



DEPARTMENT OF
**PUBLIC HEALTH &
HUMAN SERVICES**

Discussion Summary | Meeting 6 SHIP Design Team

February 8th, 2024 - 1 pm-2:30 pm

Behavioral Health Discussion

Notes on proposed goals

MENTAL HEALTH

- Measure/highlight Positive Childhood Experiences
- Reduce emergency department visits for non-fatal self-harm injuries
- Number of Admissions to MSH/Non-Forensic Clients

SUBSTANCE ABUSE

- Consider adding:
- Increase access to services
- Increase age of initiation of use

Feedback on splitting mental health and substance use into separate topic areas: Yes, but it also feels risky: people might think that these are two separate conditions again, and they are co-occurring. We don't want there to be a step back.

List suggestions for meaningfully engaging Montanans who have lived experience with this health issue and their families. How can we learn from them and incorporate their insight during SHIP implementation?

- Certified Community Behavioral Health Centers
- Engaging local advisory committees
- Service area advisory committee
- Increased usage of Local and Tribal Health Departments
- Use of technology for increased outreach
- Credentialed family peer supporters
- Use the knowledge of groups with lived experience to help educate
- Education forums/Lived Experience
- Criminal justice involved engagement
- Increased engagement with school aged population
- Inpatient youth services
- Expanding home visiting services/behavioral health services

What cross sector groups or coalitions are already working on this issue in Montana? How can we partner with them to advance the SHIP?

- NAMI
- Montana Medical Association
- American Foundation for Suicide Prevention
- Continue to decrease silos/decrease stigma
- Local and Tribal Health Department
- Highlight this as a health issue
- Statewide SUDS Task Force
- Primary Care Collaborative
- Criminal Justice System
- Intentional conversations
- Creating strategic plans
- Creating a space with those with lived experience to share
- Center in Missoula: LGBTQ+ disproportionately impact
- National group: agricultural group—Stefanie H
- County extension agents
- Empower Montana—inclusive, sexual violence prevention

The SHIP is required to include policy priorities. Are there any policies in this priority area that should be championed?

- Medicaid Expansion
- CCBHC
- Access to care
- Increase use to Narcan
- Policies that protect conversations around substance use and mental health providers
- Require education in the school system for Behavioral Health/Suicide/Substance Use prevention
- Emphasis on primary care reimbursement
- EMS fee structure
- Sustainable model to incentivize integrated behavioral health
- Policies that allow MAT to be started to continued when individuals are criminal justice system involved
- Funding
- More complete continuum of care
- Reciprocity agreements with other states
- Helping people continue to live where they are, if they need help with small tasks (center for aging services, shortage everywhere—workforce, expanding care in this area)
- Paid family leave, child tax credits
- Maternity and paternity leave

- Health in all policies
 - Impacts your sector has on these areas
 - Stress levels, hypertension → housing
- Locality adjustment policy: a good portion of the state is more than rural, the term rural is getting spread thin. What about frontier counties? We may not have a big population but the cost to access is either the same or far greater (driving 200 miles one way)
- Policy in state programs to make them easily accessible to everyone: applying for SNAP, why is the language and application process so hard? Make it achievable.
 - This isn't causing additional harm
- Language: how we talk about people
 - The Olmstead work group?
 - Growing our home and community based services workforce
 - Opposed to nursing homes, informal supports → happy and healthier, community living in all policies

How might your organization use the SHIP in its own work? What would make it useful/operational for your organization?

- SMART/SMARTIE objectives
- Aligned with federal and state funding
- Who is doing what/ which groups will be easily aligned?

What technical assistance could PHSD provide to help your organization align with SHIP strategies?

- Directory of services/providers/resources
- List of subject matter experts
- Provided by funded work

Cardiovascular Health Discussion

List suggestions for meaningfully engaging Montanans who have lived experience with this health issue and their families. How can we learn from them and incorporate their insight during SHIP implementation?

- Stroke stories about what people have learned since having a heart attack
- Already done several podcasts about the consequences of not getting care right away when experiencing symptoms
- Also focus on learning about barriers to access to care. What is getting in the way?
- Look at tribal health and Urban Indian Health Centers to think about access barriers
- Refer to community health assessments and plan in a specific community to inform strategies
- Core strategies can be the same statewide but there should be ways to tailor to the communities

KEY TAKE AWAYS- Awareness campaign around how to access care through different services

What cross sector groups or coalitions are already working on this issue in Montana? How can we partner with them to advance the SHIP?

