018)



PERCENTAGE OF MT HIGH SCHOOL STUDENTS REPORTING A SUICIDE ATTEMPT IN THE PAST YEAR (2013-2019)

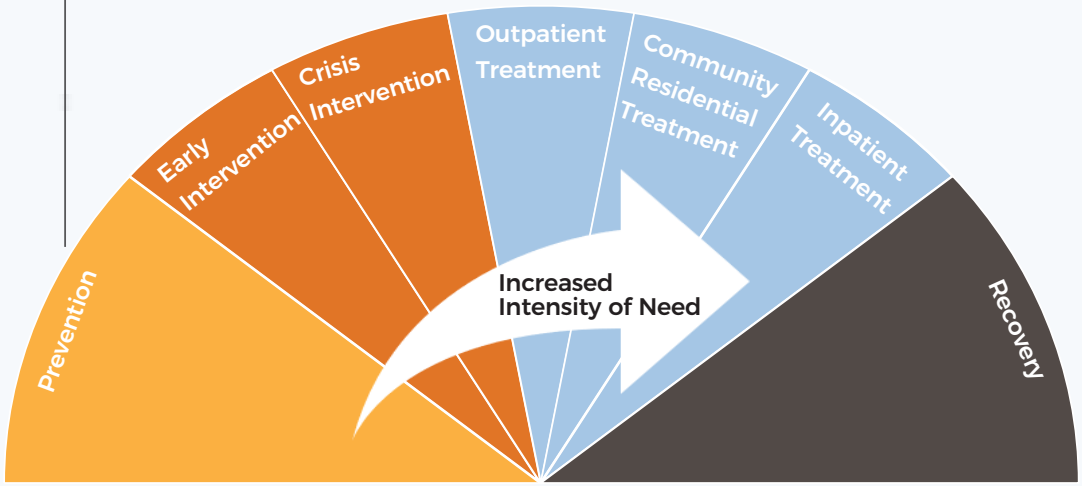


MEDICAID PROVIDES ACCESS TO ESSENTIAL BEHAVIORAL HEALTH SERVICES, LIKE SUBSTANCE USE DISORDER **PREVENTION AND TREATMENT**

Medicaid provides Montanans with low incomes access to physical and behavioral health care services based on their medical needs and life circumstances. **Medicaid covers a continuum of behavioral health benefits, like screening, initial assessments, outpatient treatment, psychiatric consultation and treatment, crisis intervention, and intensive outpatient and inpatient treatment when needed.**

MONTANA'S BEHAVIORAL HEALTH CARE CONTINUUM

Prevention programs – if implemented properly – over time reduce the number of individuals requiring crisis care and more intensive (and costly) interventions.



MEDICAID BEHAVIORAL HEALTH SERVICES

Mental Health

- Screening
- Crisis intervention
- Outpatient therapy
- Targeted case management
- Assertive Community Treatment
- Community-based psychiatric rehabilitation support
- Day treatment
- Partial hospitalization
- Illness management and recovery services
- Certified behavioral health peer support services

Substance Use Disorder

- Screening and assessment
- Crisis intervention
- Intensive outpatient treatment
- Targeted case management
- Medication-assisted treatment
- Community-based psychiatric rehabilitation support
- Partial hospitalization
- Inpatient treatment
- Recovery support
- Certified behavioral health peer support services

MEDICAID PROVIDES ACCESS TO **PRIMARY CARE SERVICES**, A CRUCIAL RESOURCE FOR EARLY DETECTION AND TREATMENT OF BEHAVIORAL HEALTH CONCERNS

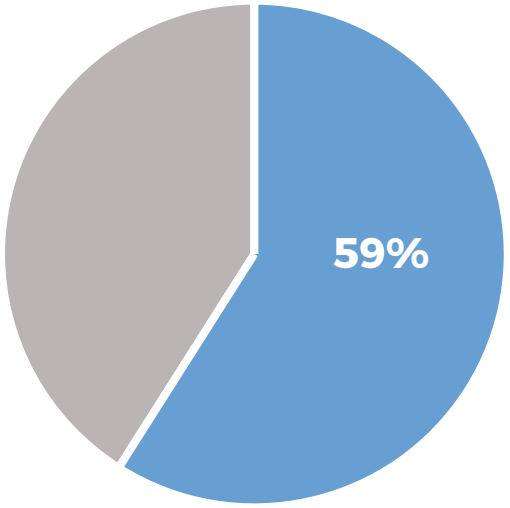
Across Montana, primary care clinics are increasingly equipped to screen patients for behavioral health concerns and facilitate connections to needed treatment and support. Primary care practices have been shown to improve substance use disorder outcomes and lower Medicaid costs by using screening and early intervention tools such as Screening, Brief Intervention, and Referral to Treatment (SBIRT).

Over half of adult Medicaid patients (59%) are assigned to primary care clinics that also provide behavioral health services. By integrating behavioral health services into primary care, providers work together to identify and treat behavioral health conditions. Patients are screened for depression, anxiety, and substance misuse during primary care appointments and, if needed, receive behavioral health care as part of the same visit. The delivery of basic behavioral health services in primary care clinics helps keep the state's more limited, specialty behavioral health services for the people who need them most.

To learn more about the Montana Healthcare Foundation's Integrated Behavioral Health initiative, visit https://mthcf.org/initiatives/integrated-behavioral-health/.

Adoption of the Integrated Behavioral Health Model Across Montana

- **9** of the **11** large hospitals
- **32** of the **48** critical access hospitals
- **4** of the **5** urban Indian health centers
- All **14** federally qualified health centers



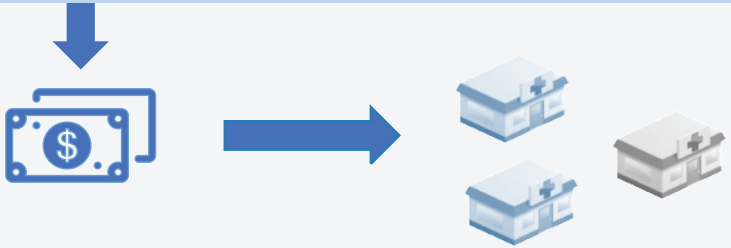
of adult Montana Medicaid patients receive primary care in an integrated behavioral health practice

MEDICAID EXPANSION STRENGTHENS ACCESS TO AND FUNDING FOR THE CONTINUUM OF BEHAVIORAL HEALTH SERVICES

Expanded Coverage for Montanans

- Medicaid expansion covers over 90,000 adults with low incomes who would otherwise not have access to affordable health insurance.
- In 2020, nearly 34,000 expansion enrollees (37%) received a behavioral health service or had a behavioral health diagnosis recorded on a claim.
- Access to the continuum of behavioral health services is critical for ensuring Montanans' long-term health and well-being.

