SJ 37: Survey of Behavioral Health Services

CHILDREN, FAMILIES, HEALTH, AND HUMAN SERVICES INTERIM COMMITTEE
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SJ 37 (2025) is an interim survey of behavioral health services in Montana. It directs the assigned committee "to complete a survey of the number and geographic distribution of" certain behavioral health services in Montana. The resolution lists six areas to survey: three based on bed availability, three on provider availability.

BED AVAILABILITY

The resolution directs the assigned committee to examine the availability of beds in the following three areas:

(1) emergency detention beds for mental health crisis situations;
(2) beds available across the state for short-term crisis stabilization of mental health conditions; and
(3) beds available for long-term, voluntary psychiatric treatment for adolescents and adults.

BEDS

License Type	Facility Count	Secured Beds	Inpatient Behavioral/Psych Beds	Total Licensed Beds
Critical Access Hospitals	48	7	0	*1025*
Hospital	14	295	247	*2238*
Mental Health Centers	4	0	N/A	*33*
Psychiatric Residential Treatment Facilities (Youth/Adolescent)	2	48	N/A	*146*
Mental Health Centers: Group Homes	37	54	N/A	*372*
Therapeutic Youth Group Homes	24	0	N/A	*192*
Grand Total	**129**	**404**	**247**	***4006***

NOTES ON THE DATA

Health care facilities and services are licensed by the Office of Inspector General (OIG), Licensure Bureau within the Montana Department of Public Health and Human Services (DPHHS). Data in the table above was provided by OIG on April 22, 2026. Please see the spreadsheet provided by DPHHS (file 5b for the May 5, 2026 meeting) for disaggregated data.

SECURED BEDS

Except at one hospital, the number of secure beds is equal to the number of inpatient behavioral/psychiatric beds. It is unclear if these beds serve a dual purpose, depending on the dynamic needs of the facility and its patients.

MONTANA STATE HOSPITAL

Montana State Hospital has multiple licenses: one hospital license, and seven mental health center group home licenses (one of which is for a secure facility). See the spreadsheet provided by DPHHS (file 5b for the May 5, 2026 meeting).

GEOGRAPHIC DISTRIBUTION

Montana's distribution of behavioral health beds reflects a common rural health pattern: wide geographic spread of small facilities, reliance on urban centers for specialized care, and significant access gaps in rural regions. Lower-intensity behavioral health services are more geographically distributed than acute services.

A map is available online at https://arcg.is/1iOyPy5.

STRONG CONCENTRATION IN URBAN HUBS

A disproportionate share of total hospital beds, including specialized behavioral health beds, are clustered in Montana's largest cities. Billings, Missoula, Great Falls, Bozeman, Kalispell, and Helena have the largest hospitals and the highest bed counts. As the home of multiple large facilities, Billings in particular is a dominant regional center. These "anchor cities" carry the most capacity for each respective region.

HOSPITAL INPATIENT SERVICES

Only 247 out of over 2,000 hospital beds are dedicated to inpatient behavioral and psychiatric services. Montana State Hospital hosts a large share (139) of these beds, with others distributed across the state's urban hubs.

ADULT RESIDENTIAL SERVICES

Adult group homes serve Montanans who have a variety of needs. Intensive group homes provide residential care, clinical treatment, and medication management. Lower-acuity homes serve as a bridge between an acute crisis or other inpatient care, and outpatient care. Individual group home capacity is small, often by therapeutic design. Zoning is another factor in group home size: 76-2-412, MCA states that certain facilities "serving eight or fewer persons is considered a residential use of property for purposes of zoning if the home provides care on a 24-hour-a-day basis." The licensure type for these homes is Mental Health Center: Group Home. Note that recovery residences or other sober living environments do not necessarily have this licensure and are not included in these totals.

Montana's 372 adult group home beds are spread across several facilities, most of which have a six- to sixteen-bed capacity. Of the urban hubs, Missoula and Billings have a particularly high number of group homes at multiple addresses, indicating dense local capacity. Many homes are in communities with hospitals and broader behavioral health infrastructure. This relationship may be due to several reasons, including:

- demand for group home services as individuals "step down" from acute inpatient care;
- proximity to offsite services like therapy, prescription management, and primary care;
- community integration that fosters independence while residents remain close to a support system; and
- immediate access to crisis stabilization services, should a resident develop the need for more acute care.

Another notable pattern in adult group homes is the strong presence of a handful of provider networks. With the exception of one licensee, each provider network operates several group home facilities. Geographic distribution may reflect where major providers choose to or are able to operate. Patients may move between facilities within the same provider network as their acuity needs change.

YOUTH SERVICES

Most specialty youth services operate in the state's cities. Psychiatric residential treatment facilities and therapeutic group homes for youth are located in Billings, Butte/Anaconda, Helena/Boulder, Missoula, and Great Falls. All 48 secured beds in psychiatric residential treatment facilities are housed at Shodair Children's Hospital in Helena.

