



LAWS LESSONS LEAPS



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At the Montana Medical Association, we are champions of physicians advocating for the medical profession, quality patient care, and the health of all Montana citizens.



INTRODUCTION



AGENDA

Introduction

2023 Legislative Session Highlights

Regs and Reality: The Interim

2025 Legislative Session

Engagement

Questions



2022 ELECTIONS: THE RESULTS

Top-ticket item

With 102 seats across both the House and Senate, the Montana GOP will have its first bicameral supermajority in the history of the state's modern Constitution.

2023 LEGISLATIVE SESSION

2023 LEGISLATURE: GOVERNOR'S PRIORITIES

REDUCE RED TAPE

BUDGET

Budget for Montana Families

- \$500 million permanent income tax cuts
- \$500 million property tax relief
- \$200 million to repair, expand Montana State Prison
- \$100 million highway fund
- \$200 million water and sewer infrastructure
- \$300 million for state's behavioral health system, Montana State Hospital
- \$1,200 child tax credit

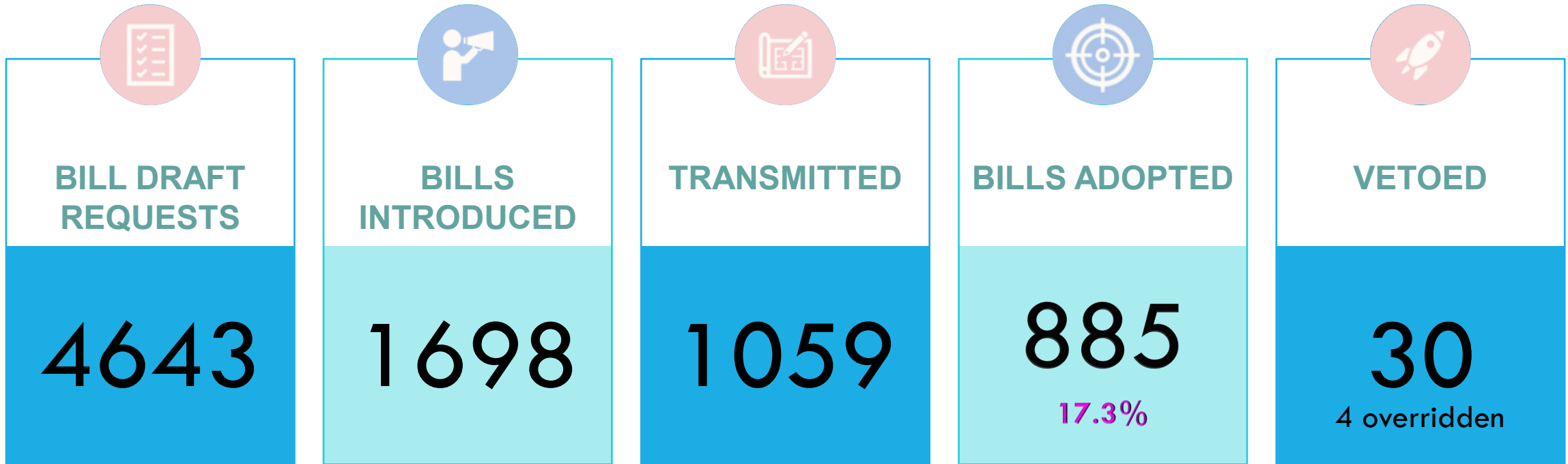


\$2.5 billion surplus

Dems want \$1 billion of Montana's budget surplus spent on housing, childcare and mental health

A Democratic proposal outlined Wednesday signals the minority party's budget priorities heading into the 2023 Montana Legislature. Barring an upset in this fall's elections, though, it'll be Republicans in the fiscal driver's seat.

2023 LEGISLATIVE SESSION



3367 in 2021

725 in 2021

LEGISLATIVE SESSION



supermajority wielded its power

'We win,' Senate Majority Leader Steve Fitzpatrick said. 'You can print that.'

\$300 Million for State's Mental Health System

Regier family touts success on social issues during legislative session



Judge temporarily blocks new abortion laws, but the legal fight has just begun

Montana lawmakers double down on fossil fuels in 2023 legislative session

How the recent legislative session passed a slew of laws that highlight lawmakers' energy priorities, and took direct aim at the pivotal case Held v. Montana.