Increased Funding for the Behavioral Health System

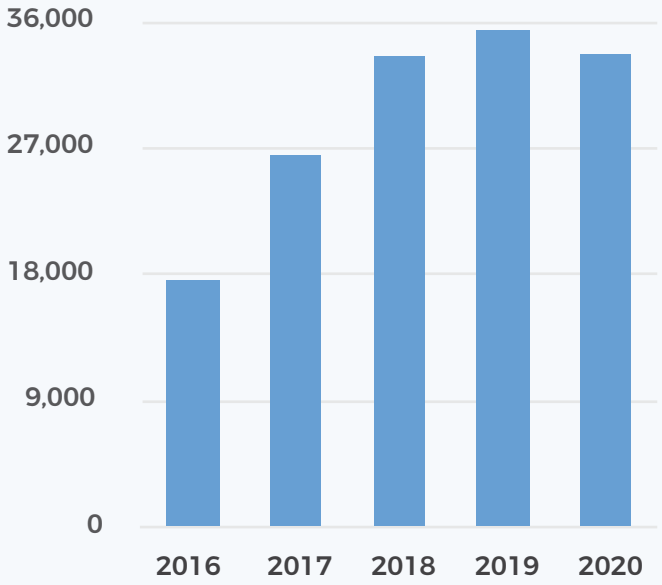


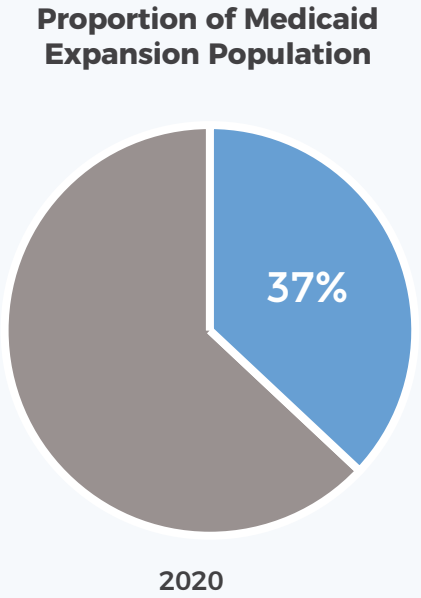
- Medicaid expansion brought nearly $54 million of new federal dollars to Montana to support substance use disorder prevention and treatment; funding for prevention services has doubled.
- The number of state-approved sites offering substance use disorder treatment to Medicaid enrollees more than doubled since Medicaid expansion.
- New federal Medicaid dollars allow Montana to strengthen its behavioral health system capacity and service array.

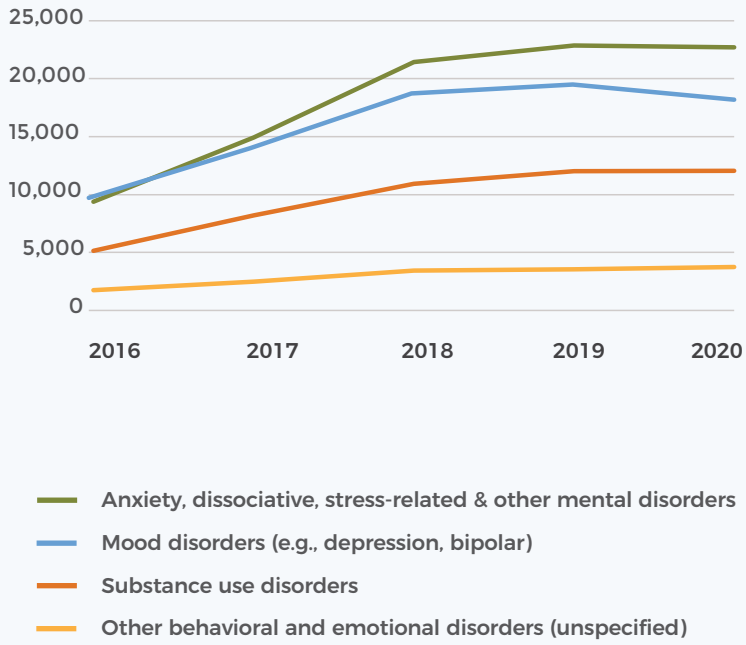
MEDICAID EXPANSION SUPPORTS THE **EARLY IDENTIFICATION** AND TREATMENT OF BEHAVIORAL HEALTH CONDITIONS

In 2020, more than a third of Medicaid expansion enrollees (37%) had a health care claim that included a behavioral health diagnosis. This percentage was higher than reported national expansion averages, which may be attributable to greater local need and detection by health care providers. Anxiety and mood disorders were the most frequent conditions diagnosed, followed by substance use disorders.

EXPANSION ENROLEES WITH A BEHAVIORAL HEALTH DIAGNOSIS* (2016-2020)



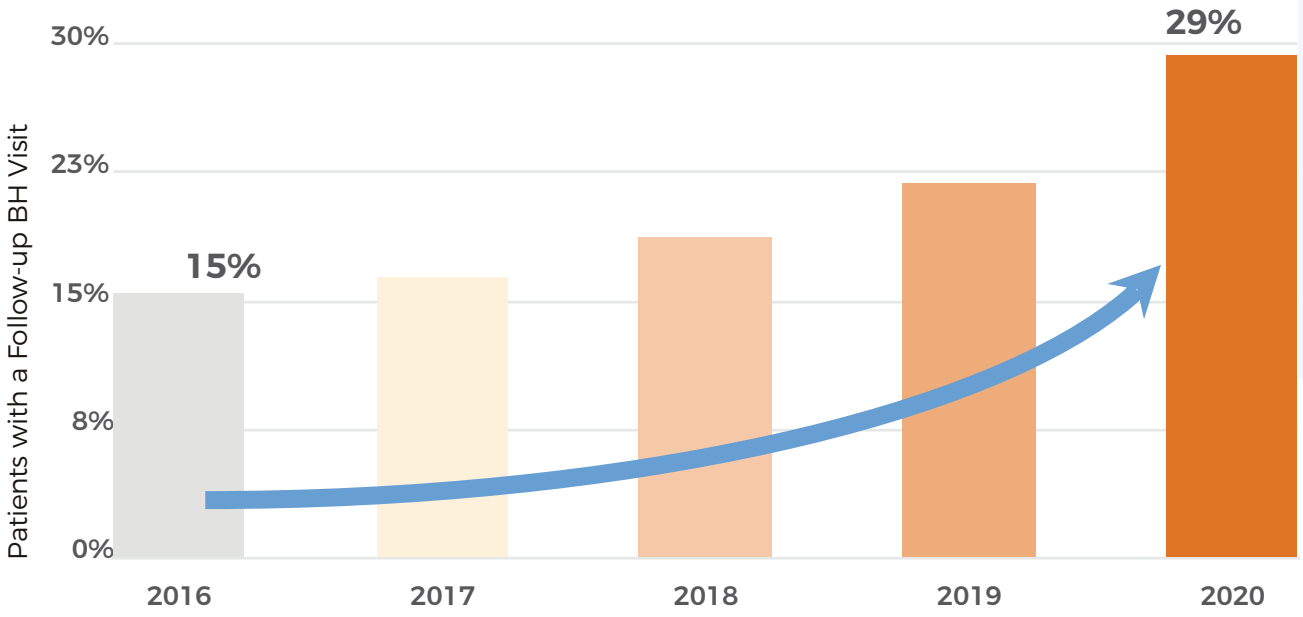




As identified on a claim (i.e., ICD code)