Private alternative adolescent residential and outdoor programs (PARRPs) are concentrated in western and northwestern Montana. Unlike other clusters of behavioral health services, these facilities are not aligned with population centers – instead, they are geographically restricted to mountainous and wilderness-adjacent areas. This may be due to the nature of these programs, which often involve an outdoor therapy component.

RURAL MONTANA

Critical access hospitals are widely distributed. Many facilities have 25 total beds, the cap for this licensure type (unless the facility is granted a certain Medicare waiver) pursuant to 37.106.704, ARM. The smallest critical access hospital, in Jordan, has two beds. According to licensure data, there are no dedicated beds for unsecured behavioral health services across any of these facilities and just seven total secure beds. Critical access hospitals may provide behavioral health care despite these functional limitations, especially to stabilize Montanans in immediate crisis.

Eastern Montana in particular lacks nearby services, with long-distance transfers required for specialized care. Many eastern Montana residents will find this care in Billings. The number of behavioral health beds in Billings may reflect that the demand for the services housed within the city extends well beyond its borders.

DETENTION CENTERS

The Montana Sheriffs & Peace Officer Association (MSPOA) provided information about bed availability in county jails to the Law and Justice Interim Committee in March 2022.

Because the size and capacity of jails are not easily changed, this data is reasonably accurate. However, it does not reflect the recent renovation and expansion of jails in Lewis & Clark County, which expanded its detention center capacity from 80 to 154 beds; Flathead County, which passed a $105 million bond in November 2025 to build a new 200-bed detention center; and Yellowstone County, which in 2025 finished a 72-hour holding space that can hold approximately 64 non-violent offenders as they await arraignment.

PROVIDER AVAILABILITY

The resolution directs the assigned committee to examine the availability of beds in the following three areas:

(4) providers available to stabilize individuals experiencing a mental health crisis;
(5) providers of ongoing services for mental health and maintenance; and
(6) psychiatrists and clinical psychologists licensed to practice in Montana.

DATA GAPS

Psychiatrists are licensed as physicians by the Board of Medical Examiners; because of this, no readily available data exists that distinguishes between psychiatrists and cardiologists, dermatologists, oncologists, or any other type of physician. This is the same for physician assistants and nurse practitioners. Though both provider types deliver critical care in emergency rooms and provide ongoing support as psychiatric specialists, the exact number who practice in these areas cannot be extracted from existing data. For this reason, this paper does not include the number of licensed psychiatrists, physician assistants, and nurse practitioners.

Specialty is not the only data gap. There is not a straightforward way to gather data on the type of facility where each provider works. Does a psychologist work in an emergency department or in private practice? One who works in the former likely performs more crisis stabilization services, whereas the latter would provide more "ongoing services for mental health and maintenance" than acute intervention. This information gap also exists for other license types. Page 5 of this paper includes licensure data from the Board of Psychologists and the Board of Behavioral Health, but there is not a way to determine exactly what services each provider performs.

FILLING THE GAPS

Information collection at initial licensure and licensure renewal could help fill this gap. This would require a standardized method to collect data about professional specialty and place of employment. Each profession may use unique terminology and have different requirements. For example, some professions require significant clinical training during education, whereas this is a postgraduate experience for others. Clinical experience, residency, supervised counseling experience, and postgraduate training may all inform the specialty of an individual professional. Similarly, place of employment will require standardized entry to capture both the type of facility and its location – licensees do not necessarily work and live in the same county. Licensure paperwork for several health care professions asks for some of these details, but the information is not readily available at this time.

Telehealth is another data point to consider, as telehealth providers will support the behavioral health needs of Montanans across multiple counties. While often considered as an option for routine, low-acuity care, telehealth has been used for acute psychiatric stabilization services.

LICENSURE DATA

Licenses are dynamic data, and totals vary based on the date the data is retrieved. License information for regulated occupations is available from the DLI's Employment Standards Division at https://ebizws.mt.gov/PUBLICPORTAL/searchform?mylist=licenses and https://boards.bsd.dli.mt.gov/#.

Active Licenses, Board of Psychologists	
License Type	**Total**
Assistant Behavioral Analyst License	3
Behavior Analyst License	101
Psychologist License	373
Psychologist Temporary	1
Grand Total	**478**

Active Licenses, Board of Behavioral Health	
License Type	**Total**
Addiction Counselor Licensure Candidate License	214
Certified Behavioral Health Peer Support Specialist Certification	213
Clinical Social Worker Licensure Candidate License	392
Licensed Addiction Counselor License	886
Licensed Baccalaureate Social Worker License	23
Licensed Clinical Professional License	2371
Licensed Clinical Professional Temporary	1
Licensed Clinical Social Worker License	1982
Licensed Masters Social Worker License	68
Marriage and Family Therapist Licensure Candidate License	17
Marriage Family Therapist License	290
Master Social Worker Candidate License	19
Professional Counselor Licensure Candidate License	394
Grand Total	**6870**

All license data downloaded on 3/18/2026