State Health Improvement Plan: Behavioral Health Workgroup
Meeting Minutes: Wednesday, December 11, 2019, 1:00-2:30 PM, via GoToMeeting

Workgroup Lead:

Bobbi Perkins, DPHHS AMDD Prevention Bureau Chief

Workgroup Facilitator:

Anna Bradley, DPHHS PHSIO Plans Coordinator

Workgroup Members Present:

- Annie Sondag
- Bonnie Bishop
- Buck Herron
- Curtis Smeby
- Dana Geary
- Holly Mook
- Jen McCully
- Jim Hajney
- Mackenzie Peterson
- Mary Windecker
- Maureen Ward
- Molly McKinney
- Bobbi Perkins
- Kerry Pride
- Scott Malloy
- Shani Rich
- Tammera Nauts
- Tyler Steinbach
- Brett Morris
- Bill Hodges
- Katie Levine

Welcome and introductions
1:00 to 1:15 PM

Anna Bradley reviewed the agenda for today's call, and then asked attendees to state their name, their organization, and answer the question: "What is one thing that would help you act on the SHIP between meetings?"

Responses included:

- Start developing SHIP newsletter that can go out to workgroup members and other interested parties after the calls, and to include opportunities for workgroup members to share information in the newsletter as well

- More information from Anna and Bobbi in between meetings like updates, "wins," and other items
- Workgroup members considering how to more effectively communicate back to organizations and other groups—such as creating a standing agenda item in office and advisory group meetings to routinely provide opportunities to discuss the SHIP and the workgroup
- Workgroup members reaching out to each other more often in between calls (using the contact information in the workplan)
- Workgroup members doing additional "homework" before the meeting to bring up to date information from their organizations and networks to share

General updates
1:15 to 1:20 PM

- Upcoming events or updates that may be relevant to the group:
    - OPI just received a new grant: 5 years of funding from the US Department of Education
        - https://www.montana.edu/news/19423/msu-and-partners-receive-2-3-million-for-five-year-project-to-educate-school-counselors-to-fill-jobs-in-rural-montana [montana.edu]
        - Rural Mental Health Pathways Grant
        - In partnership with MSU and the University of Montana
        - Workforce Development in rural and tribal small schools to help pay for graduate school for people in the community and offering stipends for people working on licensure to go work in a small rural or tribal school
    - MHA and AHEC received Rural Communities Opioid Response Program Implementation Grant
    - The SHIP annual report will be getting published in early 2020 with updates on almost all of the objectives
    - The Zero Suicide program (AMDD) will be doing a relationship building/training session with their contractors in January to set the foundation for training sessions moving forward
    - The Behavioral Health Alliance of Montana will be working on a Peer Support Summit probably in early May
        - Partnership with the Montana Healthcare Foundation, the Montana Peer Support Network, and AMDD
        - Would love to have organizations considering working with peers attend so they can learn how to do a quality program

Steps Based on Last Conversation
1:20 to 1:25 PM

- Steps people talked about taking on the last call included:
    - Making sure they were creating opportunities in their own organizations and networks to share about the SHIP
    - Getting involved with the Zero Suicide grant
    - Partnering to provide suicide prevention trainings in your communities
    - Looking into ways to include ACEs in your work as the SHIP cross-cutting strategy
- Does anyone have examples on how they took action on these items?
    - None at this time

Data Presentation
1:25 to 1:50 PM

Stories of the behavioral health crisis in Missoula County, with Bonnie Bishop (Bonnie.Bishop@mso.umt.edu) and Annie Sondag (Annie.Sondag@mso.umt.edu)

- Capstone Project with the Public & Community Health Program at University of Montana completed by Bonnie.
- Lots of students are looking for a Capstone Project, so if people are in need of public health research or help gathering data, contact Annie to possibly be connected with a student interested in helping.
  - Students must complete both an Applied Practice Experience (APE) and an Integrative Learning Experience (ILE). APEs produce a practice-based experience, and the ILEs produce a high-quality written document
- The Missoula City-County Health Department and UM School of Public and Community Health Sciences joined forces to create an Academic Health Department to foster collaboration on public health research, practice and service with a focus on public health workforce education and training.

The project was done using Photovoice, a tool which uses photography and words to capture stories. Six were collected in total, so she will share some highlights today.