PRIMARY CARE PROVIDERS ARE INCREASINGLY IDENTIFYING BEHAVIORAL HEALTH CONDITIONS AND CONNECTING PATIENTS TO **APPROPRIATE CARE**

EXPANSION ENROLLEES SEEING A BEHAVIORAL HEALTH PROVIDER FOR THE FIRST TIME WITHIN 30-DAYS OF PRIMARY CARE VISIT (2016-2020)



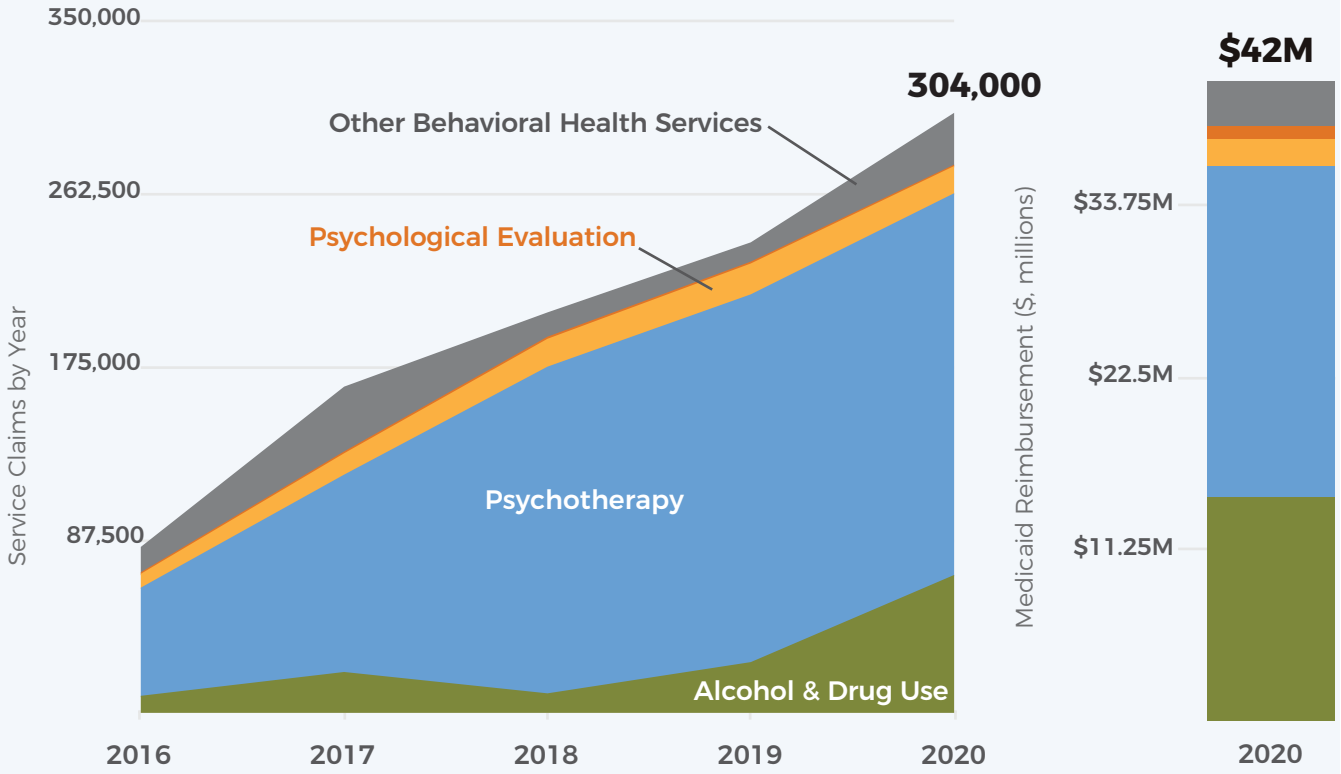
The proportion of Medicaid expansion enrollees that saw a behavioral health provider for the first time within 30-days of visiting with their primary care provider increased between 2016 and 2020.*

**Note: Latter year increases also likely partially attributable to fewer individuals with behavioral health conditions remaining to identify and, in 2020, lower – and likely higher acuity – primary care provider visits.*

In recent years, Medicaid expansion enrollees see behavioral health providers more frequently after seeing their primary care provider. For example, over the past five years, the proportion of enrollees seeing a behavioral health provider for the first time within three days of visiting their primary care provider increased from 3% to 5% and within 30-days increased from 15% to 29%. This change could result from increased primary care screening for behavioral health concerns, improved physical and behavioral health integration, and greater behavioral health system capacity.

THE USE OF **BEHAVIORAL HEALTH SERVICES** HAS **INCREASED** AS PEOPLE CONNECT TO THE CARE THEY NEED

EXPANSION ENROLLEE USE OF BEHAVIORAL HEALTH SERVICES (2016-2020)

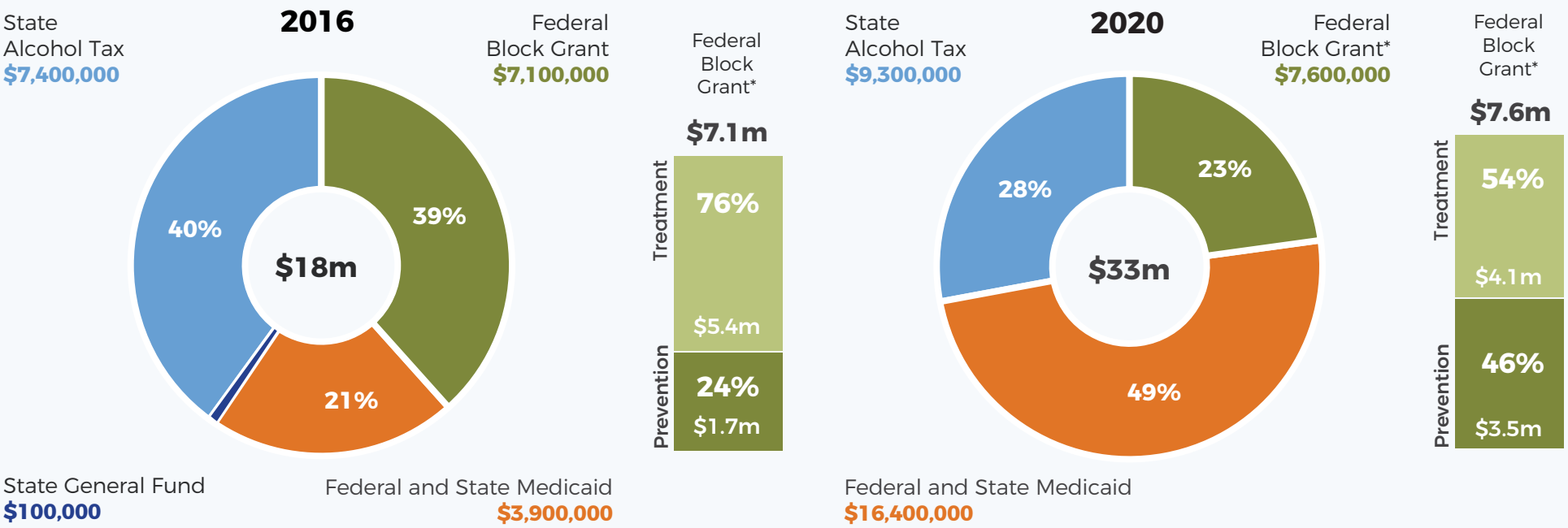


Between 2019 and 2020, Medicaid expansion enrollee use of behavioral health services increased by 28%. Growth was driven by alcohol and drug treatment and other service claims, as the state expanded access to medication-assisted treatment, peer support services, and intensive outpatient services. The increase in behavioral health claims was also partially attributable to changing billing practices as patients and providers migrated to telehealth. Psychotherapy services (including family and individual therapy) remained the most utilized behavioral health service type.

