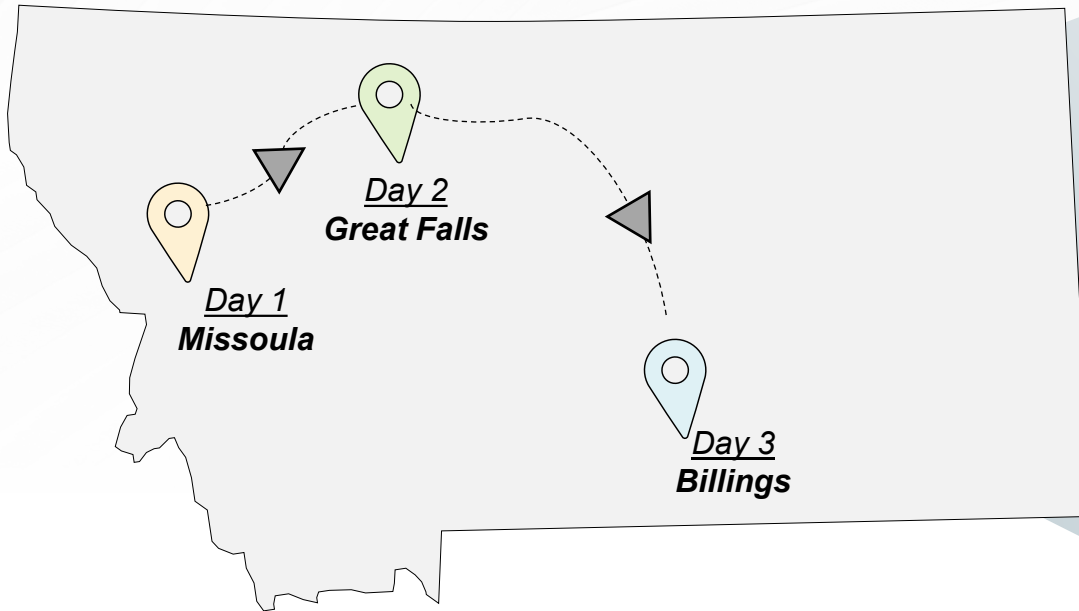


Recap: August Subcommittee Meetings

Seven meetings (three *continuum of care*, three *access*, and one *workforce*) were held the week of 8/7 across Montana, in which valuable dialogue was had from each respective subcommittee group.



Region	Date	Subcommittee	Attendees*
Region 5 (Missoula)	8/8/2023	Continuum of Care	32
		Access	
Region 2 (Great Falls)	8/9/2023	Continuum of Care	41
		Access	
Region 3 (Billings)	8/10/2023	Continuum of Care	55
		Access	
		Workforce	

*Numbers exclude DPHHS and Guidehouse attendance

Throughout this Initiative, the Subcommittees will consider people with both lived and professional experience

- Adult and youth with behavioral health needs (Mental Health/Substance Use)
- Adult and youth living with intellectual and/or developmental disabilities
- Tribal communities in Montana
- Current Montana State Hospital and state facility patients
 - Including justice-involved patients
- Providers of care: physicians and clinicians, peer support specialists, facility and community staff

Montana's perceived strengths identified by each Subcommittee

Participants named specific programs and themes that are working well within the State for those living with behavioral health needs and developmental disabilities.

1 Continuum of Care

- Subcommittee members like how the State aligns new programs with existing programs (**Certified Community Behavioral Health Clinic (CCBHC)** Initiative)
- **Specific programs and services have been a positive**, like Applied Behavior Analysis (ABA) services and payments, for; expanded populations and service settings have increased access; however, access to trained clinicians is an ongoing challenge
- Expanded **use of telehealth** for mental health services has been impactful

2 Access

- **Warm handoff policy** change which allows targeted case management (TCM) and housing stabilization services (HSS) to be provided concurrently with residential treatment supports successful discharges
- **Crisis Intervention Teams (CIT) and mobile support teams** are useful and effective as emergency department (ED) diversions and first-line mental health intervention
- Montana has several **grant-funded programs** to provide a variety of needed **services to families**; however, grant funding has sustainability challenges

3 Workforce

- **18-month COVID-related supplemental payment program** for providers during the pandemic were stabilizing and useful
- Investment at Montana State University for **Nurse Practitioners (NPs) to enhance the clinical workforce** and to build a pipeline for clinicians through medical education
- Expansion of **Peer Support Services** has strengthened the Behavioral Health Continuum of Care

Montana's perceived challenges shared by participants

Understanding these challenges will inform the development of recommendations to improve service delivery for those living with behavioral health needs and developmental disabilities in Montana.

- 1 Access challenges** emerged across all regions as a major theme.
 - Challenges in **both acute and non-acute services**
 - In rural and frontier counties
 - Services for children and adults with **co-occurring disorders** (e.g., mental health disorders co-occurring with SUD or developmental disabilities)
 - Attracting and retaining medical professionals in remote locations (**telepsychiatry** is an important solution for underserved areas)
 - High-speed internet distribution/access as a barrier
 - There is a **lack of residential treatment options** for all populations
- 2 Inadequate infrastructure for prevention and crisis services** was continually voiced as a pain point for Montana.
 - Opportunity to invest in prevention programs, particularly school-based programs
 - Crisis care **reimbursements**
 - **DPHHS comment:** There have not been any reductions in Medicaid Reimbursement Rates for crisis services.
 - ED and jails have been acting as crisis stabilization facilities
 - Crisis Intervention Teams (CITs) are effective in managing mental health crises, primarily delivered via **law enforcement**
- 3 Lack of integrated case management** was voiced as a key challenge for Montana
 - Montana offers a variety of care coordination and case management services, but there is a **lack of coordination between various programs** and a lack of knowledge relative to how these services may be accessed
 - May also be compounded by workforce challenges
- 4 Social Determinants of Health (e.g., employment, housing)** emerged as a current opportunity for Montana
 - Montana should focus more on **lifelong recovery**, investing in services such as **supportive housing and supported employment**
 - Perception is that people are being discharged back into the community without necessary tools for success.

Engagement Timeline

