

Children's NTIs: Respite, Family Peer Support, Public Health

Children's Mental Health Bureau

March 29, 2024



DEPARTMENT OF
**PUBLIC HEALTH &
HUMAN SERVICES**

January Commission Meeting Recap | Key Stakeholder Information

January Commission Meeting Themes	Already Planned Action by DPHHS
<ul style="list-style-type: none">• Need to increase capacity for residential services in children’s mental health system	<ul style="list-style-type: none">• \$10 million investment in grants to increase residential capacity• Clinical Staffing with CMH residential providers of Youth with Complex Unmet Needs• Exploration of acuity-based payment models
<ul style="list-style-type: none">• Need to improve case management and care coordination	<ul style="list-style-type: none">• TCM Provider workgroup, development of self-assessment and training tools for best practice TCM
<ul style="list-style-type: none">• Need for increased workforce in children’s mental health system	<ul style="list-style-type: none">• Behavioral Health Workforce Recruitment and Retention Learning Collaboratives – Expansion of Pilot
<ul style="list-style-type: none">• Need to expand access to school-based behavioral health services	<ul style="list-style-type: none">• Collaboration on inventory of school-based behavioral health interventions• Active exploration options to expand school-based behavioral health services• Universal Screening Linked to Care Pilot Project

January Commission Meeting Recap | Key Stakeholder Information

January Commission Meeting Themes	Already Planned Action by DPHHS
• Need for expanded Respite Services	_____
• Need for expanded Family Peer Support Services	_____
• Need for expanded prevention efforts	_____



Respite NTI



Respite | Executive Summary

Place in Continuum

Prevention
Treatment

BHSFG Priority Alignment

Capacity of adult/children behavioral health service delivery system
Developmental Disabilities system capacity

Projected Cost Over Two Years

Up to \$975,000

Problem Statement

- Respite is defined as a **temporary break or period of relief** from providing care for someone who needs assistance. Family caregivers of **children with special needs** often experience chronic and prolonged stress and would benefit from respite.
- Current respite offerings provide care for hundreds across Montana, but this is only a fraction of the individuals who could benefit from these services. Montana's Lifespan Respite grant funding is set to expire in 2026, and the state would **benefit from targeted recruitment of respite providers for all populations.**

Recommendation

- **Develop an Asset Map** for respite services in Montana to identify existing funding sources, target populations, community partners, and respite providers.
- **Provide grants to Faith and Community Based Organizations to launch new respite programs.** The Department anticipates distributing up to 20 grants of up to \$30,000 per grant to help cover start-up costs associated with respite.
- Select and implement training curriculum for respite providers utilizing work done through the Lifespan Respite Special Project, a partnership between ARCH and NASHP to advance respite workforce recruitment, training and retention.
- **Recruit and train additional volunteers and paid respite providers** to increase the availability of respite services via the Office of Faith and Community Based Services.
- **Enhance statewide databases of lifespan respite care programs, services,** and information to improve access for family caregivers.



Respite | Problem Statement

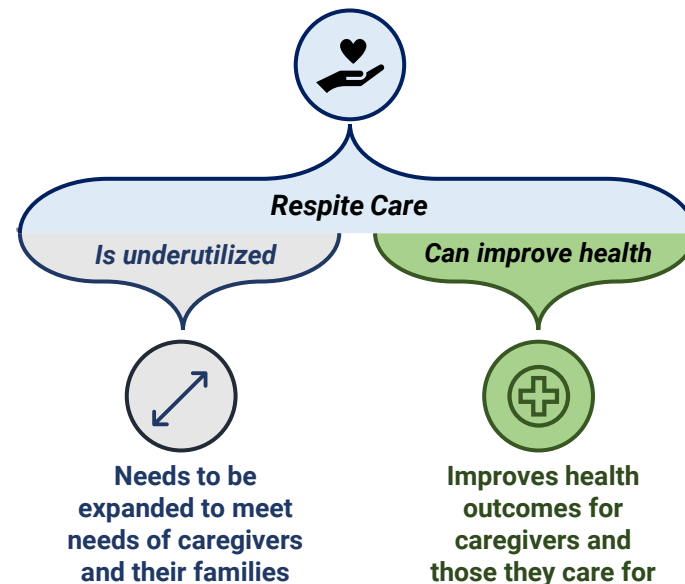
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- Current respite offerings provide care for hundreds across Montana, but this is only a fraction of the individuals who could benefit from these services. Montana’s Lifespan Respite grant funding is set to expire in 2026, and the state would **benefit from targeted recruitment of respite providers for all populations.**

Challenges with Current Respite Options

Limited providers results in wait lists

Access issues are heightened in **rural and frontier** communities

Limited and siloed funding streams create sustainability challenges



Respite can Improve Health Outcomes

Too often, Montana caregivers experience **anxiety, depression, insomnia, fatigue, marital problems, un/underemployment and diminished ability** to care properly for children with disabilities and other children at home.