While the overall number of behavioral health service claims for Medicaid expansion enrollees increased by 84% between 2017 and 2020, costs for those services increased by far less (53%). This difference could indicate that service growth was concentrated in lower-cost, less-intensive services, a potential symptom of behavioral health conditions being detected and treated earlier.

MEDICAID EXPANSION INCREASED THE RESOURCES AVAILABLE FOR SUBSTANCE USE DISORDER PREVENTION AND TREATMENT BY **OVER 70%**

MONTANA'S SPENDING ON SUD PREVENTION AND TREATMENT BY FUNDING SOURCE

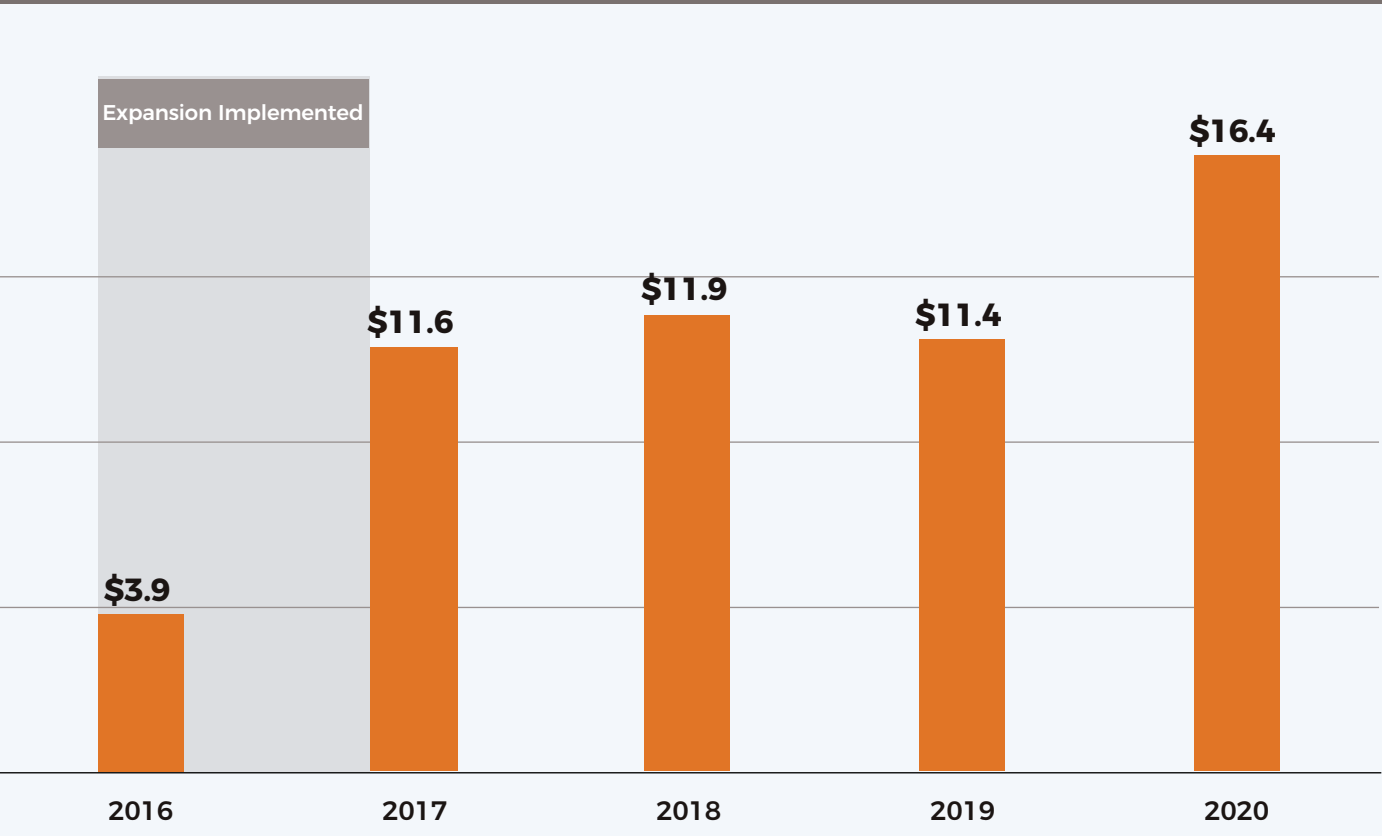


** Federal block spending shown for SFY2019; SFY2020 data not representative of recent Block Grant spending due to public health emergency*

State spending on substance use disorder prevention services for Montanans doubled between 2016 and 2020, as the state leveraged Medicaid expansion's nine-to-one federal match to bring nearly $54 million to Montana to finance treatment for many previously uninsured individuals, freeing up federal Block Grant funding for prevention activities. Before Medicaid expansion, Montana relied on a limited patchwork of federal Substance Abuse Prevention and Treatment Block Grant funds, state general fund dollars, and state alcohol tax dollars for substance use disorder support.

