

State Health Improvement Plan: Behavioral Health Workgroup

Meeting Minutes: Tuesday, June 11, 2019, 2:00-3:30 PM, via GoToMeeting

Workgroup Lead:

Bobbi Perkins, DPHHS AMDD Chemical Dependency Bureau Chief

Workgroup Facilitator:

Anna Bradley, DPHHS PHSIO Plans Coordinator

Workgroup Members Present:

- Kristin Juliar
- Mary Windecker
- Peter Snyder
- Scott Malloy
- Tressie White
- Aaron Wernham
- Victoria Cech
- Jody White
- Bobbi Perkins
- Melissa Higgins
- Vicki Turner
- Karl Rosston
- Molly McKinney
- Dana Geary
- Maureen Ward
- Kerry Pride
- Christopher Piccione
- Monique Casbeer
- Crystal Evans
- Matt Furlong
- Barb Mettler
- Annie Sondag
- Courtney Rudback
- Donna Zook

Discuss workgroup purpose

2:05 to 2:30 PM

Anna Bradley reviewed the agenda for today's call, and then provided information about the development of the State Health Assessment (SHA) and State Health Improvement Plan (SHIP). The SHA is a state-level community health assessment that utilizes data collected in 2017 from national, state, and local sources. Locals Community Health Assessments (CHAs) and Community Health Needs Assessments (CHNAs) were also used, which represented 54 of 56 counties and 3 tribal health departments. Findings from the SHA were shared at 12 meetings and conferences across Montana to collect feedback on the content and data in the assessment.

The State Health Improvement Plan contains what were ranked as the top five health concerns in Montana, selected by a steering committee known as the State Health Improvement Coalition. The SHIP was shared in tribal consultations and underwent a public feedback period.

Both documents can be accessed at <https://dphhs.mt.gov/ahealthiermontana>.

The State Health Improvement Coalition is a subcommittee of the Public Health System Improvement Task Force, which has 14 members appointed by the Director of DPHHS to ensure implementation of the SHIP and provide input on and contribute to the improvement of the public health system in Montana. The State Health Improvement Coalition consists of an additional 12 members. The four priority area workgroups are subcommittees of the State Health Improvement Coalition, containing subject matter experts to guide implementation and regular updates of the SHIP.



The purpose of the workgroup is to:

- Promote alignment of resources and activities to improve the health of Montanans and promote strong partnerships;
- Provide recommendations to the State Health Improvement Coalition on what, if anything, to edit during annual SHIP updates; and
- Collaboratively implement a shared workplan.

Clarified that the goal is more to document the implementation of the SHIP and create shared action items, but not necessarily to create new interventions, programs, or activities.

Workgroups members introduced themselves and provided feedback on what they would like to get out of the workgroup, which included:

- Learning about what other people and organizations are doing across the state;
- Staying connected and working closely with other organizations;
- Learning how existing plans and projects can link together;
- Aligning work to improve quality and health outcomes; and
- Sharing resources.

Workgroup meeting schedule

Workgroup members agreed that quarterly meetings moving forward would be reasonable, in an attempt to focus on each strategy area at least once in a year.

Workplan review

2:30 to 3:30 PM

Attendees had a conversation about the content of the workplan to receive feedback on proposed edits and review workgroup membership.

Workgroup membership

Projects/groups that the SHIP Workgroup should be aware of include:

- Governor's Challenge for Mental Health (Karl Rosston can liaise with this group)
- State Opioid/Substance Abuse Task Force (Maureen Ward)
- DPHHS/AMDD Suicide Prevention workgroup (Molly McKinney)

Attendees proposed additional people who should be invited to the table:

- Dr. Eric Arzubi, Billings Clinic
- Rachel Donahoe, DPHHS PHSD Children's Special Health Services Section
- NAMI- Montana
- Montana Peer Network
- Shodair Children's Hospital

Bobbi Perkins mentioned her vision for the workgroup, which includes the SHIP as a big "umbrella" that can provide space for conversation around aligning work that is being done. Communication between workgroup members and their respective organizations and partners is an important part of participation.

Workplan structure

Attendees agreed the workplan would be a more helpful document with more information—this would promote more conversation and clarity. Workgroup members will be asked to fill in the workplan with brief details (like an "elevator pitch," one or two sentences) about the way in which their organization is addressing the strategies listed—for example, do they provide technical assistance, do they provide funding, etc.

Review Health Equity Strategies

Strategy #1: Expand culturally relevant behavioral health services for diverse and health disparate populations

- Attendees noted that the health equity strategies seem to emphasize tailoring services to the community in need, as opposed to a one-size-fits-all approach.
- There are many evidence-based practices recommended by SAMHSA, but also a professor at the University of Montana has come up with a list of evidence-based programs that are available. Reach out to Karl Rosston for more information on suicide prevention evidence-based programs.

Strategy #2: Increase wrap-around support services to individuals receiving or needing behavioral health services (like crisis stabilization, care coordination, and recovery support)

- Noted funding cuts for community-based supports and needing to work to get some of the funding back at levels where it used to be
- Increase awareness about services that are available:

- Peer Support is now Medicaid reimbursable for both mental health and substance use: enroll people in Medicaid if they aren't already and let providers know they can bill Medicaid and the parameters for billing. This will be effective July 1st.
- Proposed implementation of an intensive outpatient treatment services for substance use disorders will be published in the same rule regarding peer support services
- County and Tribal matching grants RFP will be implemented starting September 1st
- Mobile Crisis Units focusing on the rural frontier population will also be starting up

Strategy #3: Increase the number of state-approved substance use disorder providers who can access Medicaid reimbursement, including supporting tribally operated clinics and Urban Indian Health Centers to become state approved.

- Currently looking into FQHC and their billing structure to provide better access to Behavioral Health services
- FQHCs and Rural Health Clinics don't have to be state approved to provide SUD services as long as SUD is within the scope of services.
- How do we support folks with licensing challenges, such as tribal programs who are working to become state licensed.
 - The Dept of Labor (DOL) is working with tribes, primarily Fort Belknap, to get the addiction counselor workforce licensed under DOL.
- Broaden this strategy from just state-approved programs, because some do need to be approved in order to receive Medicaid reimbursement, but others don't, so this strategy isn't encapsulating all that it could
- We also work with hospitals and their outpatient clinics to do this work—it would be good if this strategy could support hospitals as well
- Updated strategy would read: *Increase the number of integrated behavioral health programs providing substance use disorders services who can access Medicaid reimbursement, including supporting tribally operated clinics, Urban Indian Health Centers, FQHCs, Rural Health Clinics, and hospitals.*

Strategy #4: Foster collaboration, particularly between frontier and rural areas and larger urban centers, to improve continuum of care in communities.

- It would be helpful to have more information about what everyone is doing, which would help create conversation around collaboration
- Workforce development activities through AHEC that bring together statewide organizations and higher education for rural and frontier health care providers and community-based organizations
- Montana Primary Care Association—roadshow for integrated behavioral health and medication assisted therapy training, as well as telehealth initiatives. Roadshow trainings can be accessed by anyone in a community, they aren't specifically for health center staff only. Trainings are designed based on community needs.
- Behavioral Health Alliance is working with MPCA and DPHHS on a website with a comprehensive training schedule, including the MPCA roadshows, so stay tuned.

Action Steps:

- Workgroup members: Provide brief overview of how your organization is addressing the strategies you indicated in the workplan to provide additional context for workgroup members and any edits to the workplan to see your work included
- Anna and Bobbi: Reach out to additional workgroup members recommended during the call today to invite them to the next meeting; put a September meeting on the calendar