Both formal and informal respite care can **significantly reduce** the likelihood of detrimental episodes and outcomes.

Respite is an effective intervention to **decrease stress of families and caregivers** of children with intellectual and developmental disabilities and/or behavioral health needs.

Respite | Supporting Data and Information

Family caregivers are an integral part of Montana’s behavioral health system but lack the respite services they need to avoid burnout and deliver the best care possible to family members.

The Caregiving Infrastructure



Caregivers are essential to Montana’s success

- More than **112,000 caregivers statewide**
- **Caregivers** provided more than **105 million hours of care** in 2021
- Nearly 1 out of 3 caregivers provide **at least 20 hours** per week, which can impact their ability to find or maintain employment
- More than 1 out of 4 caregivers **are over 65**
- Roughly 3 out of 10 caregivers in MT have a **disability of their own**
- Montana caregivers **lack access** to the **respite services** they need to deliver quality care

Existing Respite Services are Insufficient



Current respite services do not meet demand

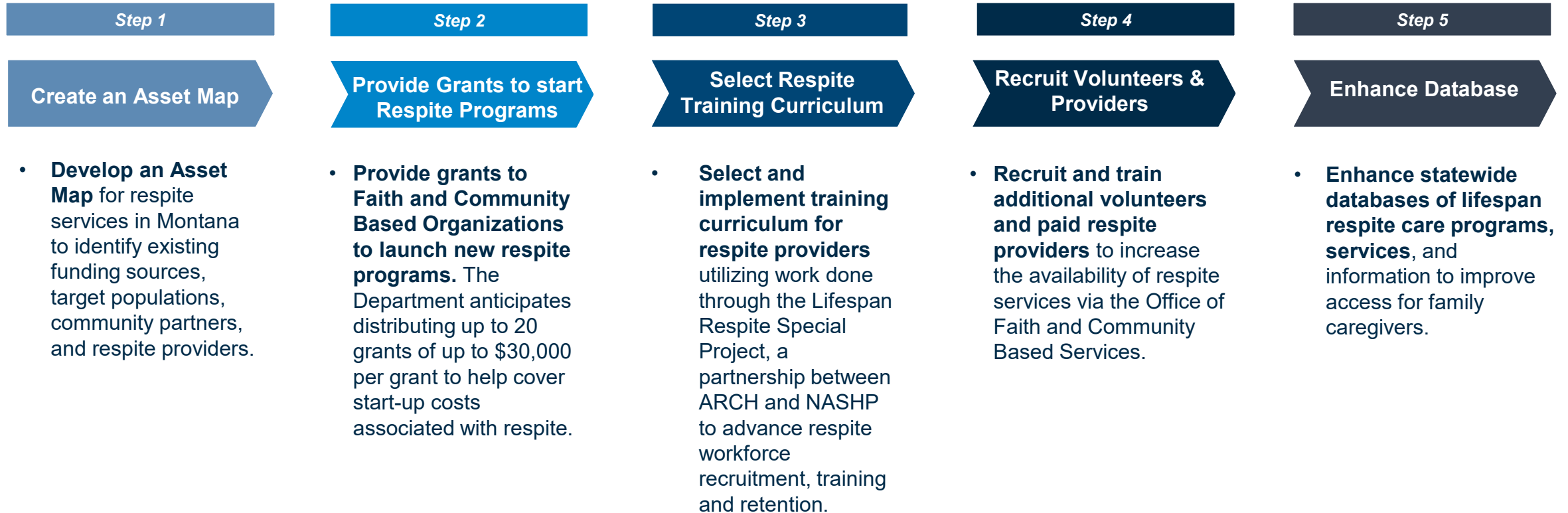
- Montana’s **youth mental health respite service** only benefitted **28 youth in 2023**
- **The Lifespan Respite Grant program** has only helped **1,538 caregivers statewide**
- Nearly **45,000 children** ages 0-17 **have special health care needs**
- **32% of individuals on the DDP 0208 waiver** who had respite identified in their cost plan **have not accessed respite care**
- MT has **80 organizations registered** as agencies which provide respite care and only **10 registered individual respite providers**.