MEDICAID EXPANSION PROVIDES **CRITICAL RESOURCES** TO SUPPORT SUBSTANCE USE DISORDER TREATMENT

MEDICAID FUNDING FOR SUBSTANCE USE DISORDER TREATMENT (2016-2020)*



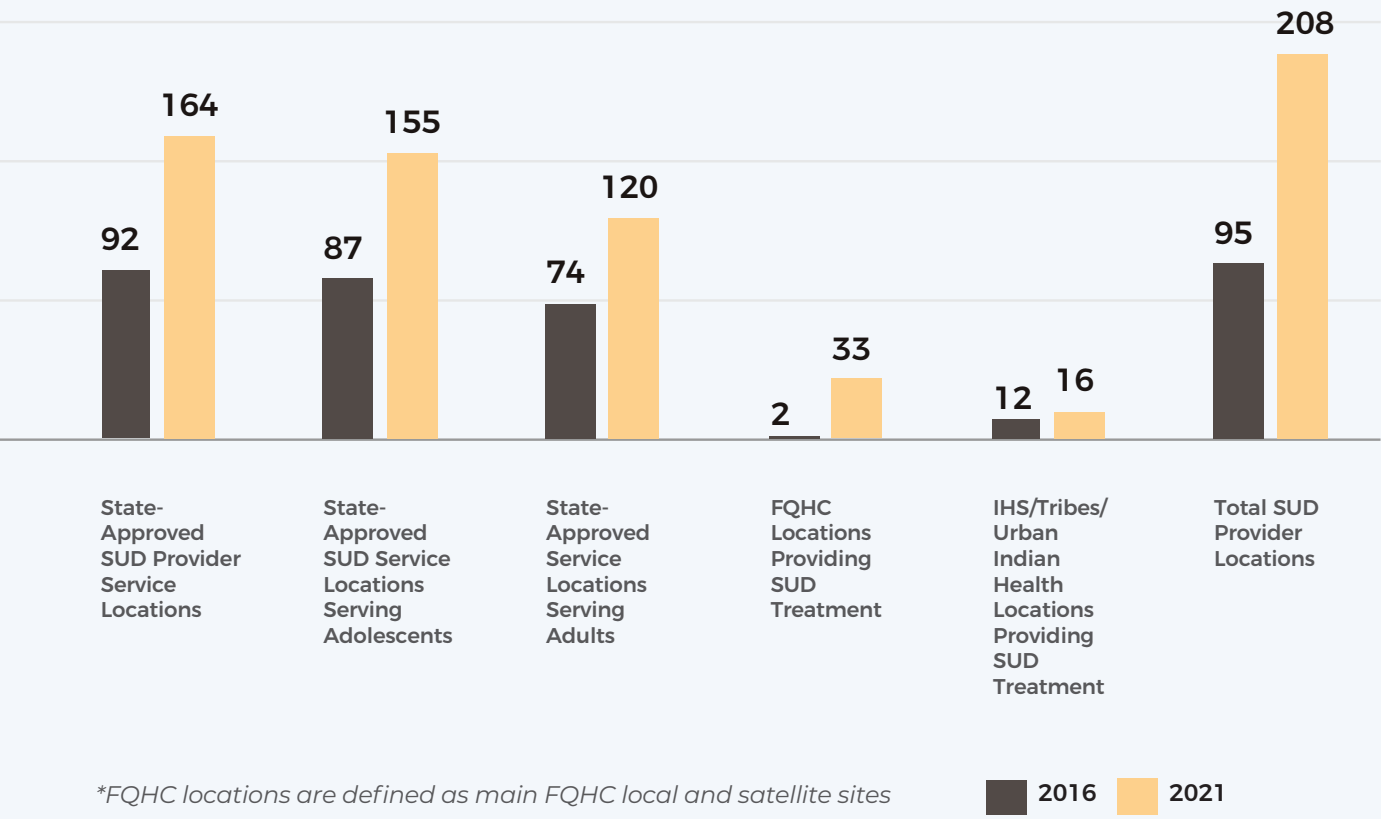
**Medicaid funding ($, millions) for services billed by state-approved substance use disorder providers only; does not include Medicaid claims submitted by other providers in Montana delivering specialty or outpatient substance use disorder treatment services.*

Before Medicaid expansion, Montana often exhausted state funds allocated to support substance use disorder treatment for uninsured patients before the end of each fiscal year, disrupting the continuity of treatment for those in need. Medicaid expansion established a reliable reimbursement stream for the state's substance use disorder treatment providers.

Montana Medicaid funds supporting substance use disorder treatment services have quadrupled from 2016 to 2020. As a result, many previously uninsured Montanans are now receiving uninterrupted care, and substance use disorder providers are operating with greater predictability around payment for delivered services.

MEDICAID EXPANSION INCREASED MONTANA'S CAPACITY TO TREAT **SUBSTANCE USE DISORDERS**

MONTANA SUBSTANCE USE DISORDER (SUD) TREATMENT PROVIDER SERVICE LOCATIONS COUNT (2016, 2021)



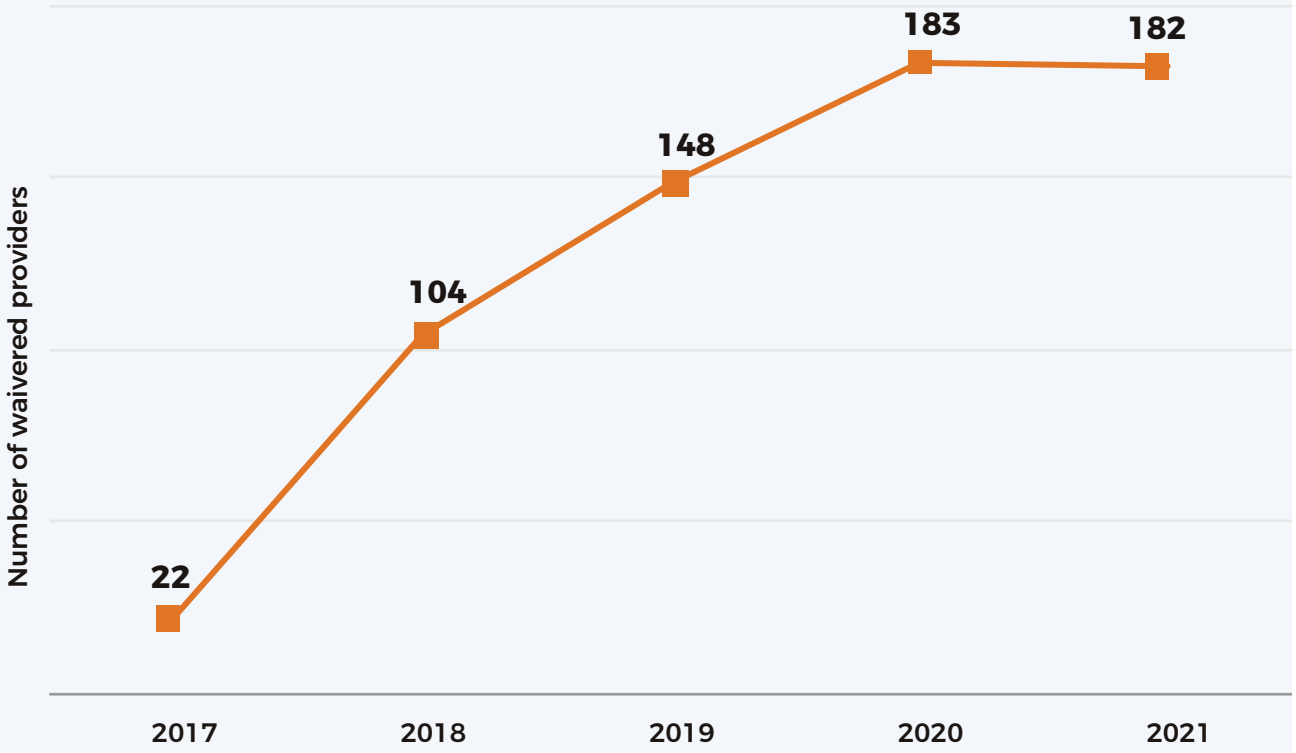
*FQHC locations are defined as main FQHC local and satellite sites

The new funding stream provided by Medicaid expansion enabled additional providers to start offering substance use disorder treatment services, increasing access to care for all Montanans. Simultaneously, in 2017 the state eliminated a historic geographic restriction on the number of organizations authorized to bill Medicaid for substance use disorder treatment in each county. **As a result, the number of stateauthorized substance use disorder treatment provider service locations more than doubled between 2016 and 2021.**

Montana also leveraged the new source of reimbursement to enable licensed counseling professionals working in other clinical settings, such as federally qualified health centers, rural health clinics, and Tribal health clinics. This change gave counseling professionals the ability to provide and bill for substance use disorder treatment services, contributing to better access to care for Montanans.