Income Tax and Property Tax Rebates

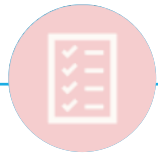


Ban of medical care for transgender minors clears legislative hurdle

Increased Medicaid Reimbursement Rate

Subject Area	# Bills
State Finance	468
Government Structure	344
Local Government	229
Legislature	199
Health and Safety	196
Taxation	193
Education	154
Judiciary, Courts	149

2023 LEGISLATIVE SESSION...LAWS



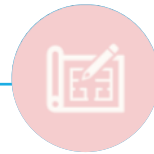
COVERAGE & PRIOR AUTH

- 12 mth post-partum care – Medicaid
- 12 mth birth control Rx
- Insulin co-pays limit
- Diabetes self-mngt
- No Prior Authorization for specific meds*



BEHAVIORAL HEALTH

- Noncompete contracts**
- Recovery home registry
- Chem Dep Center room and board vouchers
- Fentanyl strips
- Behavioral Health occupations' consolidation



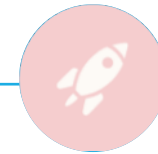
LIMITS & REQUIREMENTS

- Prohibit gender dysphoria care
- Limits/requirements on abortion services
- Report to BOME on Medical Cannabis
- Parental Consent



HB 872

Redesign of behavioral health system: commission and \$300 million investment



WORKFORCE

- Provider rate increases
- Pediatric Complex Care Assistant Services
- Conscience Objection
- Changes in scope

* Generics, excluding controlled substances, any drug based on therapeutic duplication for same drug, any long-acting injectable antipsychotic

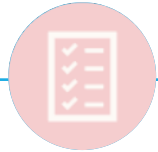
** psychiatrist, addiction medicine physician, licensed behavioral health professions



REGS AND REALITY
THE INTERIM

Interim Committees
State Agencies
Courts

THE INTERIM: LEGISLATIVE BRANCH



PART B BUDGET

Monitor Medicaid
Spend

currently a surplus



CFHHS

Oversight over DPHHS

- Child Protective Svs.
- Daycare Licensing
- Health Professional Burnout
- Medicaid Unwinding



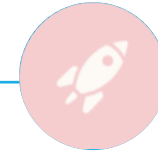
ECONOMIC AFFAIRS

Oversight over DLI,
includes Boards,
Commerce, Medical
Cannabis Division at
Revenue



HB 872 COMMISSION

Re-design of
behavioral health
services delivery



STATE AGENCIES

Administrative Rules



THE INTERIM: EXECUTIVE BRANCH ADMINISTRATIVE RULES

BOARDS

- Board of Alternative Health
 - Naturopaths – prescribing and dispensing
 - Direct entry midwives – expand Rx
- Board of Medical Examiners
 - Physician Assistants – Independent Practice
 - EMTs – practice within health facilities
- Board of Pharmacy
 - Pharmacists – prescribing
- Board Behavioral Health
 - Standardizing based on HB 137
- Board of Nursing
- Pediatric Complex Care Assistants

DPHHS

- Provider Rates
- Daycare Licensing
- Nonviable births – certificate available
- Behavioral Health Updates
- In-Training Mental Health Professionals
- SUD Housing Voucher Program
- Mobile Crisis Response Services

THE INTERIM: EXECUTIVE BRANCH ADMINISTRATIVE RULES

SUD HOUSING VOUCHER PROGRAM

Program participants must:

- (a) live in Montana;
- (b) be 14 years of age or older;
- (c) have an annual family income at or below 200% of federal poverty guidelines;
- (d) meet medical necessity described in the BHDD Medicaid Manual for ASAM 3.1 services;
- (e) receive a prior authorization for ASAM 3.1 services from the Quality Improvement Organization (QIO); and
- (f) currently be receiving ASAM 3.1 services.

MOBILE CRISIS RESPONSE SERVICES (MCRS)

Policy 452 adopted MCRS as a new service. MCRS is a tiered model that includes three models:

1. The American Rescue Plan Act (ARPA) Mobile Crisis Team Services, which requires 24/7 coverage of a two-person responding team made up of one clinical mental health professional and one paraprofessional;
2. Mobile Crisis Team Services, which requires 10/7 coverage of a two-person responding team made up of one clinical mental health professional and one paraprofessional; and
3. Mobile Crisis Services, which requires 10/7 coverage of a one-person response by a clinical mental health professional.

All models must arrange for the availability of referral to outpatient care and Mobile Crisis Care Coordination

THE INTERIM: EXECUTIVE BRANCH ADMINISTRATIVE RULES

CLINICAL MENTAL HEALTH LICENSURE CANDIDATE MEDICAID SERVICE REIMBURSEMENT

Mental health professionals include licensed clinical professional counselor (LCPC) licensure candidates, licensed clinical social worker (LCSW) licensure candidates, licensed marriage and family therapist (LMFT) licensure candidates, and psychologist postdoctoral supervisees providing services under a temporary permit.

CURRENT RULE:

- Montana Medicaid allows mental health centers, Tribal 638, Indian Health Services (IHS), FQHC, and urban Indian health centers to be reimbursed for in-training mental health professionals.

