

State Health Improvement Plan: Behavioral Health Workgroup

Meeting Minutes: Wednesday, March 4, 2020, 1:30-3:00 PM, via GoToMeeting

Workgroup Lead:

Bobbi Perkins, Prevention Bureau Chief, AMDD, DPHHS

Workgroup Facilitator:

Anna Bradley, DPHHS PHSIO Plans Coordinator

Workgroup Members Present:

- Cech, Victoria
- Daniel, Andi
- Finley, Kari
- Hughes, Kara
- Levine, Katie
- Marshal, Michelle
- Mook, Holly
- Nauts, Tammera
- Pauls, Nova
- Petersen, Mackenzie
- Rosston, Karl
- Sondag, Annie
- Steinebach, Tyler
- Troeger, Victoria
- White, Christine
- White, Jody
- Windecker, Mary
- Zook, Donna

Welcome and Introductions

1:30 to 1:47 PM

Anna Bradley reviewed the agenda for today's call, and then asked attendees to state their name, their organization, and answer the question: "Name one key cross-sector partner you need for your work to succeed?"

Responses included:

- Housing
- Community Health Centers
- NeighborWorks Montana
- Schools & School Districts
- Justice/Law Enforcement

- Children's Mental Health Bureau
- Schools
- Everybody
- Community Medical Centers
- Correctional Facilities
- Law Enforcement/School/Tribes/DPHHS
- School District
- Correctional Facilities
- Rural Hospitals/Tribal Hospitals
- EMS & Trauma Groups
- MPCA

General Updates

From Mary Windecker, Behavioral Health Alliance, mwindecker@montanabehavioralhealth.org:

- There are a number of Behavioral Health Alliance events coming up this in May:
 - [Montana Peer Support Summit](#), May 5th.
 - [Behavioral Health Candidates Forum](#), May 18th

From Katie Levine, American Foundation for Suicide Prevention, klevine@afsp.org:

- Foundation for Suicide Prevention has an upcoming [safeTALK Training for Trainers](#) in Missoula on May 1-2.
- Registration is open for the [Montana Conference on Suicide Prevention](#), it will be in Butte on July 24th. Focus is on Rural and Agricultural Communities.

From Tammera Nauts, Montana Primary Care Association, TNauts@mtpca.org:

- Three days of education in May (Great Falls) and September (Billings) covering the following topics:
 - Engaging the Recovering Brain (how to work with SUD patients)
 - ASAM Treatment of Opioid Use Disorder Course
 - MAT Waiver Training

From Mackenzie Petersen, AMDD Treatment Bureau, Mackenzie.Petersen@mt.gov:

- AMDD is re-releasing the [County and Tribal Matching Grant](#) on or around April 1. They are looking for proposals to support crisis intervention and jail diversion across the state. RFP's will be open for about 45 days. There is a little bit of extra funding that was not released during the original round. Eligible entities to apply are counties and federally recognized tribal governments.

From Anna Bradley, PHSD Public Health System Improvement Office, ABradley@mt.gov:

- Thank you for responding to the update survey for the newsletter—we'll continue to work on refining that process moving forward and will send a newsletter out with the information you submitted in May.
- SHIP workgroup leaders are meeting with a trainer on how to improve SHIP implementation according to the Collective Impact Framework—one strategy so far has been to identify smaller ad hoc working groups that can come together on a topic of interest and disband. We'll send out more information on that when it becomes available.

Data Presentation

Drug Poisoning Mortality: 2007-2018

[Victoria Troeger](#), (406.444.3170), Epidemiologist, DPHHS

The purpose of this study is to investigate death causes to devise more effective interventions in the future. This does not include alcohol, gases or vapors or pesticides. The four categories which were investigated:

- Unintentional Drug Poisoning
- Intentional Drug Poisoning
- Homicide by Drug Poisoning
- Undetermined Intent by Drug Poisoning

Overall drug poisoning rate in the US has been going up, driven by the opioid crisis. In contrast to this, Montana's opioid poisoning rate has gone down steadily for roughly a decade. However, the overall drug poisoning rate in Montana has not gone down in a statistically significant way. Part of the project was to determine why this is the case.

It was determined that other types of drug deaths, rather than opioid, are creating this difference. In particular, "Psychostimulants with abuse potential" deaths have increased 900% during the study period. (Psychostimulants with abuse potential can include Ritalin, Adderall, Ecstasy.) In cases where a specific drug was identified, methamphetamine was mentioned 92% of the time. Other drugs mentioned specifically in these case were amphetamines and bath salts.

The American Indian and Alaskan Native population had a 2x higher death rate for overall drug deaths during the study period. Drug poisonings were the 4th leading cause of injury death in Montana. Montanans ages 35-54 years had the highest rate of drug poisoning deaths.

Q: Is there any tracking being done related to when individuals begin using methamphetamine and if there is any relationship to Ritalin or other prescribed psychostimulants?

A: There is currently no tracking being done on that due to the fact that methamphetamine use is very difficult to track due to low rates of self-reporting.

Further information is available at the [Help Save Lives](#) page.

Review of Statewide Substance Use Disorder Task Force & Opportunities for Participation

The conversation about the Substance Use Disorder Task Force was cancelled today, but we'll invite Maureen Ward to give an update to the group at a later date. In the meantime, visit the Help Save Lives page using the hyperlink above to learn more.

Focused Strategy Conversation

Strategy Policy Strategy 2 (P2): Increase collaboration and successful warm hand-offs for individuals admitted to and discharged from state-operated facilities, hospitals, residential behavioral health/psychiatric facilities, and community-based healthcare providers to lower annual readmission rates and serve individuals in their own communities whenever possible.

From Kara Hughes, PHSD Chronic Disease Bureau, khughes3@mt.gov

- [CONNECT](#) is a secure web-based referral system for checking, receiving and sending referrals.

CONNECT is statewide which is unique for Montana. It is not just designed for public health programs or even medical providers but includes a wide range of service providers like food banks, primary care physicians, mental health services and more. The goal is to incorporate even more types of providers in the future.

- The DPHHS Chronic Disease Bureau has divided the State of Montana into thirteen different health regions to aid in implementing a variety of different programs, one of those programs is CONNECT. Currently eleven of the thirteen regions have CONNECT. There is a CONNECT [blog](#) which contains a great deal of useful information for those who might be interested in CONNECT. There is also an interactive provider [map](#) which shows lots of great visual info about which organizations are on CONNECT and are using it. For questions e-mail [CONNECT](#).
- One of the most impressive things about this referral system is how much it boosts overall referral rates, sometimes from around 30% to up over 80 or 90%. This is instrumental in taking a burden off the families of those who need the care being offered.

From Mary Windecker, mwindecker@montanabehavioralhealth.org

- Behavioral Health Alliance has an update from our Adult Continuum of Care Task Force – they are very close to finalizing a continuum of care with tiers for people coming out of Montana State Hospital or other facilities. This will allow warm handoffs into the community with the support they need, like housing and other essentials. The goal is to have this in place by July 1. BHA is hoping to see a real decrease in the re-admission rates.

From Bobbi Perkins, AMDD Prevention Bureau, BPerkins@mt.gov

- AMDD has a list of prevention specialists that are critical resources for this kind of work, they are also being trained in CONNECT. Their contact info and locations can be shared. There is also a list of contact information for prevention specialists that can be provided for anyone who needs it.

No current issues identified for smaller ad hoc group work related to this strategy.

Wrap-Up

Continue to communicate with your programs, stakeholders, etc. about the SHIP and updates from the meeting today. Keep an eye out for additional communication on materials and training opportunities on Collective Impact as they arise, as well as for the new newsletter.