MEDICAID EXPANSION LED TO AN INCREASE IN OPIOID USE DISORDER **TREATMENT CAPACITY**

MONTANA BUPRENORPHINE TREATMENT CAPACITY (2017-2021)*



*As of December for all years, except 2017 data is for January and 2021 data is for March

New Medicaid funds helped Montana expand its capacity to provide medicationassisted treatment for opioid use disorders. Providers need a federal waiver to prescribe the opioid treatment drug buprenorphine, a medication that can be dispensed in office-based settings. The number of providers granted a waiver to prescribe buprenorphine increased by over 700% between 2017 and 2021. In 2017, only 22 providers were waivered – one of the lowest treatment capacity rates of buprenorphine treatment capacity in the country. With Medicaid expansion as a reliable payment source, the number of providers authorized to prescribe the medication increased to over 180 in 2021.

MEDICAID EXPANSION SUPPORTS CRITICAL BEHAVIORAL HEALTH PROGRAMS AND **NEW INITIATIVES**

Substance use has a severe impact on Montana's families. In 2019, nearly 70% of children in foster care were removed from their homes due to parental substance use. Montana has the second-highest rate of child removal to foster care in the nation (16.2 of every 1,000 children), nearly three times the national rate.

The Meadowlark Initiative, a collaboration of MHCF and DPHHS, was established in 2018 to address parental substance use disorders and mental illness. The initiative provides behavioral health screening and immediate treatment for pregnant and postpartum women. The **Meadowlark Initiative's 15 prenatal care practices use integrated care teams to screen, assess, treat, and refer women to appropriate behavioral health services and facilitate connections to needed community-based resources**. Medicaid covers 41% of births in Montana and reimburses Meadowlark providers for serving pregnant and postpartum women.

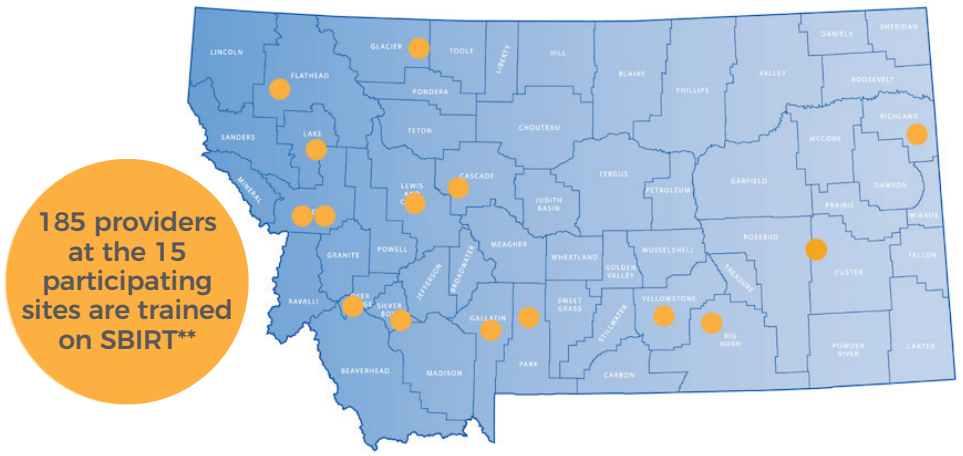
To learn more about The Meadowlark Initiative, visit https://mthcf.org/the-meadowlark-initiative/

MONTANA MEADOWLARK INITIATIVE SERVICE COUNTS (2018-2020)*

Screenings Delivered	Count
Substance Use Screening	8,847
Depression Screening	7,767
Anxiety Screening	6,396
Referrals	**Count**
Referral to Substance Use Treatment	281
Referral to Mental Health Treatment	1,179
Referral to Community Based Resources	677

**Service counts are for March 2018 through September 2020*

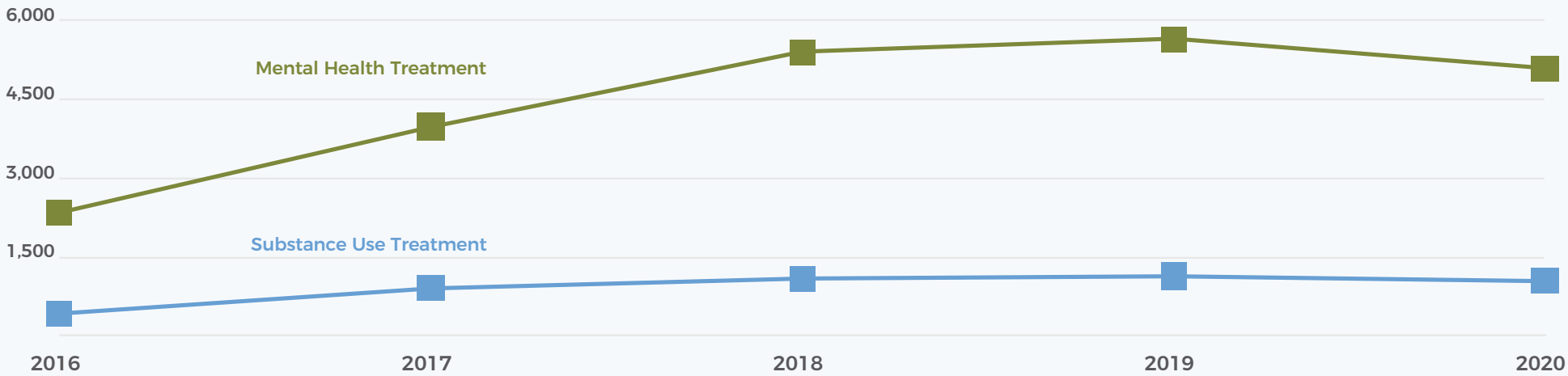
MONTANA COUNTIES WITH A PARTICIPATING MEADOWLARK INITIATIVE SITE (2021)