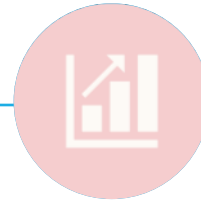
PROPOSED RULE:

- Expands locations, including critical access hospital, obstetric clinics, rural health clinics and federally qualified health centers.

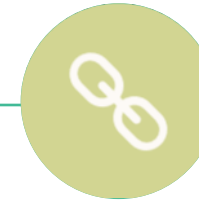
THE INTERIM: JUDICIAL BRANCH



2021 LEGISLATION



2023 LEGISLATION



SELECT COMMITTEE ON
JUDICIAL REFORMS

THE INTERIM: TIME TO UNDERSTAND IMPACT

**SAYING NO
BASED ON
CONSCIENCE**

HB 303 allows health care workers to decline to provide care based on conscience

**PARENTAL
CONSENT**

HB 676 changes parental consent from permissive to required for certain conditions

**CHANGE IN
SCOPE**

HB 313 holds physician assistants accountable to care they provide

**MEDICAID
UNWINDING**

State government required to determine eligibility; over 132,000 lose coverage

WORKFORCE

CFHHS: Rates of burn-out increasing among health professionals

THE INTERIM: TIME TO UNDERSTAND IMPACT

BEHAVIORAL HEALTH SYSTEM FOR FUTURE GENERATIONS COMMISSION

HB 872

House Bill 872 provides a generational investment of \$300 million to reform and improve Montana's behavioral health and developmental disabilities service systems.

The investment will expand intensive and community-based behavioral health care and developmental disabilities services across Montana.

NEAR-TERM

\$26.1 million now being spent on near-term initiatives

Initiative 1: Incentivize Community-Based Court Ordered Evaluations

Initiative 2: Increase Residential Bed Capacity

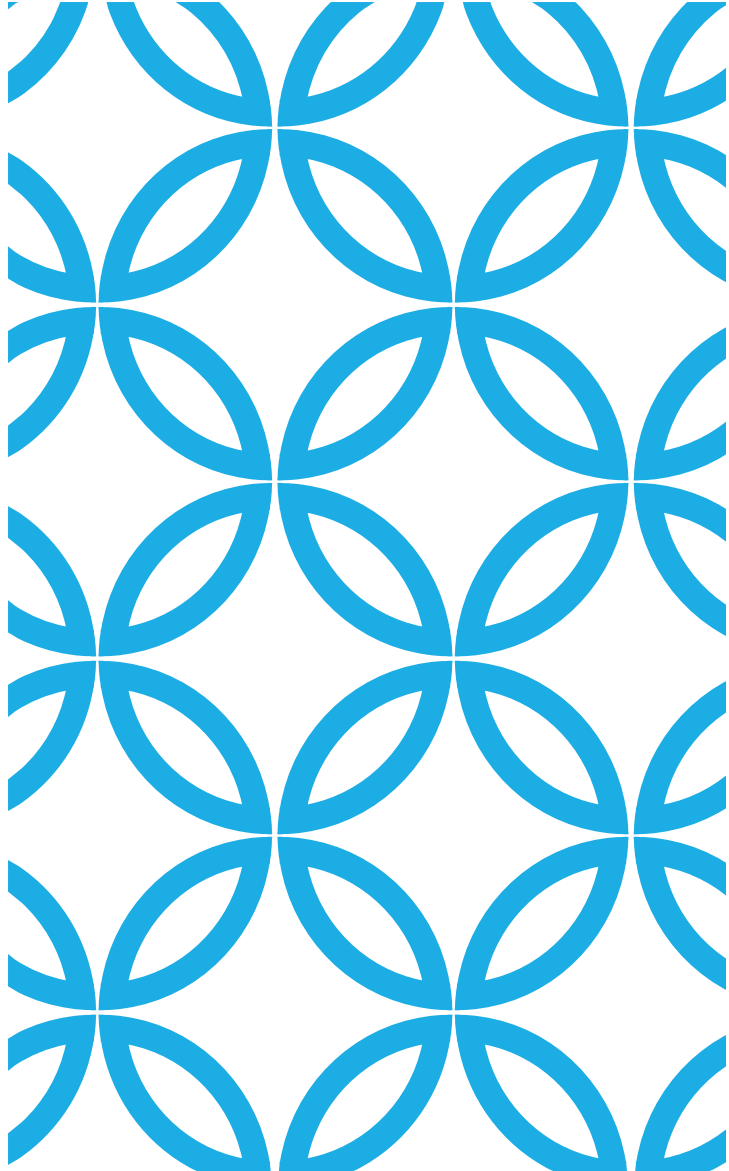
Initiative 3: Support Mobile Crisis Response and Crisis Receiving and Stabilization Services

Initiative 4: Development and Deployment of a Comprehensive Crisis Worker Curriculum and Certification Course

