

State Health Improvement Plan: Behavioral Health

September 30, 2020 at 2PM, via Zoom

Purpose of meeting:

Examining the impacts of COVID on organizations and program activities throughout the state and focusing on techniques for adapting the workplace and areas of technical assistance for providers. Introducing a new partner, Montana Public Health Institute and briefing the changes for Healthy People 2030. A revealing presentation on the significant rise in methamphetamine deaths in Montana and throughout the country.

Action items:

- Connect with Dana Geary dgeary@mt.gov if you have ideas on technical assistance suggestions for improvement
- Relief opportunities through DPHHS COVID relief site, Centers for Independent Living and the Montana Department of Commerce for technical assistance.

Workgroup Lead:

Perkins, Bobbi

Workgroup Facilitator:

Bradley, Anna

Workgroup members present:

- Collins, Mary
- Daniel, Andi
- Finley, Kari
- Furlong, Matt
- Geary, Dana
- Hanson, Hillary
- Ireland, Bailey
- Marshal, Michelle
- Nauts, Tamera
- Perkins, Bobbi
- Rosston, Karl
- Schuster, Kristen
- Sondag, Annie
- Steinebach, Tyler
- Traci, Meg
- Windecker, Mary

General updates

- Hanson, Hillary

- Montana Public Health Institute-a new nonprofit working to serve local and tribal health departments and build public health capacity in Montana. Based on an existing concept within the US, after performing a feasibility study, MPHI was funded by the Montana Healthcare Foundation to reduce overlap and partner with existing agencies to establish equity among our state's public health field.
- Bradley, Anna
 - Health People 2030- reduced objectives to avoid overlap and prioritize the most relevant and demanding public health issues, you can now create a list of objectives pertinent to your organizations work.

Data presentation

- Troeger, Victoria-DPHHS Epidemiologist "Methamphetamine in Montana"
 - Drug overdose deaths from 13.3 to 11.0/100,000 residents from 2009-2010
 - Psychostimulants (>methamphetamine) deaths increased by 920%
 - Difficult tracking due to postmortem blood test costs and no International Classification of Disease Tenth Division (ICD-10) individual methamphetamine code
 - \$39 mil charged by Mt Hospitals (2018), 1,877 meth-related EMS responses (2018-2019), 100% increase in meth-driven drug related crime (2008-2018)
 - State Epidemiology Outcomes Workgroup→expand MT treatment capabilities and continue surveillance to collect more data with accurate ICD-10 code
 - Full report at- www.helpsavelives.org

Discussion

Q: Have you been collecting data on medication assisted treatment, like Narcan, and how much it is being used in overdose situations? Can you use suboxone?

A: We can collect Narcan data, but it is for opioids not methamphetamine. There are not many pharmacological interventions for methamphetamine use disorder. [Suboxone is for opiate detox not for meth. detox] but naltrexone (Vivitrol, ReVia, Depade) may be a promising treatment.

Q: Are you doing a crosswalk with the August 2020 NIH report for Montana to see if the numbers align?
<https://www.drugabuse.gov/drug-topics/opioids/opioid-summaries-by-state/montana-opioid-involved-deaths-related-harms>

A: Going to look into it; I have not seen it yet since it is so new. We are working with Katie Loveland reports for the Bureau of Crime Control that are first person interviews.

Focused strategy conversation

COVID impacts to your organization/program activities, how have you adapted, are there areas of specific technical assistance for providers?

- Adapting to not being able to hold in-person training
- Funding for telehealth
 - Benefits-more candid conversations with providers how money gets spent

- Addictive Mental Disorders Division-more funding out the door to a lot more people which was a great opportunity to expand our reach and build relationships with different communities and providers
- Circle of Security lost track of some families and didn't have training in virtual formats pre COVID
 - Benefits-once set-up, people seemed more engaged and sharing more personal information in the virtual format because they were in the comfort of their own environment
 - Challenges-communicating with low income population-use prepaid calling/internet cards and don't want to use them for meetings
- AMDD, Children's Health and federal COVID relief through DPHHS have been super supportive in getting funding to all of the providers
- TA assistance- noted challenges have been internet connectivity, looking for recommendations for WiFi boosters or cell hotspots to improve the quality of virtual meetings
- Solutions-check the DPHHS COVID relief site. Opportunities for money for families to get assistance with things like computers and WiFi. Centers for Independent Living is helping people get tablets and improved bandwidth.
- Dana Geary dgeary@mt.gov if you have ideas on TA suggestions for improvement
- Relief specifically for behavioral health providers and other social services:
<https://commerce.mt.gov/SearchResults?search=telework%20assistance%20program>

Wrap-up

- Look for the September newsletter
- Data Webinar Series on Oct 23, 2020 (link on newsletter)