



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: **Support for Tribal and Urban Indian Organizations to Expand Behavioral Health and Developmental Disabilities Capacity.**

Problem Statement

Tribal communities in Montana have heightened behavioral health (BH) and developmental disabilities (DD) needs that require additional resources to address. Each of the Tribes in Montana, as well as the Urban Indian Health Organizations, play a vital role in coordinating BH and DD supports to Tribal populations. However, the Tribal nations and the Urban Indian Organizations would be better positioned to address the needs of the people they serve if they had additional state resources.

While the unique needs of each Tribe and Urban Indian Organization differ statewide, all Tribal governments and Urban Indian Organizations have documented gaps in the BH and DD systems that could be addressed via one-time only funding.

The BHSFG Commission is therefore well suited to provide each Tribe and Urban Indian Organization with additional resources to help address the behavioral health and developmental disabilities needs across the rich diversity of Tribal communities in Montana. A tailored program designed to help Tribes and Urban Indian Health Organizations meet their needs will ensure future generations of Tribal communities have better access to behavioral health and developmental disabilities supports.

Data and Information Sources

Expanding BH and DD services tailored to the needs of Native Americans is crucial in addressing the pressing mental health and suicide crisis within Native communities. Native American populations face disproportionately high rates of mental health disorders, substance abuse, and suicide compared to the general population. Historical trauma, systemic inequalities, cultural disconnection, and limited access to culturally competent care exacerbate these challenges.

Non-Hispanic Indigenous people in the United States die by suicide at higher rates than any other racial or ethnic group, according to the Centers for Disease Control and Prevention. The suicide rate among Montana's Native American youth is more than five times the statewide rate for the same age group, according to the Montana Budget and Policy Center.

Montana ranked third worst among states for suicide deaths in 2020, and this trend is particularly alarming for Native Americans. More than 10% of all suicides in the state



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from 2017 through 2021 were among Native Americans, even though they represent only 6.5% of the state’s population. Systemic issues and structural inequities, including underfunded and under-resourced services hamper suicide prevention in Native American communities.

Native American communities across Montana face heightened transportation barriers to accessing BH and DD care. For example, the Fort Peck Assiniboine & Sioux Tribes are 300 miles away from the nearest acute and critical care provider. Many Tribal communities face similar transportation issues to this, which prevents many Native Americans from accessing necessary BH and DD supports.

Additionally, it’s critically important to establish culturally sensitive environments staffed by indigenous mental health professionals to bridge cultural gaps, reduce stigma, and promote trust within the community. Establishing culturally sensitive programs and space for Native American communities is a vital step in the process of improving BH and DD care for Native American populations across Montana.

Across Montana, Native American communities face heightened, specific BH and DD needs that require investments to address. The state can play an important role in providing Tribes and Urban Indian Organizations with additional resources to help overcome these barriers and provide culturally affirming, effective care.

Recommendation

Provide one-time grants to Tribal nations and Urban Indian Health Organizations to stabilize or improve their capacity to meet the behavioral health needs of people they serve. Allowable uses of the grant funds would include improving, repairing, or expanding existing behavioral health facilities; starting, improving, or repairing mobile crisis response teams; expanding transportation options to relevant facilities for people with behavioral health needs; and other potential one-time only funds to address urgent behavioral health needs that could be allocated within 18 months of receiving grant dollars.

Place in Continuum (Projected May, 2024)
Prevention Crisis Intervention Treatment Recovery

BHSFG Priority Alignment
Adult Behavioral Health Children’s Mental Health Developmental Disabilities

Projected Cost
Up to \$6.5M



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Impact	
Outcomes and Outputs	Implementation Activities and Milestones
<p><i>Outputs</i></p> <ol style="list-style-type: none"> 1. Reduced suicide, SUD, and crises rates across Native American communities in Montana. 2. Increased satisfaction of Native American populations with BH and DD service offerings. <p><i>Outcomes</i></p> <ol style="list-style-type: none"> 1. Grant program that distributes funding to Tribal Communities and Urban Indian Organizations. 2. Expanded capacity to meet BH and DD needs across Native American communities. 3. Increased utilization of BH and DD services across organizations that serve Native American populations. 4. Improved culturally responsive care programming. 	<ol style="list-style-type: none"> 1. Develop grant application. 2. Conduct outreach to Tribes and Urban Indian Health Organizations to build interest in grant. 3. Review applications and select awardees. 4. Distribute funds to awardees and monitor their progress as measured towards their applications.



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Supporting Material: *Example Program Budget**

Apart from the Commission's Tribal days in Great Falls, DPHHS has engaged Tribal leadership and Urban Indian Health Organizations over the past two months to learn about the specific needs across Montana's rich diversity of Native American communities. DPHHS aims to create a grant program that Tribes and Urban Indian Health Organizations would apply to in order to receive funding to address specific needs of the communities they serve. DPHHS has gained valuable insights into the types of projects Tribes and Urban Indian Organizations would undergo to improve BH and DD service offerings.

For example, through these conversations, the Fort Peck Assiniboine & Sioux Tribes outlined their desire to build a suicide prevention program that utilizes an established provider of telepsychiatry services and builds an isolation room that provides a safe place for patients to go when they are in crisis and awaiting services. While the needs of specific Tribes are unique and would be submitted via an application process after establishing this NTI, the following table illustrates an example budget that could be used to address an acute need amongst the Fort Peck Assiniboine and Sioux Tribes:

Cost Category	Anticipated Cost
Cost to build suicide-prevention isolation room	\$100,000
Cost to contract with established telepsychiatry provider	\$233,000
Administrative cost to oversee project implementation	\$55,000
Furniture and supplies needed to outfit isolation room	\$40,000
Total	\$425,000

*For example purposes only.



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*Supporting Material: Example Grant Criteria**

This funding opportunity is available to all Tribes and Urban Indian Health Organizations across Montana. DPHHS would create a grant application open to Tribal Governments and Urban Indian Health Organizations to submit proposals needed to meet their unique needs. This could include but is not limited to the following components:

- Identifying a problem that could be addressed via one time funding;
- Justifying why a proposed solution could address the problem articulated in the application;
- A budget breakdown by category and type of expense;
- A project timeline;
- Anticipated outcomes and outputs;
- A plan to oversee grant funds and project completion;
- A commitment to meeting all DPHHS reporting requirements;
- Sustainability plans for after one-time BHSFG funds expire.

*For example purposes only.

Oversight and Grant Management

BHDD staff will oversee the grant management and monitoring of grant deliverables. DPHHS will verify that grantee(s) meets service requirements.

Provider organization will be required to:

- Track activities;
- Monitor outcomes through administering surveys to members served and other activities;
- Report individual members served; and
- Provide data (including reporting related to outcomes and outputs).