Initiative 5: Healthcare and I/DD Workforce Training and Certification

RECOMMENDATIONS

- 10 recommendations on behavioral health system challenges (continuum of care, access, workforce)
- 16 behavioral health recommendations
- 5 developmental disabilities recommendations



RECOMMENDATIONS

Behavioral Health System for Future Generations Commission

Continuum of Care

- **Recommendation 1.1.** Develop a statewide comprehensive care management role or entity to facilitate care coordination between participants in Montana’s BH system.
- **Recommendation 1.2.** Enhance existing infrastructure and resources – for example CCBHC, mobile crisis, PACT/ACT, school-based programs with sustained funding.
- **Recommendation 1.3.** Incorporate culturally relevant care protocols (Tribal and others) and hire culturally relevant staff.
- **Recommendation 1.4.** Expand the use of integrated behavioral care models to support collaboration through partnerships with primary care and BH providers, enhanced reimbursement, and training.
- **Recommendation 1.5.** Spread awareness of Medicaid reimbursement for mobile crisis services (recent State Plan Amendment) to encourage its expanded utilization.

BH ALTERNATIVE SETTINGS RECOMMENDATIONS

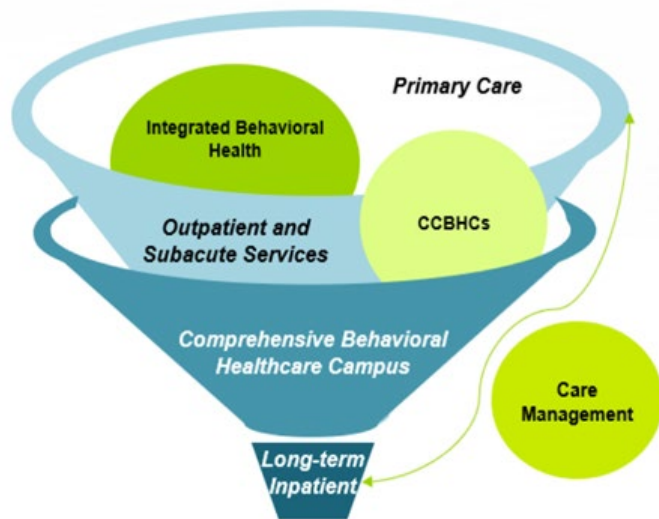
Enhancing Care Delivery

Behavioral Health System for
Future Generations
Commission

Access

- **Recommendation 2.1.** Expand community-based crisis receiving and stabilization centers.
- **Recommendation 2.2.** Enhance access to Comprehensive Behavioral Healthcare Campuses, especially in the east, to improve transitions between acute, sub-acute, and OP care.
- **Recommendation 2.3.** Increase capacity of in-state residential treatment and group homes for the pediatric population to reduce out-of-state care.

Proposed future system addresses BH needs in the appropriate care setting and minimizes placements at MSH



BH ALTERNATIVE SETTINGS RECOMMENDATIONS

Enhancing Care Delivery

Behavioral Health System for
Future Generations
Commission

Workforce

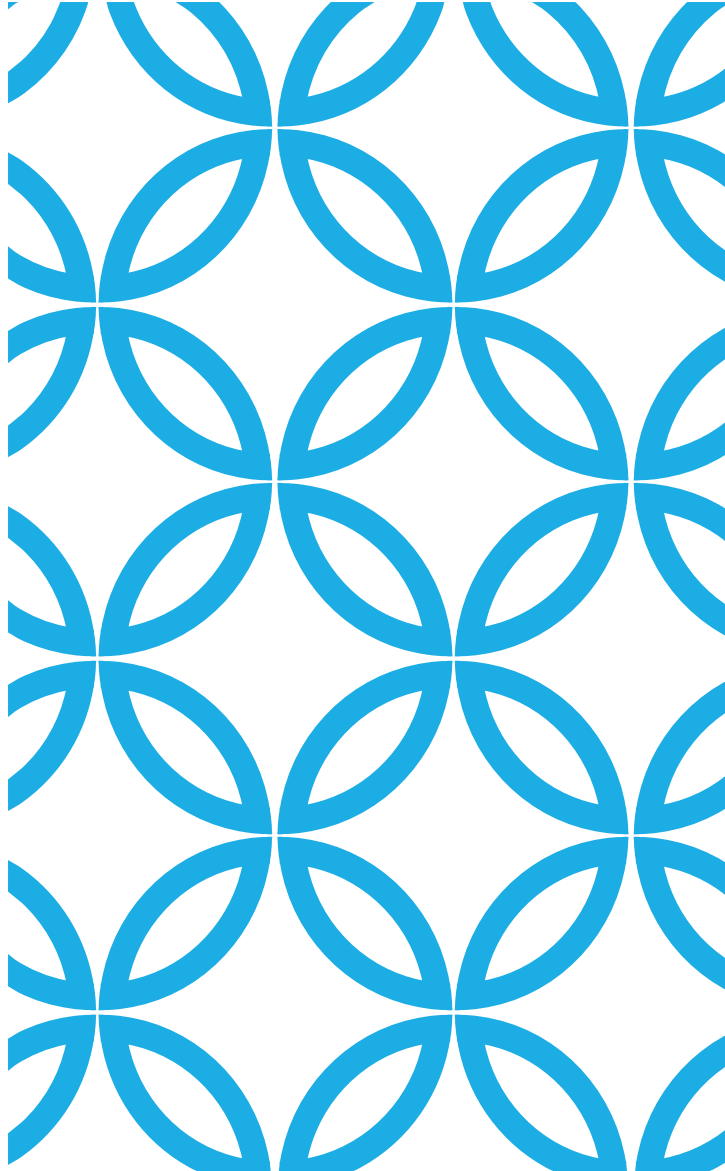
- **Recommendation 3.1.** Create a dedicated recruitment and retention unit within state government to support expansion and maintenance of homegrown BH workforce.
- **Recommendation 3.2.** Evaluate the sustainability of expanding the scope and/or use of ancillary providers (e.g., peer support specialists, community health workers, family caregivers) to deliver BH-related services and integrate these providers into BH care teams.
- **Recommendation 3.3.** Enhance BH provider workforce capacity by ensuring Advanced Practice Registered Nurses (APRNs) have sufficient opportunity for training and clinical practice in BH, including delivery of BH services via telehealth.

