



## 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: **Funding to Pilot Local Innovations in Behavioral Health through Grants to Counties and Tribes.**

### Problem Statement

Rural and frontier counties and Tribes across Montana have heightened behavioral health (BH) needs because they often lack the resources necessary to address them. As a result, rural Montanans lack access to BH supports and services that could significantly improve their lives.

More than 40% of Montana communities do not have a mental health center and access to BH facilities is particularly limited in rural and frontier counties. Additionally, rural and frontier communities have been hit particularly hard with the opioid epidemic and face high rates of suicidality and other mental health challenges. The rural nature of many counties and Tribes in Montana creates heightened transportation barriers to accessing care, which can prevent Montanans from receiving appropriate supports for their BH needs.

Statewide efforts to improve Montana's BH systems and the mental wellbeing of Montanans will be far more impactful, particularly in rural and frontier counties, if local communities are engaged to help lead strategic efforts that are designed to meet the specific BH needs of local communities. BH needs across Montana are diverse and complex, and include disproportionately high suicide rates, high substance use disorder rates, increasing overdose fatalities, and other issues related to BH crises, mental health, and wellbeing. Targeted, locally developed solutions to BH needs are particularly important given the variety of BH challenges, as well as the different assets and resources that exist across communities in Montana.

Given that rural and frontier counties and Tribes have a diversity of complex BH challenges, there is no "one size fits all" approach to improving rural BH outcomes. The state can play an important role in providing rural and frontier communities with additional resources to design and implement solutions that are tailored to specific county or Tribe-level needs. The state can leverage innovative solutions that have shown promise in addressing BH needs in rural and frontier counties to offer additional funding opportunities for counties to pilot their own innovative programs.



## Behavioral Health System for Future Generations Commission



Recommendation for  
Consideration

### Data and Information Sources

Montana has high rates of substance use disorder, suicide, and mental health needs. The following information outlines the severity of these issues in Montana:

- More than 10% of all Montanans aged 12 or older have a substance use disorder, compared to 7.4% nationally.<sup>1</sup>
- In 2021, 35% of adult Montanans reported symptoms of anxiety or depression.<sup>2</sup>
- In 2020, 32% of Montanans over the age of 18 reported binge alcohol use in the past month, compared to 25% of adults nationally.<sup>3</sup>
- In 2022, Montana ranked highest for suicide mortality rates of any state in the country, with 28.7 suicides per 100,000 individuals.<sup>4</sup>

While these issues trouble the entire state, rural and frontier counties and Tribes lack the necessary resources to fully address these significant problems within their communities. This makes these issues particularly chronic and challenging to address for rural communities across the state.

These BH issues also impact Montana youth. Between 2016 and 2020, the suicide rate for Montana youth between the ages of 12 to 18 was nearly three times higher than the national average.<sup>5</sup> Montana youth also experience higher rates of depression, anxiety, and other mental illness compared to national averages.<sup>6</sup>

For most of the past 40 years, Montana has ranked in the top five of state suicide rates in the nation, making it one of Montana's most significant public health priorities. Montana, like many other states, has seen a continual increase in death by suicide from individuals of all ages and demographics. To date, suicide is currently the second leading cause of death for people ages 10 to 44 and the eighth leading cause of death for all Montanans.

To address these complex BH issues, counties and Tribes can implement innovative solutions designed for the specific needs of the people they serve.

<sup>1</sup>SAMHSA. [https://www.samhsa.gov/data/sites/default/files/reports/rpt32843/Montana-BH-Barometer\\_Volume6.pdf](https://www.samhsa.gov/data/sites/default/files/reports/rpt32843/Montana-BH-Barometer_Volume6.pdf)

<sup>2</sup>NAMI. <https://www.nami.org/NAMI/media/NAMI-Media/StateFactSheets/MontanaStateFactSheet.pdf>

<sup>3</sup>MT DPHHS. <https://dphhs.mt.gov/assets/publichealth/EMSTS/Data/AlcoholUseMontana.pdf>

<sup>4</sup>CDC. <https://www.cdc.gov/nchs/pressroom/sosmap/suicide-mortality/suicide.htm>

<sup>5</sup>MT State Finance Committee. [https://leg.mt.gov/content/publications/fiscal/2023-Interim/March-2022/2022\\_03\\_15b\\_SLTC-presentation-to-MT-State-Finance-Committee.pdf](https://leg.mt.gov/content/publications/fiscal/2023-Interim/March-2022/2022_03_15b_SLTC-presentation-to-MT-State-Finance-Committee.pdf)

<sup>6</sup>Mental Health America. <https://www.mhanational.org/issues/2023/mental-health-america-youth-data>



## Behavioral Health System for Future Generations Commission



Recommendation for  
Consideration

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Provide one-time, two-year grants to up to 10 rural<sup>7</sup> and/or frontier<sup>8</sup> counties and Tribes to pilot innovative behavioral health solutions designed to meet the unique needs of these communities. Counties and Tribes will apply to work on community-led innovation partnering with existing organizations for technical assistance, infrastructure, and other needed supports. Counties and Tribes could apply for one of two tracks under this program, laid out below:

#### 1. *System-Level Innovation:*

This pilot is intended to support collaboration at the local level to transform the way health systems work together to complement existing behavioral health prevention, crisis, treatment, and recovery efforts. Funding is not intended to provide direct services at the individual level or to replace existing services. Funding instead will be utilized to allow for a dedicated change leader to engage the community to assess existing behavioral health services and identify ways to strengthen their local system to increase resilience and mental wellness through a coordinated community effort. Funding will be deliverable based, allowing communities flexibility without requiring new staff positions. Communities will be supported in developing a plan for sustaining their efforts beyond this funding opportunity.

