Behavioral Health System for Future Generations Commission

Recommendation for Consideration

The Behavioral Health System for Future Generations (BHSFG) Commission proposes the following recommendation for consideration: **Grants to Increase the Behavioral Health Capacity of Local and Tribal Health Departments.**

Problem Statement

The state needs additional capacity to increase the number of Montanans utilizing its behavioral health prevention strategies. Behavioral health prevention can build mental wellness and resilience and can ensure that services and programs in communities are cohesive and collaborative. However, the success of these programs is impacted by local and tribal health departments' abilities to identify, engage, and provide services to people with behavioral health needs.

Although prevention efforts are currently underway across Montana, the state's data shows that the need for primary prevention services remains. Additionally, while the state currently utilizes the State Health Improvement Plan (SHIP) and the Substance Use Disorders Strategic Plan, and Montana's tribes develop Tribal Health Improvement Plans, outreach revealed that stakeholders throughout Montana's prevention system want a more coordinated, aligned approach. They see opportunities to increase the reach and effectiveness of primary prevention efforts across the state.

Local and tribal health departments lack the necessary staffing to engage with individuals with behavioral health challenges. As a result, too many Montanans with behavioral health needs never access supports offered by state and local health departments. The state needs to enhance the capacity of local and tribal health departments to better engage, and ultimately provide services to, people with behavioral health needs. Doing so will ensure the state has the systems, networks, and capacity necessary to help Montanans access the behavioral health prevention services and programs needed to prevent crises from arising.

Data and Information Sources

Prevalence of substance misuse and mental health needs is high in Montana. One in ten Montanans aged 12 or older has a substance misuse disorder, equating to 10.1%, compared to 7.4% nationally.

Of 8,175 6th – 12th grade Montana students in 55 schools who participated in the Screening Linked to Care Project from 7/1/2023-12/31/2023, DPHHS observed the following data:

Recent High Risk of Suicide	579 students	7.1%
Clinically Significant Depression Symptoms	674 students	8.2%
Clinically Significant Anxiety Symptoms	635 students	7.8%

Current state funding often does not utilize local or tribal health agencies to design and implement behavioral health prevention efforts that can meet the needs of diverse communities across Montana.

Currently, the state utilizes federal substance use block grant funding devoted to prevention-based behavioral health work by distributing funds to five regional organizations that are then charged with providing prevention services across Montana. While this regionalized approach offers many benefits to DPHHS, it has also led to a wide variation in the effectiveness and delivery of prevention-based services at the county level. In interviews conducted by MT PHI, the majority of local public health leaders reported that this regional approach has been insufficient to meet the prevention needs of their counties, in part due to the challenges associated with hiring and managing prevention staff in more rural communities.

Recommendation

Invest in a pilot program so that 12 local and tribal health departments across Montana can hire one FTE per department as a designated community engagement specialist.

This pilot is intended to support the development of population level prevention strategies that complement and coordinate related work to meet individuals' needs through prevention specialists, peer support specialists, community health workers and health care organizations. The project will build community-level capacity and coordination.

Local or Tribal Health Departments will serve as the convening partner and community health strategist to bring community partners together, map existing resources, identify gaps, and develop a community plan for prevention strategies inclusive of all existing programs already being delivered. This program will be piloted by 12 communities utilizing contracts with selected local and tribal health departments. The focus of this project is to address behavioral health prevention to

build mental wellness and resilience, and to ensure that services and programs in communities are cohesive and collaborative.

Tasks of the Montana Public Health Institute will include, at a minimum:

1. Collaboration with BHDD staff to recruit a cohort of a minimum of two large health departments, two medium health departments, two small health departments and two Tribal health departments in year one to participate in the Public Health Prevention Programming pilot project, utilizing the MTPHI Behavioral Health Toolkit to build prevention programming into the public health infrastructure;
2. Utilization of *Connected Community* to house the library of tools, documents, templates, and examples of documentation that can be shared with all local and tribal health departments;
3. Identification of available and useful data sets and the local level and technical assistance to equip local and tribal health departments with skills to gather and utilize local data to establish baselines;
4. Schedule and facilitate monthly community of practice learning collaboratives for the cohorts to work through the MTPHI behavioral health toolkit, facilitate discussions, help develop resources, and review health department deliverables;
5. Schedule and facilitate two in-person meetings for the cohorts as they kickoff their prevention efforts and report out on the first-year successes and challenges;
6. Develop plan for meaningful engagement with existing Prevention Specialists to be inclusive of the work already being done in prevention;
7. Provide technical assistance including site visits to the health departments involved in the cohort to support their successful delivery of public health prevention programming;
8. Identify and utilize existing Prevention Specialists to include in community level planning;
9. Develop a post-program survey to evaluate the program strengths, weaknesses, and lessons learned; and
10. Engage in an independent evaluation of the pilot project.

