

State Health Improvement Plan: Behavioral Health Workgroup

Meeting Minutes: Friday, September 13, 2019, 2:00-3:30 PM, via GoToMeeting

Workgroup Lead:

Bobbi Perkins, DPHHS AMDD Prevention Bureau Chief

Workgroup Facilitator:

Anna Bradley, DPHHS PHSIO Plans Coordinator

Workgroup Members Present:

- Cech, Victoria
- Decker, Bobbi
- Donahoe, Rachel
- Furlong, Matt
- Hajny, Jim
- Juliar, Kris
- Koeppen, Hallie (Guest Presenter)
- Malloy, Scott
- Marshal, Michelle
- McCully, Jennifer
- McKinney, Molly
- Mook, Holly
- Pride, Kerry
- Rosston, Karl
- Schuster, Kristen
- Sondag, Annie
- White, Christine
- White, Jody
- White, Tressie
- Zook, Donna

Welcome and introductions

2:00 to 2:15 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 helps you when you are on a conference call to feel connected and stay interested?"

Responses included:

- Having visuals up on the screen, like PowerPoint slides;
- The attendee list included in the GoToMeeting that indicates who is speaking and when;
- Turning on cameras for video conferencing;
- Having an engaging topic;
- Icebreaker questions to help become familiar with people's voices;

- Keeping hands busy with tools like a slinky;
- Moving around during calls; and
- A succinct and clear agenda.

General updates

2:15 to 2:20 PM

Upcoming events that may be relevant to the group:

- Montana Hospital Association [Fall Convention and Trade Show](#), Billings, Sept 17-20
 - Several behavioral health-related training opportunities and presentations
- Montana Healthcare Foundation, [2019 Integrated Behavioral Health Summit](#), Bozeman, Sept 23-24
 - Free to attend
- MT DPHHS, Addictive and Mental Disorders Division (AMDD), Prevention Symposium, Fairmont Hot Springs, Sept 24-25
 - Free to attend
 - Contact Cindy Dallas at (406) 444-3907 for more information
- Montana Primary Care Association [Population Health and Enabling Services Summit](#), Helena, Oct 16-17
 - Free to attend
- Healthy Mothers, Healthy Babies, [2nd Annual Perinatal Mental Health Conference](#), Butte, Nov 7-8

Update from Victoria Cech, MHA:

- New grant on opioid reduction in conjunction with MPCA, Mountain Pacific, and the Montana Office of Rural Health. Will include 11 counties along the High Line. Contact Victoria for more information, including for participation in the grant and inclusion on the advisory board. (Victoria.cech@mtha.org)

Adverse Childhood Experiences (ACEs)

2:20 to 2:25 PM

- Adverse Childhood Experiences (ACEs) refer to information from a decade-long study of more than 17,000 participants that demonstrated traumatic events experienced in childhood can negatively impact health across the lifespan.
- The majority of conversation around ACEs will take place in the Healthy Mothers, Babies, and Youth SHIP workgroup, but ACEs are meant to be the cross-cutting strategy in the SHIP and we encourage everyone to think about how they could apply to your organizations or programs.
 - There are ACE and trauma-informed-related strategies in the Behavioral Health workgroup, too
- ACEs touch every aspect from birth to death in the spectrum of a person's life. When a person has a higher ACE "score," meaning they've experienced more ACEs in their childhood, we see decreased levels of education, increased substance abuse, increased chronic diseases like cancer and diabetes, increased rates of STDs and unintended pregnancy, etc. If our goal is to improve health in Montana it's something we have to address.

- There are protective factors that increase resilience against ACEs, which is also something to consider.
- The group declined a more extensive presentation on ACEs at this time.

Data presentation

2:25 to 2:45 PM

We will be providing opportunities to share new data from workgroup members in each meeting in order to add to what we know from the 2017 State Health Assessment and stay current on the most recent trends.

Update on Behavioral Health Data Related to Suicide (slides shared with meeting minutes), Hallie Koeppen, Behavioral Risk Factor Surveillance System (BRFSS) Coordinator, 444-2973, Hallie.Koeppen@mt.gov.