The Bottom Line: Current Respite Offerings Do Not Meet Demand



Respite | Recommendation



The funding requested under this NTI will be used to launch a five-part recommendation to expand access to respite care.








Respite | Impact

Target Outputs & Outcomes

Target Outcomes

-  **Reduced stress among caregivers** by expanding access to respite care.
-  **Improved care** for individuals with BH needs and/or I/DD.

Target Outputs

-  **Completed asset map** of available respite services.
-  **Completed educational materials** to distribute to caregivers.
-  **Increased number of individuals and agencies** enrolled as respite providers.
-  **Increased utilization** of available respite services.
-  **Development and administration** of caregiver survey.

Implementation Activities and Milestones

1. Complete asset mapping of funding sources, target populations, and respite providers.
2. Develop and implement grant program for faith and community-based respite providers.
3. Distribute funds to awardees and monitor their progress.
4. Create formalized education on respite to distribute to caregivers.
5. Develop and implement respite training curriculum to be adopted by the Department.

Family Peer Support NTI



DEPARTMENT OF
**PUBLIC HEALTH &
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Family Peer Support | Executive Summary

Place in Continuum	BHSFG Priority Alignment	Projected Cost Over Two Years
Prevention Recovery	Family and caretaker supports	\$700,000

Problem Statement

- Montana families raising children with behavioral health challenges often have unmet emotional support needs. These needs can **exacerbate the behavioral health needs** of their children and can **negatively impact the health and well-being of families, parents, and caregivers**. This can increase the **risk of abuse, neglect, and crisis episodes** for children.
- Current efforts to connect families of children with behavioral health needs to **peer supports** are often uncoordinated and exist in silos. DPHHS **can expand access to Family Peer Support programs** to meet the needs of families and caregivers across Montana.

Recommendation

- **Create a Family Peer Support Pilot Program to provide grants** to organizations with a proven track record of providing family peer support services in Montana.
- Goal is to improve health outcomes for youth with behavioral health challenges and their families or caregivers.
- Grants will be given to organizations **with a proven track record of successfully providing family peer support services** across Montana.
- The peer support services will **focus on families with youth with serious emotional disturbances (SED) in need of behavioral health services**
- Combined, all grants **will fund up to five family peer supporters for two years**.
- To be eligible to apply for the grant, providers must have **experience providing and monitoring** family peer support within Montana.
- Selected provider organizations will be required to **track activities, monitor outcomes, report on individuals served, and provide data** to the Department throughout this grant.

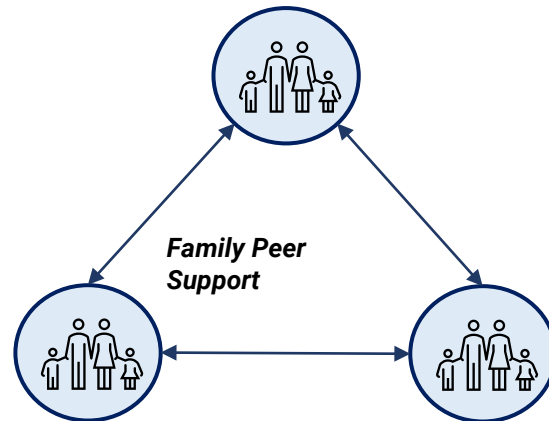
Family Peer Support | Problem Statement

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- Current efforts to connect families of children with behavioral health needs to **peer supports** are often uncoordinated and exist in silos. DPHHS can **expand access to Family Peer Support programs** to meet the needs of families and caregivers across Montana.

Family and Caregiver Challenges

Unmet emotional needs of families and caregivers to children with BH challenges can increase the risk of **crisis episodes**.

The current peer support landscape **does not meet the potential demand** for these services.



Opportunities to Expand Family Peer Support Programs

DPHHS can **expand access to Family Peer Support programs** to help ensure families of children with special healthcare needs **have their emotional needs met** so that they can **provide effective care**.

The Children, Families, Health and Human Services Interim Committee is collaborating with Montana's Peer Network to **introduce legislation to provide sustainable funding** towards Family Peer Support programs moving forward.