- Photo displayed of locks on the Van Buren Bridge, with a hole in the chainlink fence in the middle of some of the locks.
- Story: A 51-year old parent to a 12-year old student in crisis who has been in Missoula for 11 years. The parent described her child trying to hang himself in the middle of his seventh-grade year. After making this attempt the parents took him to their pediatrician, the pediatrician would not prescribe more psychiatric meds, and they were put on a six-week waiting list to for a partial hospitalization program and an eight-week list for someone who might write him another script. They had to "suicide proof" their house. Looking at a photo of the locks on a piece of fencing is reminiscent of the measures that they had to take to keep their son alive. The mother relates that she fears that that hole will be the one through which her son slips.

The documents and reports that led to this project were:

- Missoula County Community Health Assessment (CHA), 2017
- Missoula County Community Health Improvement Plan (CHIP), 2018
- CHIP Behavioral Health Survey, 2019
  - Survey conducted to explore gaps and barriers in the county's current behavioral health system in early 2019.
  - Some findings included:
    - Average number of mentally unhealthy days in a month was 3.5 days (nationwide average is 2.8)
    - 81% of respondents reported interacting with individuals in a state of crisis either often or somewhat often
- Sequential Intercept Mapping Tool process completed in April 2019 by more than 35 Missoula agencies to assess available resources, determine gaps in services, and plan for community change

Stories and photos resulting from the project were shared in downtown Missoula during a First Friday event at a dance studio, and over 200 people attended the exhibit. Some examples of the stories are (stories summarized below):

- 22-year-old woman whose father died of an accidental overdose shares a photo of his mortuary tag. She has been battling anxiety and depression her whole life. She talked about needing to sometimes buy groceries rather than her medication, and her struggle with that.
- 22-year-old woman who admitted her 24-year-old boyfriend when he was experiencing crisis, and he locked her in the house for several days after he was discharged. She wasn't contacted and he showed up to her place of work, she lost her housing. The upside-down light bulb symbolized a feeling of being burnt out and having misplaced or misfit resources.
- 51-year-old mother of young student in crisis shares another photo of a car stuck in the snow, symbolizing her feeling stuck in the process of seeking help for her son.
- 41-year-old woman who is a crisis survivor and now a behavioral health counselor.
- 38-year-old woman and a caregiver to a partner in crisis, who became disabled and unemployed and started using illegal drugs for pain management.
- Levi, a 36-year-old man and recovering addict, who has experienced several traumas in life.
  - Stories are typically anonymous, but Levi wanted his name and the photo of his face to be shared.

This work is continuing and more stories will be gathered. Also, there could be opportunities to have the exhibit come to your area to be displayed. Contact Leah Fitch with the Missoula City-County Health Department for more information: lfitch@missoulacounty.us.

Any additional comments or questions:

- Would this exhibit be available as a resource for us to share in our communities and with our partners?
  - Absolutely, we have the physical stories and the write-ups and physical photos that you could hang up in spaces. We're working on developing a slide show with audio that will read the full stories all together. There are several ways you could get involved and I'd be happy to discuss that with you—please email Bonnie at Bonnie.Bishop@mso.umt.edu
- The combination of qualitative and quantitative analysis is very powerful for the learner to see more than just the statistics and is also empowering for the storytellers.

Focused Strategy Conversation
1:50 to 2:25 PM

Workgroup participants were invited to vote on which strategies to discuss today.

Clinical Strategy 4 (C4): *Increase and promote use of evidence-based medication assisted SUD treatment services for SUDs and opioid addiction.*

- Reminder to use the workplan as a tool—the workplan was developed based on your survey responses in Spring and Summer 2019, there are organizations identified under each of the strategies and contact information for representations from those organizations. Feel free to reach out to each other in between meetings.
- Can we update the workplan with more information?