Place in Continuum	BHSFG Priority Alignment	Projected Cost
BH Adult Prevention BH Children Prevention	Capacity of adult/children behavioral health service delivery system	$3,047,000

Impact	
Outcomes and Outputs	Implementation Activities and Milestones
Target Outcomes 1. Reduced prevalence of SUD and mental illness. 2. Local and tribal health departments empowered to address the behavioral health needs of their communities through assessment of data, cataloging of resources, strategic planning, implementation, and evaluation. 3. Identification and/or establishment of community-based networks to support coordination of community-based prevention efforts. 4. Reallocate duplicative efforts to drive efficiencies. **Target Outputs** 1. Hire 12 FTEs across participating pilot health departments. 2. Strategic Plans for participating health departments to implement new and strengthen existing behavioral health programs. 3. Increased number of prevention programs and services effectively utilized in participating counties. 4. Increased coordination between prevention programs and services. 5. County-level data on Youth Behavioral Health, Adult Behavioral Health, and Community Voices for each participating health department.	1. Draft grant application for local and tribal health departments to complete for funding opportunities. 2. Review and select local and tribal health departments to receive funds. 3. Distribute funds to local and tribal health departments to hire temporary FTE and participate in facilitated learning collaboratives to meet project objectives. 4. Establishment of Community of Practice learning collaborative for participating local and tribal health departments. Community of practice will include two in-person meetings and monthly virtual convenings. 5. Completion of the *Applying a Public Health Lens to Behavioral Health: A Toolkit for Montana's Local and Tribal Public Health Departments* for each participating local or tribal health department.

*Supporting Material: **Example** Program Budget**

Category	Year 1	Year 2	Total
Grant to Public Health or Tribal Health Department (12 Grantees at $100,000 per Health Department per year)	$1,200,000	$1,200,000	$2,400,000
Technical assistance and facilitation from the Montana Public Health Institute. Contract with MT PHI will include up to 2,500 hours per year reimbursed at $100 per hour with support provided by a dedicated Program Officer & a supervising Senior Program Officer. Contract will also include up to $10,000 per year and indirects of 10%.	$286,000	$286,000	$572,000
Evaluation of Public or Tribal Health Department Behavioral Health Pilot and DPHHS Prevention Specialists.	$25,000	$50,000	$75,000
Total			**$3,047,000**

*This budget is an estimation based on costs identified. Costs may be subject to change, but NTI is not to exceed $3,047,000 in total costs.

*Supporting Material: **Example** Grant Criteria**

DPHHS seeks to recruit a cohort of up to 12 local and tribal health departments to receive $100,000 per health department. The Department will prioritize a diverse cohort with representation of urban, frontier, and tribal health departments of various sizes across the state of Montana.

Eligible health departments must agree to utilize the MTPHI Behavioral Health Toolkit, or other DPHHS approved/recommended behavioral health prevention strategies, to build prevention programming into the public health infrastructure. Further, departments must, at minimum, agree to:

- Utilize Connected Community to house the library of tools, documents, templates, and examples of documentation that can be shared with all local and tribal health departments;
- Attend a monthly community of practice with all pilot program participants to help develop resources, facilitate discussions, share learnings, and review peer health department deliverables;

- Attend two in-person meetings to kick off prevention efforts and report on implementation successes and challenges;
- Develop a sustainability plan for the grant-funded positions and maintaining associated improvements to the public health infrastructure;
- Develop a plan for meaningful engagement with existing Prevention Specialists to include existing prevention work in future planning efforts; and
- Agree to all DPHHS reporting requirements.

*For example purposes only.

Oversight and Grant Management

BHDD staff will oversee the grant management and monitoring of grant deliverables. DPHHS will verify that each grantee meets program and service requirements.

DPHHS will monitor grant usage to ensure selected health departments only expend the funds for allowable uses. Participating health departments will be required to provide data on program work plan details, service deliver metrics, and additional ad hoc reporting (including reporting related to outcomes and outputs) as identified.