Family Peer Support | Supporting Data and Information

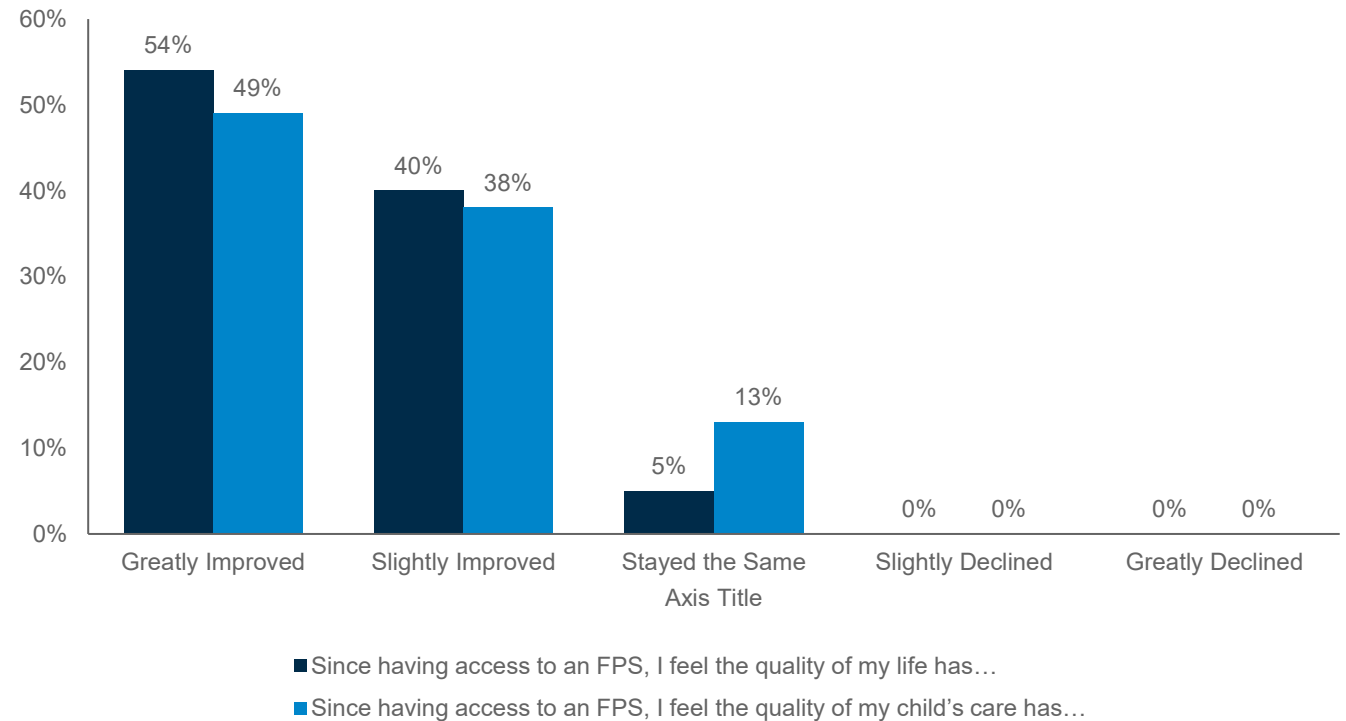
Initial data from the Montana Peer Network suggests that Family Peer Supporters can be a cost-effective strategy to enhance the performance of family caregivers and improve health outcomes.



In a survey conducted by Montana’s Peer Network of Montanans who received Family Peer Support Services:

- **100% of survey respondents** felt interactions with a Family Peer Supporter **were helpful or very helpful**
- Results indicate that **an interaction with a Family Peer Supporter could save an average of \$132.60 per interaction** by reducing the likelihood of needing to see a medical professional

Parents Indicate Family Peer Supporters Have Improved the Quality of Their Lives and the Quality of Their Child’s Care



Family Peer Support | Recommendation

The funding requested under this NTI will be used to help families of children with behavioral health challenges access family peer supporters to improve their mental wellbeing and the quality of care they provide to their children.

Create a Family Peer Support Pilot Program to provide grants to organizations with a proven track record of providing family peer support services in Montana

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- Selected provider organizations will be required to **track activities, monitor outcomes, report on individuals served, and provide data** to the Department throughout this grant

Relevant Definitions




- **A Family Peer Supporter** is someone who has lived experience raising a child with behavioral health challenges and/or special healthcare needs.
- **Family Peer Support** is helping another family who is currently raising a child with behavioral health challenges and/or special healthcare needs.
- **Family Peer Support includes:** active listening, emotional support, help navigating systems, and connection to resources.