- o Yes, feel free to send Anna updates at any time and she'll make sure to send updated versions as needed to workgroup participants
- Mary with Behavioral Health Alliance of Montana: mwindecker@montanabehavioralhealth.org
  - o There are a number of partnerships with different agencies where behavioral and mental health providers are working together to address community needs. For example, in Helena, Intermountain places a child therapist at PureView Community Health Center. Similar examples are taking places in Missoula and Great Falls.
- Tyler with the WSAA and Hope Clinics: tyler@hopeclinics.org
  - o One thing that we have been working on is creating initial EMT courses that combine elements of the peer support specialist courses with the goal of having groups of EMT students who also want to pursue peer support specialist licenses along with the standard EMT license. Hopefully they can leave the course with both the Board of Behavioral Health license for peer support and another license for EMT. This will hopefully help them be more effective and therapeutic in the field.
- Scott with Montana Healthcare Foundation: scott.malloy@mthcf.org
  - o We are nearing the end of our integrated behavioral health initiative which focuses on funding large PPS hospitals, critical access hospitals, FQHC, and tribal health and Urban Indian Health. Over the next two to three years they would like to have funded each of those entities, and then in the long term are partnering with other entities to ensure that there is a long term capacity to support those sites with technical assistance and training.
  - o The Meadowlark Initiative is also underway, with the goal of funding each of the delivering hospitals in the state to provide integrated behavioral health.
  - o If anyone has communities that you're working with or are have questions on those items, please reach out.
- Shani with AHEC: shani.rich@mtha.org
  - o Through AHEC and Office of Rural Health there is the Behavioral Health Workforce Education and Training Grant which reimburses or funds training for peer support specialists on the fundamentals of health, community health worker training, applied suicide intervention skills training, adult mental health first aid, youth mental health first aid, and management of aggressive behavior. There is money to support those kinds of training.
- Tyler with the WSAA and Hope Clinics: tyler@hopeclinics.org
  - o Potentially looking at having telephone referral side of 911 sending people in crisis to an appropriate person. Then possibly having the response team be more tailored to the situation (i.e. a peer counselor or a nurse practitioner, possibly along with an EMT team). Getting into the 911 system has not been easy.
- Bobbi with AMDD: bperkins@mt.gov
  - o Potential expansion of utilizing a contractor that has been providing a warm line for mental health services warm line that has been used to have a person available 24/7 to be there for someone who needs mental health services. Could be explored further, and we'll bring it back to another meeting if it progresses.

Clinical Strategy 1 (C1): *Promote routine screening for mental illness, anxiety, depression, SUD, and suicidal ideation in primary care and other medical settings using evidence-based screening tools (i.e. Screening, Brief Intervention, and Refer to Treatment, Alcohol Use Disorders Identification Test,*

Patient Health Questionnaire, Generalized Anxiety Disorder, and the Columbia Suicide Severity Rating Scale).

- Mary with the Behavioral Health Alliance of Montana: mwindecker@montanabehavioralhealth.org
  - In the model for intensive outpatient substance use disorder treatment developed with AMDD, AMDD wanted to use the Daily Living Activities 20, an evidence-based tool that comes out of the National Council on Behavioral Health, to test that model in intensive outpatient settings to see if it works. We'll start with that and look at it using it for other programs as needed and also in the new case management program for children that is just being developed.
- Curtis Smeby with Hill County LAC, MSU Northern: smebyc@msun.edu
  - Is anyone doing trauma screening?
    - Recommends programs in San Francisco as a reference, including the Center for Youth Wellness: https://centerforyouthwellness.org/advancing-clinical-practice/
  - Group discussion on the following points:
    - Trauma screening is very important and a component of some existing evidence-based programs, like Zero Suicide.
    - It's great that providers are aware of ACEs, but then what happens? How does treatment get accomplished?
    - Trauma and trauma-informed care is important to understand, but some providers have found that attempting to screen for trauma was often re-traumatizing to the patient, so an approach has been developed in many clinics to rather adopt the approach of ensuring staff and providers are practice trauma-informed care always.
    - ACEs screening can be particularly difficult at first when developing relationships with the children and families.
    - Some patients experience real concern with what the information is being used for and how it will be followed up on, and therefor are apprehensive to provide accurate information. Clinics should have conversations internally about how the information is used if screening is taking place, and talk about how to communicate that with the patients.
- Tammera with the Montana Primary Care Association: TNauts@mtpca.org
  - They are working hard on eliminating the stigma associated with mental health problems and subconscious bias, even down to the semantics and language used. If anyone is doing work in this area, please contact Tammera.

Wrapping up
2:25 to 2:30 PM

- Communication—share information about the SHIP with your programs, organizations, partners, and stakeholders to help them stay informed on this work. Don't feel the need to wait until a SHIP workgroup meeting to reach out to other organizations in the state and talk to them about the strategies in the SHIP and where opportunities could be to partner on projects.
- Please respect the contact information that is included in the workplan—workgroup members have agreed to be contacted on the SHIP workgroup and connecting with other members but haven't necessarily signed on to be added to other listservs or contact lists.
- There will be a survey on SHIP implementation so far in 2019 with only ten questions, please take it to give feedback.