“Future ecosystem design in Montana must consider increasing access to SUD residential care, which has the dual benefit of providing SUD care in a less acute care setting in the community and potentially freeing up IP beds for other acute needs.”

BH ALTERNATIVE SETTINGS RECOMMENDATIONS

Enhancing Care Delivery

Behavioral Health System for
Future Generations
Commission



DPHHS RECOMMENDATIONS

Behavioral Health System for Future Generations Commission

Summary

16 behavioral health recommendations

- Improve case management
- Expand the number and kind of services offered
- Incentivize people to join and stay in workforce

5 developmental disabilities recommendations

- Expand access points
- Modernize the funding of services
- Expand the array of services available to provide more options

PROPOSED COMMISSION RECOMMENDATIONS

Behavioral Health System for
Future Generations
Commission

Refine and Reconfigure Waiver Services Rates

Recommendation #1

Refine and reconfigure the current 208 Comprehensive Waiver services rates

- Implement a standardized assessment tool that can measure level and complexity of support needs.
- Re-engineer the reimbursement model for Residential Habilitation, Day Habilitation, and other Personal Support services to account for level of acuity and support need.

Expand Access to Waivered Services Through a Supports Waiver

Recommendation #2

Expand access to waived services through a §1915(c) Supports Waiver

- Implement a new §1915(c) Supports Waiver focused on in-home support services.
- Expand the service reimbursement rates to include services under the new Supports Waiver.

Expand Service Options for People with Dual Diagnosis

Recommendation #3

Expand service options for people with dual diagnosis by adding a new 208 Comprehensive Waiver service called Enhanced Community Living

- Enhanced Community Living is a form of specialized Residential Habilitation for people with complex medical and/or behavioral health needs.
- The service would be limited to no more than 4-person homes with higher staffing qualifications, lower staffing ratios, and specialized reimbursement rates.

PROPOSED COMMISSION
RECOMMENDATIONS
DEVELOPMENTAL DISABILITIES

Behavioral Health System for
Future Generations
Commission

Redefine and Reopen Evaluation and Diagnostic Clinics

Recommendation #4

Redefine and reopen evaluation and diagnostic (E&D) clinics to support families more effectively

- Engage with stakeholders (families, medical professionals, and service providers) to redefine the intent and scope of E&D clinics to better meet family and state needs.
- Launch a pilot of E&D clinics operating under the newly defined role to evaluate effectiveness.

Identify Improvements to the Waitlist Management Process

Recommendation #5

Conduct an in-depth study of the current DDP waitlist management process

- Identify process changes to collect more robust information about individuals waiting for service (including priority of need, type of services needed, and level of support needed).
- Identify updated information technology systems to modernize and centralize data input, tracking, and reporting support operations.

PROPOSED COMMISSION
RECOMMENDATIONS
DEVELOPMENTAL DISABILITIES

Behavioral Health System for
Future Generations
Commission

Enhance the Targeted Case Management Program

Recommendation #6

Enhance the Targeted Case Management (TCM) program to improve health outcomes for eligible individuals

- Re-evaluate the current TCM reimbursement model (e.g., by population, quality, intensity, or outcomes) for all TCM services.
- Conduct a system adequacy study to identify TCM utilization across current service providers, service availability, and current met and unmet service need.
- Support and incentivize providers to measure outcomes on a path toward more value-based models.