- According to the 2019 Youth Risk Behavior Survey (YRBS) data, among Montana high school students in 2019:
 - 23% seriously considered attempting suicide
 - 20% made a plan about how they would attempt suicide
 - 1 in 10 (10%) attempted suicide at least once
- Visit the [2019 Montana YRBS Suicide Report](#)
 - Some findings from the report that were highlighted during the call include:
 - Among students who reported attempting suicide:
 - 48% experienced bullying on school property during the past 12 months, compared to 19% of students who had not attempted suicide
 - 79% had ever used e-vapor products, compared to 56% of students who had not attempted suicide
 - 9% reported ever having used methamphetamines in their lifetime, compared to 1% of students who had not attempted suicide
 - Students who had attempted suicide were also less likely to have been physically active for 60 minutes per day on 5 or more of the past 7 days, less likely to have been involved in a sports team, less likely to have had 8 or more hours of sleep on an average school night, and were less likely to have made mostly As or Bs in school than students who had not attempted suicide.
 - People are encouraged to read the full report for more detailed information.
- Graph depicting Montana and national trends since 1993 show there hasn't been a substantial change over time in rates of youth suicide attempts, for better or worse, for both Montana and the US.
- Most recent data on Montana adults are from the 2018 BRFSS:
 - 27% of Montana adults in 2018 reported having a family member who had ever attempted suicide
 - Disparity in race and ethnicity
 - 26% among white, non-Hispanic respondents
 - 46% among American Indian respondents
 - 28% of Montana adults in 2018 reported having lost a loved one to suicide
 - Again, racial and ethnic disparity in this percentage
 - 28% among white, non-Hispanic respondents

- 41% among American Indian respondents
- From the 2016-2017 National Survey on Drug Use and Health:
 - 5% of Montana adults had serious thoughts of suicide within the past year
- Trend of suicide death rates over time from show that since 2008 Montana has consistently had a higher suicide death rate than the nation
- Infographics are currently in development to depict suicide data for adults and youth
 - These are anticipated to be ready by the end of Fall 2019, and will be made available on the [Office of Epidemiology and Scientific Support \(OESS\) website](#)
- National Violent Death Reporting System (NVDRS) is new to Montana as of 2019
 - Provides comprehensive data on all violent deaths in Montana, which includes suicides and homicides, and will collect information on substance use, mental health conditions, relationship problems, life stressors, past criminal history, etc.
 - Will be able to start releasing data from the NVDRS in Fall or Winter 2020
 - Karl Rosston, Suicide Prevention Coordinator, recently worked with AMDD to provide psychological autopsy training to about 50 coroners around the state, which should improve the reliability of death certificates. May result in an increase in number of reported suicides due to them being better recognized and identified but will also provide us with better information overall.
- Feedback and questions:
 - How many total high school students are there in Montana?
 - 3,819 students in 47 public high schools as of February 2019
 - How does sampling for the YRBS work?
 - The CDC picks high schools that will be surveyed and the students who complete the survey are selected by random sample.
 - It is generalizable to high school students in Montana.
 - For the students who considered suicide (23%), planned suicide (20%), and attempted (10%), are the categories additive? So, the 10% who attempted suicide are also included in the 23% who considered it?
 - In theory, yes, if they responded that way when taking the survey. If they attempted suicide, we can assume that they also indicated that they had considered it.
 - For the 2018 BRFSS data on Montana adults who reported having a family member who had attempted suicide, is “family member” defined in the BRFSS or is it open to the respondent to interpret?
 - “Family member” is defined by the person responding. The wording of the question prompts them to answer according to however they define family.
 - In 2015, CDC recommended that states put a question about sexual orientation on the YRBS, and Montana still doesn’t ask that question. National data show that LGBT kids attempt suicide at three to four times the rate of non-LGBT youth, and it feels like we are passing over a population of kids that are very much at risk. Why is it not included in Montana?
 - There’s a task force that meets to determine the questions on the YRBS and they haven’t opted to include that question yet, but it is an ongoing discussion that will be had again for the 2021 YRBS task force.
 - The BRFSS does ask questions on gender and sexual orientation, and one problem is sample size. It takes a few years of combined data before we are able to report on the data.

- The 2019 YRBS Suicide Report does stat that 35% of students who attempted suicide reported having been the victim of teasing or name calling because somebody thought they identified within the LGBTQ+ community, compared to 11% of students who had not attempted suicide.
- For the first time we have been able to put together a [YRBS report based on school size, which shows responses for a double A school, versus an A, versus a B, versus a C](#). People should take a look at that report when we start looking at the SHIP and their own planning purposes, particularly in terms of rural areas and needs.