***Screening, Brief Intervention, and Referral to Treatment (SBIRT)*

MEDICAID EXPANSION INCREASED ACCESS TO BEHAVIORAL HEALTH SERVICES FOR **TRIBAL COMMUNITIES**

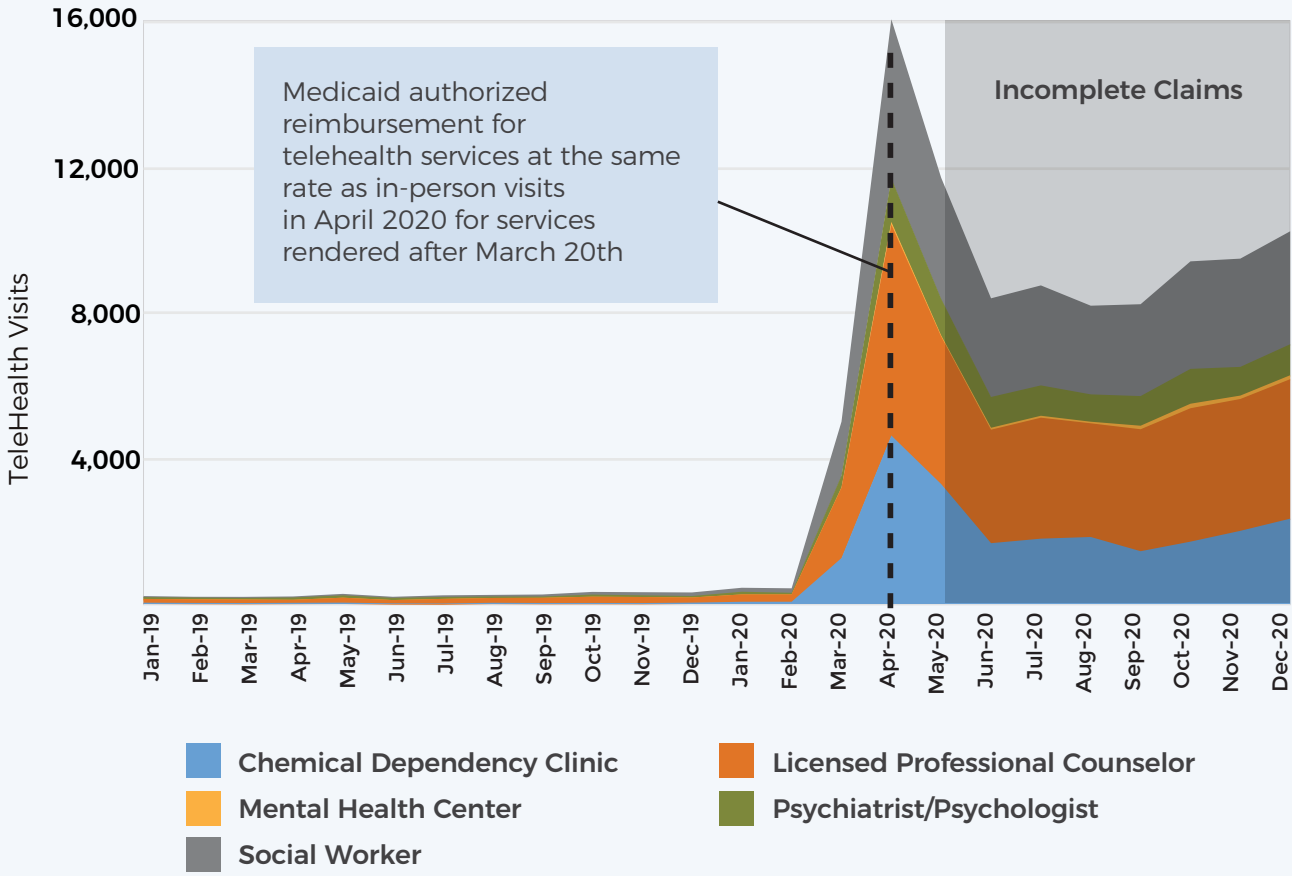
BEHAVIORAL HEALTH TREATMENT SERVICES RECEIVED BY AI/AN EXPANSION ENROLLEES (2016-2020)



Medicaid expansion provides coverage to over 16,000 American Indians and Alaskan Natives (AI/ANs) in Montana, connecting individuals to behavioral health services that might otherwise be unavailable. **In 2020, one-in-three AI/AN expansion enrollees received a behavioral health service (35%), and more than one-in-fifteen received treatment for substance use disorders (7%).** Medicaid expansion also indirectly relieved financial pressure on Indian Health Service Purchased and Referred Care budgets. This support allowed limited dollars to be reallocated across the service Area from "Level 1, Life and Limb" emergencies to include "Level 3, Primary and Secondary Care Services" such as psychiatric evaluations. Access to behavioral health services is critical in addressing the systemic health disparities confronting Tribal communities.

TELEHEALTH INCREASED ACCESS TO BEHAVIORAL HEALTH SERVICES FOR MEDICAID EXPANSION ENROLLEES DURING COVID-19

TELE-BEHAVIORAL HEALTH SERVICE UTILIZATION (2019-2020)

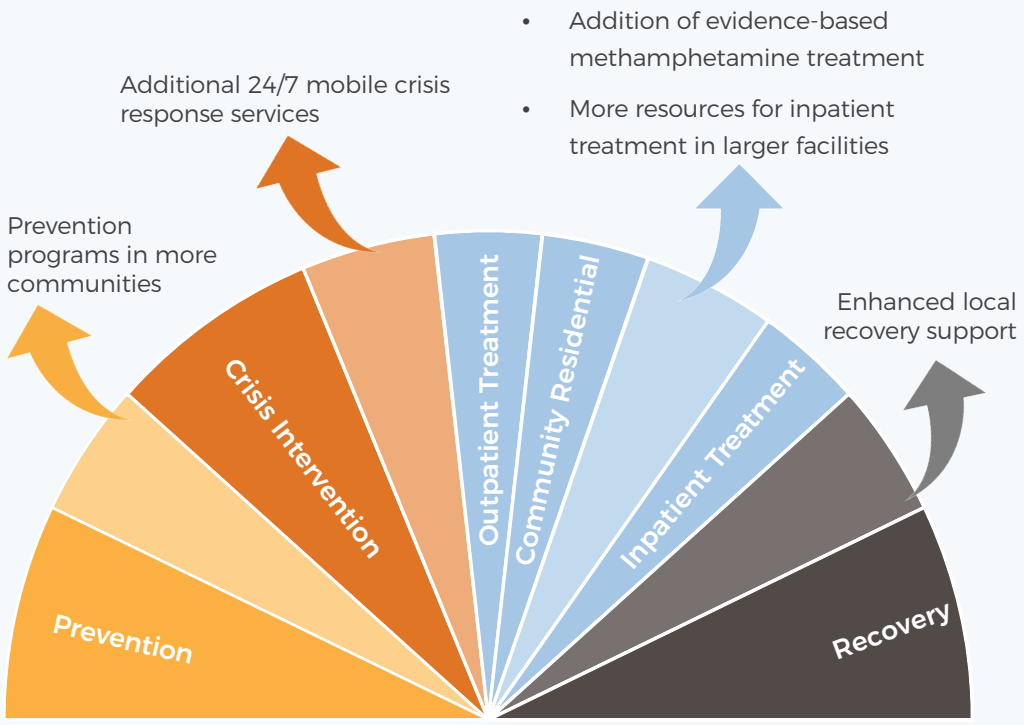


To mitigate the spread of COVID-19 and respond to the need for services, Montana Medicaid authorized reimbursement for telehealth services at the same rate as inperson visits for nearly all Medicaid benefits in April 2020 for services rendered as of March 20. **As a result, tele-behavioral health visits increased by 3,112% (+93,000) between 2019 and 2020**.

In a survey of 17 behavioral health provider organizations in Montana, 88% reported that pandemic telehealth use reduced the no-show rates for video visits and 76% for phone visits. However, the pandemic also highlights the limitations of telehealth in some remote parts of the state. For example, telehealth requires a reliable internet or phone connection, which is not readily accessible to all Montanans due to limited broadband availability, financial concerns, or the lack of electricity in some households.

MONTANA CONTINUES TO MAKE **SIGNIFICANT INVESTMENTS** IN ITS HEALTH SYSTEM TO ADDRESS LONGSTANDING BEHAVIORAL HEALTH CONCERNS

PLANNED HEART INITIATIVE ENHANCEMENTS TO MONTANA'S BEHAVIORAL HEALTH CONTINUUM



With Medicaid as a stable payment source for behavioral health services, the state can fill gaps in its care continuum and build a more comprehensive system to meet Montana's behavioral health needs.