Develop a Targeted Case Management Training Program

Recommendation #7

Develop a training program for targeted case managers

- Develop a training curriculum that provides tools and skills for targeted case managers that (1) promotes understanding of best practices, service planning and treatment options, (2) ensures fidelity to the TCM model, and (3) ensures delivery of TCM with a focus on outcomes.
- Improve the quality and consistency of TCM delivery, qualification standards, and workforce stability through a prescribed learning path with a certification.
- Integrate staff training that accounts for the cultural and linguistic diversity that is reflective of Montana's unique populations (i.e., American Indian / tribal population).

Implement a Care Transitions Program

Recommendation #8

Implement a care transitions program

- Design and implement a care transitions service, for individuals discharged from institutions, which facilitates reintegration back into their community.
- Provide culturally and linguistically responsive discharge planning that reflects the diversity of unique populations across Montana (i.e., American Indian / tribal population).
- Identify and secure federal funding options for long-term program sustainability (e.g., SPA, waiver, etc.).

PROPOSED COMMISSION
RECOMMENDATIONS
CASE MANAGEMENT

Behavioral Health System for
Future Generations
Commission

Enhance 988 Call Center Coordination and Support Capabilities

Recommendation #9

Enhance 988 call center coordination and support capabilities

- Formalize agreements with Public Safety Answering Points (PSAPs) to appropriately respond to individuals in crisis.
- Support 988 call centers' capacity to support real time virtual coordination with first responders for de-escalation when MCR services are not locally available.

Expand Mobile Crisis Response to Additional Regions

Recommendation #10

Expand Mobile Crisis Response (MCR) to additional regions in Montana

- Offer grant funding to providers, for 1) start up and 2) non-billable service costs, to expand access to Medicaid-covered MCR in densely populated regions where MCR is not currently delivered.
- Issue an RFP for new rural approaches to MCR services in areas with extreme staffing shortages and low forecasted utilization rates. Models may include leveraging existing providers (e.g., BH, CMHCs) to virtually support local MCR teams, first responders and/or available providers to rapidly respond in-person.
- Assess potential adjustments to the MCR rate to consider regional differences (e.g., additional response time in rural areas).

Introduce New Crisis Stabilization and Receiving Center Services

Recommendation #11

Introduce new Crisis Stabilization and Receiving Center Services

- Provide one-time grant funding to fund new Crisis Stabilization Services for adults in high-priority need areas with service gaps, extreme staffing shortages and low forecasted utilization rates.
- Release an RFP to fund new child and adolescent pilot programs for individuals: (1) experiencing a behavioral health crisis who need immediate stabilization services; and (2) with emerging behavioral health conditions that need services and supports who do not present as an imminent threat of harm to self or others.
- Assess the long-term costs, sustainability and development of new Medicaid service and rates for crisis stabilization service models for children and adolescents.

PROPOSED COMMISSION
RECOMMENDATIONS
CONTINUUM CONTINUITY

Behavioral Health System for
Future Generations
Commission

Expand Scope of the Certified Adult Peer Support Program

Recommendation #12

Expand the scope of the Certified Adult Peer Support program by widening eligibility and increasing applicable settings

- Amend the certified peer support Medicaid benefit to include (1) non-Severe Disabling Mental Illness (SDMI, or individuals with moderate behavioral health conditions), and (2) settings designated as "licensed agency" in the State Plan.
- Encourage the recruitment and hiring of additional certified peer support specialists through new start-up and incentive funding.

Increase Support for People with SMI and/or SUD Experiencing Homelessness

Recommendation #13

Increase support for people with serious mental illness (SMI) and/or substance use disorder (SUD) experiencing homelessness

- Increase funding to existing PATH programs; award grants to new PATH programs.
- Coordinate with appropriate housing authorities to develop a Fair Market Rent (FMR) review to increase the purchasing power of housing vouchers.

Launch a Media Campaign to Raise Awareness and Reduce Stigma

Recommendation #14

Launch a campaign to 1) inform Montanans of new behavioral health services, and 2) raise awareness and reduce stigma around behavioral health

Reduce Transportation-Related Barriers to Care

Recommendation #15

Reduce barriers to care for non-emergency medical transportation (NEMT)

- Reduce administrative barriers to member claiming and reimbursement through a mileage pre-pay program.
- Reassess current NEMT supply and explore options that may include contracting with NEMT broker companies.

Expand the Family Peer Support Program

Recommendation #16

Expand the family peer support (FPS) program for parents and caregivers of children with behavioral health issues and/or developmental disabilities

- Offer start-up grants to provider agencies seeking to hire a family peer supporter.
- Add family peer support to the state plan as a Medicaid-reimbursable service.