Focused strategy conversation:

2:45 to 3:20 PM

Prevention and Health Promotion (PHP) Strategy 6: Support local and tribal health departments and non-profit organizations in Montana communities to implement evidence-based Opioid Use Disorder/Substance Use Disorder activities

- Overview of the [Strategic Plan for Addressing Substance Use Disorder](#) in Montana:
 - The goal of the workgroup isn't necessarily to duplicate the plan or the existing work, but to identify additional ways in which workgroup members can work together to support the goals of the SHIP and Substance Use Disorder Strategic Plan. There is alignment between the SHIP and the SUD Strategic Plan.
- What does it meant to support local and tribal health departments?
 - Local and tribal health departments need funding and basic resources in terms of prevention, education, and direct service, which includes technical assistance and capacity-building.
 - Also need local data to know what these issues look like within our communities.
 - Local health departments are staffed according to funding structures, which sometimes impedes creatively addressing issues.
- Are there any specific actions that you are taking in your own organizations or that you can recommend people take in theirs to get involved in this area?
 - Partnerships between OPI and MT DPHHS, the Montana Healthcare Foundation, Montana Hospital Association, has been huge to train school staff across the state. No one entity can do this work alone. Having this time to share information to avoid duplication is important.
 - MT DPHHS and Tribal Health Departments have been collaborating around training primary care providers in risk assessment, working to provide Mental Health First Aid training to nursing students at the college in Fort Belknap, continue to provide QPR training for schools on the reservations and the SOS program for students. A number of tribal schools have been awarded training funds to implement the Good Behavior Game (reach out to Karl Rosston for more information).
 - Zero Suicide grant (ZSNA, reach out to Molly McKinney for more information):
 - Native Youth Prevention Coalition named Zero Suicide as a strategy to work towards, and there is also a grant focused on Zero Suicide for Native Adults
 - Hoping to be able to do more coordinated work between suicide and opioid prevention grants and across demographics
 - Zero Suicide for Native Adults is a clinical protocol that leverages community resources to extend referral networks, emphasizes cultural rehabilitation, and institutes more comprehensive suicide recognition, treatment, and follow-up in the primary care setting.

- Providing funding in reservations and Urban Indian Centers.
 - People are invited to do Zero Suicide, in any setting where you're coming into contact with clients in connection with the health care setting, including counseling and behavioral health centers. Connect with Molly McKinney for more information. (Molly.McKinney@mt.gov)
- Victoria Cech, Montana Hospital Association
 - New grant with 11 counties on the High Line will be providing Medication-Assisted Therapy training and Behavioral Health training to build community awareness, strengthen efforts towards integrated behavioral health, and provide additional training in medication-assisted therapy and other strategies. (Victoria.cech@mtha.org)
- Kris Juliar, Area Health Education Center/Montana Office of Rural Health
 - Behavioral Health Workforce Education and Training Grant with a supplement to work with community health centers and the Opioid Workforce Expansion Program Grant
 - Can reimburse training costs for paraprofessionals through AHEC partners like Peer Support and Highlands College, MHA and their training academy, and Riverstone Health.
 - Some topics include management of aggressive behaviors, ASSIST suicide prevention, mental health first aid for both youth and adults, teen mental health first aid, and others. Community Health Worker certificates include fundamental of behavioral health, supervisor training, and care coordination, with more to come.
 - Funding to support this work for the next four years. (kjuliar@montana.edu)
- Challenges with trainings:
 - When a county hosts the trainings provided by statewide partners, it is difficult to support the administrative side and to get people to attend. Community members ask for the training, but then don't necessarily attend.
 - It's not a question of learning about these training opportunities, but rather how do we promote them so that people in our communities can benefit from them.
 - Some ideas:
 - OPI sometimes provides training stipends and gift cards for attendance
 - MHA and MORH work closely with facilities to develop a training strategy with leadership and doing intensive trainings that are organized in collaboration with facility leaders
 - It's important for people offering the trainings to do brainstorming with the hosts around reaching people to help them attend.
 - Circle of Security Parenting offers snacks and childcare to help parents attend their trainings
 - MPCA may be able to brainstorm some ideas on what helps with attendance at trainings they facilitate across the state to share with the group.
- Additional comments and questions:
 - Are the trainings mentioned approved for continuing education credits for LCPC, LCSW, etc?