This work will be focused on two strategic priorities: i) supporting local innovation and community coordination and ii) beginning to develop a network of local collaboratives through which DPHHS and other statewide partners can maximize the reach and impact of Montana's behavioral health system.

Funding will also be utilized to contract with the Montana Public Health Institute (MTPHI) to provide administrative capacity and technical assistance for the grantees utilizing their published [Behavioral Health Toolkit](#). Over the course of this project, the toolkit will be revised utilizing successes, challenges, and lessons learned so that future communities are able to replicate this project on their own through the guidance of the toolkit.

#### 2. *Local-based Community Health Workers with support from Catalyst for Change:*

Catalyst for Change has demonstrated success in supporting rural and frontier communities with a model that connects local, county-based, community

<sup>7</sup> According to the United States Census Bureau, rural communities are those with populations of less than 5,000 residents. <https://www.census.gov/programs-surveys/geography/guidance/geo-areas/urban-rural.html>

<sup>8</sup> According to the National Rural Health Association (NHRA), frontier is defined as a county that has a population density of 6 or fewer residents per square mile. <https://www.ruralhealth.us/getmedia/8d486646-c11f-4d6b-9c22-32a3a47f332c/08statementoffrontier.pdf>



**Behavioral Health System for  
Future Generations Commission**



Recommendation for  
Consideration

health workers (CHWs) to an existing infrastructure which includes training, clinical supervision, and an extensive telehealth network of licensed professionals.

In implementing these services in Sweet Grass and Wheatland counties, this model has yielded promising results that provide people with the appropriate level of BH support for their specific needs. Importantly, the CHWs under this model have a level of clinical supervision. This equips the CHWs to offer important BH interventions that, combined with linkage to needed telehealth BH treatment services, can significantly improve outcomes for people in rural Montana counties.

These one-time only grants would last for two years to pilot innovative programs at the local level and do not guarantee long-term state funding. Awardees will be required to collect and analyze data on the performance of their pilot programs including on outputs, outcomes, and all costs.

Place in Continuum	BHSFG Priority Alignment	Projected Cost
All	Adult Behavioral Health Children’s Mental Health	Up to \$2.5M

Impact	
Outcomes and Outputs	Implementation Activities and Milestones
<p><i>Target outputs for awarded counties and Tribes include:</i></p> <ol style="list-style-type: none"> <li>1. Increased coordination between health/social services and community resources in rural and frontier counties.</li> <li>2. Increased utilization of BH-related resources in rural and frontier communities.</li> <li>3. Stronger local behavioral health systems that can better reduce the prevalence of SUD and mental illness.</li> <li>4. County and Tribe data on youth and adult behavioral health.</li> </ol>	<ol style="list-style-type: none"> <li>1. Develop grant application.</li> <li>2. Conduct outreach to counties and Tribes to build interest in grant.</li> <li>3. Publish grant application.</li> <li>4. Review applications and select awardees.</li> <li>5. Distribute funds to awardees.</li> <li>6. Monitor utilization of funds and progress toward intended outputs and outcomes.</li> </ol>



**Behavioral Health System for  
Future Generations Commission**



Recommendation for  
Consideration

<p><i>Target outcomes for awarded counties and Tribes may include:</i></p> <ol style="list-style-type: none"> <li>1. Reduced rates of substance use disorder, suicidal ideation, depression, and anxiety in rural and frontier communities.</li> <li>2. Reduced BH crises in rural and frontier communities.</li> <li>3. Increased community-led innovation that will lead to local behavioral health system improvements through collaboration and coordination.</li> </ol>	
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**Supporting Material: Example Program Budget\***

The budget of this grant is estimated based on awarding up to **10 counties or Tribes** up to **\$250,000 each** over two years to pilot innovative BH programs designed to meet the specific needs of the awarded local governments.

The table below illustrates an example funding option that outlines the maximum a county or Tribe could receive under this grant. Note that other funding options are possible and that Year 1 award amounts are expected to be larger than Year 2 award amounts given the enhanced initial startup costs associated with piloting a program of this nature.

Counties selected for grants will be expected to engage in contracts with either Catalyst for Change or the Montana Public Health Institute for the provision of training and technical assistance. It is anticipated that these contracts will be approximately 25% of total budgeted costs.

<b>Example Funding Option</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Total</b>
Award amount to cover approved expenditures outlined in awardee's application	\$150,000	\$100,000	<b>\$250,000</b>

\*For example purposes only.



## Behavioral Health System for Future Generations Commission



Recommendation for  
Consideration

### *Supporting Material: Example Grant Criteria\**

This funding opportunity is available to all rural and/or frontier counties or Tribes across Montana. DPHHS would create a grant application open for these local governments to submit proposals designed to meet the unique BH needs of their communities. This could include but is not limited to the following components:

- Identification of BH problems that could be addressed via either the system level innovation model in conjunction with MT PHI or through the county-based community health worker program with support from Catalyst for Change.
- Justification of why a proposed solution could address the problem(s) articulated in the application.
- A commitment from the applicants to help meet and/or sustain the financial cost of these pilot programs.
- A budget breakdown by category and type of expense and clear connection to the allowable uses section of the grant funding as detailed in the application.
- A project timeline and workplan.
- Target outcomes and outputs and a plan to collect and analyze data to measure progress towards these 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 each awardee meets program and service requirements. Awarded counties and Tribes will be required to:

- Track and report data on activities, outputs, and outcomes to DPHHS.
- Monitor outcomes through administering surveys to members served and other activities.
- Report individual members served.
- Meet all reporting requirements subsequently outlined in the grant application process.