Redesign Rates to Improve In-State Youth Residential Services

Recommendation #17

Redesign rate structure to improve in-state youth residential services

- Design an acuity-based rate structure to assist providers in meeting the resource-intensive needs of high-acuity youth.
- Support smaller residences for higher acuity youth, as part of the proposed acuity-based model.

Invest in School-Based Behavioral Health Initiatives

Recommendation #18

Invest in school-based behavioral health initiatives

- Identify priority communities for continued investments in existing school-based programs and release an RFP for one-time investments in school-based Multi-Tiered System of Support (MTSS), to include universal screening, referrals and evidence-based interventions that support youth wellbeing.
- Enhance the supportive environment of schools through interprofessional training for school counselors, nurses, psychologists, social workers, administrators and other professionals.
- Determine (1) the right policies in partnership with the Office of Public Instruction (OPI), and (2) funding sources to ensure sustainability, i.e., options like the reversal of the Medicaid free care rule.

PROPOSED COMMISSION
RECOMMENDATIONS
CONTINUUM CONTINUITY

Behavioral Health System for
Future Generations
Commission

Incentivize Providers to Join the Behavioral Health Workforce

Recommendation #19

Incentivize providers to join the behavioral health workforce via tuition reimbursement

- Develop a tuition reimbursement program that encourages behavioral health workers to practice in Montana. This program targets workers that are (1) essential to BHSFG initiatives, and (2) underrepresented in currently available tuition reimbursement programs.

Expand Training Content Available to Behavioral Health Workers

Recommendation #20

Expand training content available to behavioral health workers

- Partner with a university to develop a learning platform that hosts and tracks training programs for behavioral health workers.
- Design and launch impactful training courses for middle managers, case managers, peers, community health workers (CHWs) and other BH workers on topics such as evidence-based interventions, harm reduction, and standards of cultural competence and diversity that is reflective of unique needs of Montanans (i.e., American Indian / tribal population).

Assess the Feasibility of Establishing a Community Health Worker Program

Recommendation #21

Assess the feasibility of establishing a Montana community health worker (CHW) program

- Develop a CHW pilot program for Montana providers currently providing services, to (1) provide short term "bridge" funding as needed, (2) collect data (e.g., cost reporting, services, insurance type), and (3) assess outcomes (e.g., 7 and 30 day follow up, emergency department utilization).
- Use results from the pilot to define the scope of practice for CHWs in Montana, in coordination with the Montana CHW Committee, with a focus on specific population(s), health prevention, promotion and literacy.
- Evaluate the outcomes from the pilot to assess the potential of a Medicaid benefit for CHW services, including eligibility (i.e., groups served, services, program costs) and actuarially sound reimbursement rate.

PROPOSED COMMISSION
RECOMMENDATIONS
WORKFORCE

Behavioral Health System for
Future Generations
Commission

TAKING THE LEAP

Next Steps for Commission

- April – May: Drafting of Commission Report, **review of projected cost for recommendations**
Collect additional input as needed
- May 20: Commission Meeting
Draft Report, Public Comment
- May – June: DPHHS validates report with key stakeholders
Collect additional input as needed
- June 28: Commission Meeting, final report presentation

Give Feedback

[Behavioral Health System for Future Generations Feedback: DPHHS \(accessgov.com\)](#)

The background features a repeating pattern of white interlocking circles on a teal background. Overlaid on this are several large, semi-transparent shapes: a large light blue circle, a dark blue circle, and a teal triangle in the bottom left corner.

2025 LEGISLATIVE SESSION

2025 LEGISLATIVE SESSION...TAKING THE LEAP



PRIOR AUTHORIZATION

Reduce PA requirements
 -Chronic disease
 -Change of insurance



MEDICAL LIABILITY

Non-economic damages cap



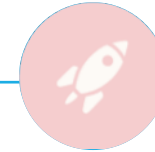
MEDICAID EXPANSION

Medicaid expansion sunsets in 2025



HB 872

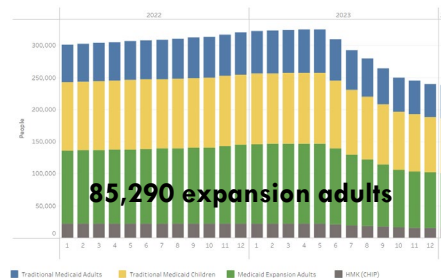
Commission recommendations slimmed down



WORKFORCE

- "SafeHaven" law to protect communications
- Reciprocity/Exemptions
- Family Peer Specialist Certification
- Consolidation of Boards