As part of the 2023 biennium budget, the Montana legislature authorized the Healing and Ending Addiction through Recovery and Treatment (HEART) Initiative, using state revenue sources and leveraging a federal Medicaid match to infuse an additional $25 million annually into Montana's behavioral health system.

Also, in 2021, the Montana legislature expanded coverage by making permanent several telehealth measures put into place during the public health emergency.

Appendices

REFERENCES

Slide 6

- Data Sources:
  - "2018-2019 National Survey on Drug Use and Health: Model-Based Prevalence Estimates (50 States and the District of Columbia)," SAMHSA. Available here
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  - "2019 Suicide Mortality by State," National Center for Health Statistics, CDC. Available here
  - "Montana Youth Risk Behavior Survey, High School Results," Montana Office of Public Instruction. Available here
- "2016 Suicide Mortality Review Team Report," MT DPHHS. Available here
- "Suicide in Montana: Facts, Figures, and Formulas for Prevention," MT DPHHS, August 2018. Available here
- "The Relationship Between Mental Health Care Access and Suicide," RAND Corporation, March 2018. Available here

REFERENCES

Slide 8

- "Presentation to the 2021 Health and Human Services Joint Appropriation Committee," Addictive and Mental Disorders Division, Medicaid and Health Services Branch, MT DPHHS, 2021. Available here
- The continuum of care framework and depicted graphic was developed by SAMHSA.

Slide 9

- Data Source: Montana Healthcare Foundation data.
- "Integrated Behavioral Health Initiative," Montana Healthcare Foundation, 2020. Available here
- "Substance Use Screening, Brief Intervention, and Referral to Treatment: Landscape Scan and Recommendations to Increase Use of SBIRT in Montana," Prepared by the National Council for Behavioral Health for Montana Healthcare Foundation, June 2018. Available here

Slide 10

- "Medicaid in Montana: How Medicaid Affects Montana's State Budget, Economy, and Health," Montana Healthcare Foundation, January 2021. Available here
- Summarizes data presented in subsequent slides.

REFERENCES

Slide 11

- Data Source: DPHHS direct data request; Manatt Health analysis.
  - –Comparative results similar for overall Medicaid population based on federal data: 28.2% of Montana Medicaid enrollees had a substance use disorder (SUD) in 2018, compared to only 22.1% of the U.S. Medicaid population; 12.7% of Montana Medicaid enrollees received treatment for a SUD, compared to only 8.2% of the U.S. Medicaid population (per CMS T-MSIS 2018 SUD Data Book, available here).
  - –Diagnosis classifications include: "F4" diagnosis codes aggregated and presented as "anxiety, dissociative, stress-related and other mental disorders"; "F3" diagnosis codes aggregated and presented as "mood disorders (e.g., depression, bipolar)"; "F1" diagnosis codes aggregated and presented as "substance use disorders"; and "F9" diagnosis codes aggregated and presented as "other behavioral and emotional disorders (unspecified)".
- "Strengthening Medicaid and Other Health Coverage for People with Mental Illness or Addiction," National Council for Behavioral Health. Available here

Slide 12

- Data Source: DPHHS direct data request; Manatt Health analysis.

Slide 13

- Data Source: DPHHS direct data requests; Manatt Health analysis.
  - –Analysis designed to be directional in nature, with services broadly defined based on available HCPCS data, including: "Alcohol and Drug Services" include H0001 – H0019; "Psychotherapy," 90832-90853; "Crisis Intervention Services," S9485; "Psych Dx Evaluation (w/ or w/o Medical Services)," 90791 and 90792; and "Other BH Services," 90801-90806, 90863-98968, 99408-99409, H0036-H0049, H2011-H2036, T1016, and other codes with de minimis claims.

REFERENCES

Slide 14

- Data Source: DPHHS direct data requests; Manatt Health analysis. Federal Block Grant awards recalculated to be shown on a State Fiscal Year basis. SFY2019 federal block grant data shown; block grant funding for SFY2020 not representative of recent distributions due to Public Health Emergency and SFY2021 data not yet available.
- "Medicaid's Role in the Delivery and Payment of Substance Use Disorder Services in Montana," Prepared by Manatt Health for Montana Healthcare Foundation, March 2017. Available here

Slide 15

- Data Source: DPHHS direct data request; Manatt Health analysis.

Slide 16

- Data Source: DPHHS direct data request; Manatt Health analysis.
- "Presentation to the 2019 Health and Human Services Joint Appropriation Committee," Addictive and Mental Disorders Division, Medicaid and Health Services Branch, MT DPHHS, 2019. Available here

Slide 17

- Data Source: DPHHS direct data request; Manatt Health analysis.
- "National and State Treatment Need and Capacity for Opioid Agonist Medication-Assisted Treatment," Jones, C. M., Campopiano, M., Baldwin, G., & McCance-Katz, E. American Journal of Public Health, 105(8), e55–e63, 2015. Available here

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- Data Source: Montana Healthcare Foundation data.
- "State-level Data for Understanding Child Welfare in the United States, Foster Care (FY 2019)," Child Trends, October 2020. Available here
- "Serving Montana's Children and Families Report," MT DPHHS, 2019. Available here
- "Medicaid Coverage of Births: Montana, 2017-2019," March of Dimes Peristats. Available here

Slide 19

- Data Source: DPHHS direct data request; Manatt Health analysis.

Slide 20

- Data Source: DPHHS direct data request; Manatt Health analysis.
  - Note: data not comparable with that presented in the 2021 "Medicaid in Montana: How Medicaid Affects Montana's State Budget, Economy, and Health"; presented data exclusive to Medicaid expansion enrollees, uses a refined definition of behavioral health services, and includes more complete 2020 service information.
- "Suspension of Face to Face Requirements for Some Medicaid Programs," MT DPHHS, April 1, 2020. Available here
- "Behavioral Health Alliance Telehealth/Phone Survey: COVID-19 Use of Telehealth/Phone," Behavioral Health Alliance of Montana. March-December 2020.

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Slide 21

- "Roadmap to the Montana Comeback, Budget for the 2023 Biennium: What to Know About Governor Gianforte: Combatting the Drug Epidemic," Office of Governor Greg Gianforte. Available here
- "Can Montana Get a Grip on Addiction?" Montana Free Press, February 2021. Available here
- "Expand Practice of Telemedicine," MT HB43, April 2021. Available here

INTERVIEWEES

ORGANIZATION	INTERVIEWEES
Behavioral Health Alliance of Montana	Mary Windecker, Executive Director Lenette Kosovich, Board Chair Chief Executive Officer, Rimrock Foundation
Helena Indian Alliance	Todd Wilson, Executive Director Kyle Ann Johnson, Behavioral Health Director
Providence Medical Group	Lakiasha Gregerson, Director of Primary Care
St. Luke Community Healthcare	Steve Todd, Chief Executive Officer Sarah Teaff, Chief Operating Officer Paul Soukup, Chief Financial Officer
St. Vincent Physicians, SCL Health	Timothy Pellandini, Executive Director