- Yes, most of the trainings mentioned so far are approved for CEUs for professionals.
- Circle of Security Parenting is an evidence-based program with trainers across the state that is trauma-informed and helps parents identify factors that lead to addiction (Matt Furlong at fc.furlongmatt@yahoo.com).

PHP Strategy 1: Implement evidence-based strategies in the [Montana Suicide Prevention Plan](#).

- MPCA is working with Montana Healthcare Foundation on school-based health grant to do screening and brief interventions in schools with health centers staff. We use Sexual Orientation/Gender Identity questions in all of our intake and information. There may be an opportunity for the future to share data as a result. (Jody White at JBWhite@mpca.org)
 - Starting with six existing community health centers that have school-based health centers, as well as one or two tribal health centers are also participating.
- Suicide Prevention Coordinator, Karl Rosston (KRosston@mt.gov)
 - In collaboration with various DPHHS programs, we are developing a Montana-specific suicide prevention toolkit that will include information for veterans, Native Americans, the Zero Suicide tools, billing codes for primary care specific to depression screens and risk assessments.
 - Anticipate the manual will be ready in March or April 2020
 - Governor's Challenge with the VA System around veteran suicide has been another important collaboration
 - Working with Indian Health Centers and training in primary care centers, working with colleges and universities (Montana Tech, Montana State, and Carroll College are all having their nurses trained in the tools of Zero Suicide and the PA program at Rocky Mountain and the Family Residency Programs in Billings Clinic and over in Missoula).
 - 1,100 teachers recently trained in the PAX Good Behavior Game, initial evaluations are showing positive outcomes and it will be expanding to more schools. Encourage schools in your areas to implement this program.
 - Advocating for universal depression screening for everybody age 12 and up
 - Advocating with the Department of Labor and Industry that all licensed therapists in the state have a certain number of CEUs in suicide risk assessment
 - Encourage people to have their communities promote awareness campaigns around safe storage of firearms and gun safety.
 - Hunter safety will now have information in their manuals around suicide and safe storage to catch kids going through hunter safety.
 - Working on quality improvement projects for Lifeline:
 - Turning into a three-digit instead of eight-digit number, increase military competence, increase state response rate, incorporate follow-up contact
 - A specific, effective action step in rural communities is for an advocate to encourage or sponsor a training, either QPR or Mental Health First Aid, it starts the process of a community wanting more. Starting with a school has been effective for us in the past, and then starting the conversation around Zero Suicide protocol and universal screening. People can reach out to Karl Rosston directly to learn more about resources for communities.

Wrapping up

11:20 to 11:30 AM

- 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.
- Respect the contact information you've been provided. People have agreed to participate in the conversations around the SHIP but haven't necessarily agreed to sign up for various listservs or have their contact information shared widely with other groups.
- Evaluation—we'll be using the Results-Based Accountability (RAB) framework to ask the following three questions:
 - How much did we do?
 - How well did we do it?
 - Is anyone better off?
 - Also, continuously improving our process of implementation and what that looks like and how to generate benefits to participation.

Action steps:

- Bring up the concept of ACEs with your programs and organizations. Where can ACEs fit in, if they aren't already? Are you interested in having an ACE master trainer work with your and your team or stakeholders? Reach out to Anna for help connecting to an ACE master trainer—there are lots of organizations participating in the SHIP with the capacity to share their trainers.
- Review the topic-specific 2019 YRBS reports for more information on school health, particularly in relation to youth suicide prevention and results based on school size:
 - <https://opi.mt.gov/Leadership/Data-Reporting/Youth-Risk-Behavior-Survey>
- Follow-up on items from the conversation about the strategies that resonated with you or your organizational or programmatic goals. Some attendees who specifically mentioned looking for partnerships at this time include:
 - Reach out to Molly McKinney (Molly.McKinney@mt.gov) if you have interest in implementing Zero Suicide in a health care setting, in both tribal and non-tribal communities.
 - Reach out to Karl Rosston (KRosston@mt.gov) about how to start trainings in your community, particularly if you know of (or are yourself) an advocate or champion for suicide prevention in your community.
 - Victoria Cech regarding partnering or serving on an advisory committee for a new opioid prevention grant opportunity along the High Line (Victoria.cech@mtha.org)
- Reach out if you have suggestions for implementing the SHIP to add value for your or your organization.