Court case appealed to Montana Supreme Court re: constitutionality





SafeHaven™

A program started by the Medical Society of Virginia

A growing program to protect healthcare professionals

SAFEHAVEN: CONFIDENTIAL HELP FOR ALL HEALTH PROFESSIONS

Groundbreaking Legislation, Modern Approach

Confidentiality

Legislation allowed for the creation of the SafeHaven™ Program, which is a confidential resource for physicians, nurses, and others seeking help to address career fatigue and other mental health issues

Immunity

Those participating in the SafeHaven™ program will not be reported to the regulatory board unless they are not competent to practice or are a danger to themselves

Privilege

Consultations which take place under the scope of the SafeHaven™ Program are considered privileged communications

SafeHaven™ is not a monitoring program, like the medical assistance programs of the Boards of Nursing, Pharmacy, Medical Examiners and Dentistry. It is designed to connect these and other health professionals to care earlier in disease process, before they are in crisis.

SAFEHAVEN: CONFIDENTIAL HELP FOR ALL HEALTH PROFESSIONS

SafeHaven™ Program Components



SafeHaven™ Engagement: Early Successes

6%

*Average employee assistance program engagement rate for the **non-physician workforce***

1% - 2%

*Average employee assistance program engagement rate for the **physician workforce***

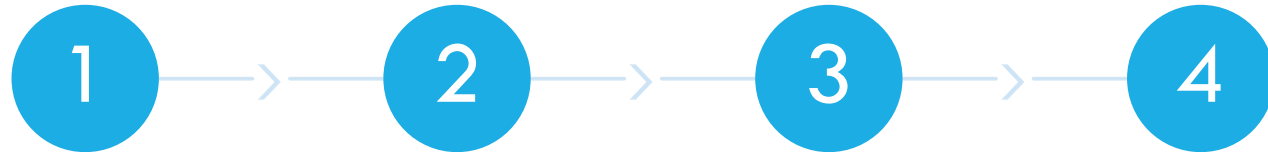
48%

***SafeHaven™** overall engagement rate year-end 2021.*

TAKING THE LEAP



Next Steps: Educate, Support with Ask



Jan – March

Panel presentation at Children, Families, Health and Human Services Interim Committee

MMA testifies in support of investment in health professional's' well-being at BHSFG Commission meeting

MMA presents information at CFHHS Committee March meeting; includes other states' legislation

April

MMA drafts legislation at request of **CFHHS Committee** members

MMA testifies with ask for a recommendation related to workforce well-being at **BHSFG Commission** meeting

MMA testifies at **Board of Medical Examiners**. SafeHaven on next agenda (July)

BOME discusses Medical Assistance Program; Dr. Robertson on review group

May 9

CFHHS Committee meeting

ASK for CFHHS committee bill
Need oral or written comments; share story; call committee members

May 20

Behavioral Health System for Future Generations Commission meeting

June 7

**Board of Dentistry
Board of Pharmacy**

June 28

Behavioral Health System for Future Generations Commission meeting

July 17 & 18

CFHHS Committee meeting

July 26

Board of Medical Examiners meeting

Key links

[Behavioral Health System for Future Generations Feedback: DPHHS \(accessgov.com\)](https://accessgov.com)

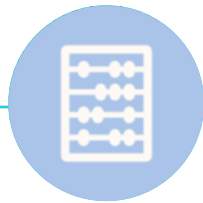
[2023-2024 Children, Families, Health, and Human Services Interim Committee - Montana State Legislature \(mt.gov\)](https://mt.gov)

“RESILIENCE IS ACCEPTING YOUR NEW REALITY, EVEN IF IT IS LESS GOOD THAN THE ONE YOU HAD BEFORE.”

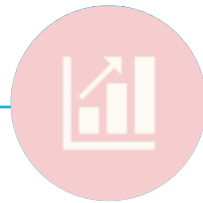
-- Elizabeth Edwards

ENGAGEMENT

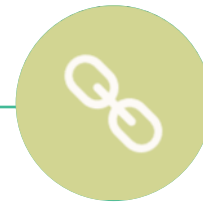
TAKE THE LEAP TOGETHER



STAYING FOCUSED



STAYING RELEVANT



ENGAGEMENT

Contribute to
the Solution

Stay updated
Provide input to committees, commissions
Post

All hands
needed

Hold a conversation
Encourage others to become involved
Share Story
Become storyteller
Share expertise

Be Met
Where You
Are at

Be part of a coalition
Join association and get others to join
Write an op ed
Testify – in writing or orally at interim and session



- ✓ Primary Care Collaborative:
Integrated Behavioral Health
Value-based payment model
- ✓ Medicaid Expansion Coalition
- ✓ Medical Liability Coalition
- ✓ Health Caucus
- ✓ Montana ACO

QUESTIONS

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THANK YOU!

**VOTE IN 2024
ELECTIONS!**

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