Family Peer Support | Impact

Target Outputs & Outcomes

Target Outcomes

-  **Increased number of connections** between families with children with BH needs.
-  **Improved mental health and well-being** of both families of children with BH needs as well as the children themselves.
-  **Improved systems navigation** by developing resources for families with youth with BH needs.

Target Outputs

-  **Improved uninterrupted care** during transitions.
-  **Increased capacity** in BH system for family peer support services.
-  **Increased number of families** with youth requiring BH services receiving family peer support.
-  **Develop resources** for families of youth receiving BH services.

Implementation Activities and Milestones

1. Develop grant application.
2. Conduct outreach to potential providers 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.

Public Health NTI



DEPARTMENT OF
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Public Health | Executive Summary

Place in Continuum
BH Adult Prevention BH Children Prevention

BHSFG Priority Alignment
Capacity of adult/children behavioral health service delivery system

Projected Cost Over Two Years
\$3,047,000

Problem Statement

- Behavioral health prevention services can **build mental wellness and resilience**, ensure that services and programs in communities are cohesive and collaborative, and reduce the likelihood of crisis episodes and costlier treatment options.
- The success of these programs is impacted by **local and tribal health departments'** abilities to **identify, engage, and provide** prevention services to people with behavioral health needs.
- Stakeholders throughout Montana's prevention system want a **more coordinated, aligned approach**.
- Local and tribal health departments **lack the necessary staffing** to engage with people with behavioral health challenges.

Recommendation

- Provide one-time grants to** 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.
- 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.
- 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**.
- The Montana Public Health Institute (PHI) will **work as a partner with BHDD** to recruit large, medium, small, and tribal health departments to **participate in the pilot program**.



Public Health | Problem Statement

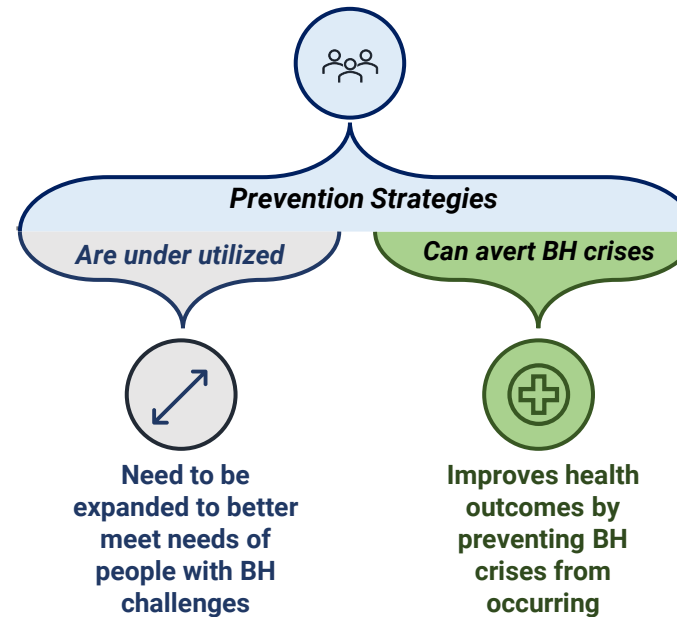
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- Stakeholders throughout Montana's prevention system want a **more coordinated, aligned approach**.
- Local and tribal health departments **lack the necessary staffing** to engage with people with behavioral health challenges.

Challenges with Prevention Strategies

Local and tribal health departments **need additional staffing to conduct outreach and engagement** to increase utilization and impact of prevention strategies.

The current prevention system is **uncoordinated** in a way that limits impact.

The state utilizes **federal substance use block grant funding** to distribute funds in a regional basis. This **regionalized approach** has led to a **wide variation in the effectiveness** of prevention services at the county level.



Community Engagement Drives Utilization of Prevention Strategies

Dedicated staff at the local and tribal health department level can **increase the utilization of prevention services**, which can reduce the instances of behavioral health crises.

Local or tribal health departments can **bring partners and resources together** to help reach people with BH needs before crises arise.

The Montana Public Health Institute can facilitate **community engagement efforts** at local and tribal health departments to improve prevention service utilization.



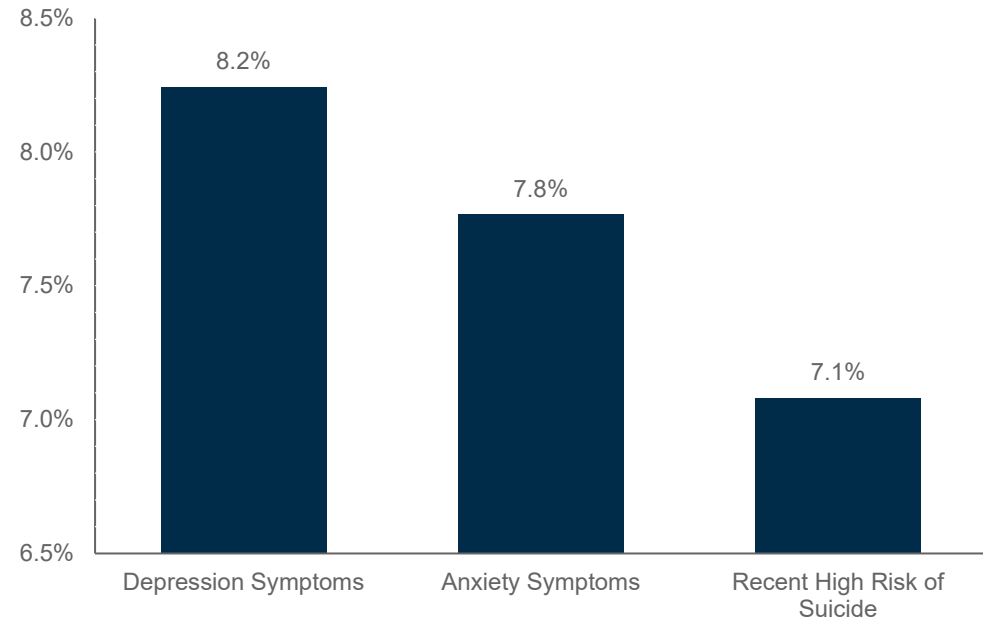
Public Health | Supporting Data and Information

Montana has a high prevalence of substance misuse and mental health needs, which make prevention efforts critical. Absent effective prevention strategies, these needs may shift into acute episodes requiring more intensive and costlier forms of care or treatment.

Montanans experience high rates of mental health needs and current state funding does not solve this issue.

- More than **10% of Montanans** have a substance misuse order, which is higher than national averages.
- Current state funding often **does not utilize local or tribal health agencies** to design and implement prevention efforts.
- In interviews conducted by MT PHI, most local public health leaders reported the **regional approach** to the federal substance use block grant **has been insufficient** to meet the prevention needs of their counties
- It is challenging to **hire and manage prevention staff in rural counties.**

Montana Youth Have Significant Mental Health Needs:
Percentage of Youth Demonstrating MH Symptoms*



Notes: *Data comes from the 8,175 6th – 12th grade Montana Students in 55 Montana schools who participated in the Screening Linked to Care Project from 7/1/23 – 12/31/23.



Public Health | Recommendation

The funding requested under this NTI will be used to pilot an innovative program so that 12 local and tribal health departments across Montana can hire a community engagement specialist to increase utilization and coordination of prevention strategies.

Provide one-time grants to 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.



Local and Tribal Health Departments

- **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.
- 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**.



Montana Public Health Institute

- The Montana Public Health Institute (PHI) will **work as a partner with BHDD** to recruit large, medium, small, and tribal health departments to **participate in the pilot program**.
- PHI will work as a trusted partner to **facilitate** this pilot program, including providing programming to **oversee and engage** the cohort of local and tribal health departments.
- PHI will also **provide technical assistance** to health departments in the cohort, schedule monthly community of practice calls, share resources to the departments, and develop a **post-program survey to evaluate lessons learned**.



Public Health | Impact

Target Outputs & Outcomes



Target Outcomes



Reduced prevalence of SUD and mental illness.



Local and tribal health departments empowered to coordinate prevention efforts in their municipality.



Identified community-based networks to support coordination of prevention efforts.



Reallocate duplicative efforts to drive efficiencies.

Target Outputs



Hire FTEs at 12 participating pilot health departments.



Increase the number of prevention programs/services.



Increase coordination between prevention programs and services.



Collect county-level data on youth, behavioral health, adult behavioral health, and community voices for each participating health department.



Strategic plans for the 12 participating pilot health departments.

Implementation Activities and Milestones



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 pilot local and tribal health departments to hire FTE and participate in facilitate learning collaboratives to meet project objectives.
4. Monitor participating health departments' progress and data