- Connect Referral System to help with getting people services they need-PHSD
- 100,000,000 Hears Workgroup PHSD
- Stroke Workgroup-PHSD
- Local groups that are working to promote physical activity and built environment work
- Traditional food initiatives focused on American Indian communities. Browning maybe has a group. Might be able to engage libraries
- Pacific Source provides its members that have CHF, CAD, COPD, DM and Asthma with health coaching for better management
- WHO IS MISSING? -Primary care association and hospital association, Tobacco Prevention

The SHIP is required to include policy priorities. Are there any policies in this priority area that should be championed?

- Medicaid expansion continuing
- Policies to increase AED access and education
- Include e-cigarettes in the clean indoor air act
- Policies to increase and improve telehealth
- Making access across state lines better. Patients in Montana can be seen by out of state providers
- Medicaid reimbursement for patient navigation in critical access hospitals
- Medicaid reimbursement in general needs to be higher
- Policy to ensure accessibility in playgrounds and any other public space
- Including active design up front when construction is started

How might your organization use the SHIP in its own work? What would make it useful/operational for your organization?

- Mountain Pacific Quality Health gets directions from CMS so the two would have to be put together-consider how CMS priorities are aligned
- Be very clear HOW objectives are being measured-look at metrics from CMS, even though they are often restricted to 65+

What other organizations are working in this area? Who should we follow up with?

- Primary Care Association
- Diabetes focused Orgs
- Payors
- Local Health Departments

Maternal Health Discussion

Notes on proposed goals

- Consider PRAMS data
- State can add PRAMS questions
- The MCH block grant is choosing new performance measures-align
- MIECHV data-dashboard on our website
- Meadowlark data
- Maternal Health report from UM (from Maternal Health Innovation grant funding)
- HRSA has a core data set
- Opioid Grants-Early childhood coalitions, SUD prevention in maternal health
- Limited data sources on substance use in pregnancy
- Use plans from these groups to get meaningful metrics
- Data gaps: see what we could do to bridge
- Meadowlark side-have screening and screening outcome data for local sites
- Family separations within the first 30 days that have substance use listed (CPS measure)

List suggestions for meaningfully engaging Montanans who have lived experience with this health issue and their families. How can we learn from them and incorporate their insight during SHIP implementation?

- Need to define the purpose of these session
- Who is the “we”? Family voice and parent engagement are things that the ECFSD has as a priority in many grants, but we don’t do this very well. Inviting parents to a technical coalition meeting isn’t always the most appropriate way to engage them
- Community engagement could be led by trusted local partners, not DPHHS
- Its hard when you think about trying to connect with all of the key groups in the state
- Maybe local health departments can be engaged to do this work
- How do you hear from people who have highly stigmatized identities (like substance use in pregnancy)?

What cross sector groups or coalitions are already working on this issue in Montana? How can we partner with them to advance the SHIP?

- Maternal Health Taskforce-tasks with Maternal Health Strategic Plan for the state-leading group for MOMs work, maternal mortality review
- Montana Home Visiting Coalition-Convened by HMHB
- WIC Workgroup
- Advisory Group for Children’s Special Health Programs
- Montana Early Childhood Coalitions has been on pause-design a network statewide that is housed outside of DPHHS (0-5?, led by Headwaters?)
- Local Early Childhood Coalitions
- HMHB Perinatal Mental Health Coalition (or just Perinatal Health Coalition?)
- HMHB Perinatal mental Health Conference (annual)

- HMHB convenes local Early Childhood Coalitions with UM
- Behavioral Health Alliance of Montana (not sure if they are doing work in this area?)
- Meadowlark Initiative sites

The SHIP is required to include policy priorities. Are there any policies in this priority area that should be championed?

- Maintaining Medicaid Expansion and extended coverage post-pregnancy
- Policy around screening for syphilis? There is a law for this prescribing 1 time-current recommendation is 3 times statewide
- Supplementing childcare costs for childcare workforce (piloting this, would need ongoing funding)
- Broader Medicaid and TANF reimbursement in the maternal space: home visiting, doulas etc
- Decriminalization of substance use during pregnancy (locally some places are trying to criminalize)

How might your organization use the SHIP in its own work? What would make it useful/operational for your organization?

- It would be useful to tie together some of the work that is already going on
- Align, then help to get resources to address them
- Creating shared measures and priorities-plan for the state that individual efforts can be working in the same direction
- Understanding the real long term costs of not providing care

What technical assistance could PHSD provide to help your organization align with SHIP strategies?

- Early Childhood Coalitions need actual funding to support them-takes time to keep a coalition going
- Don't have funding locally to really move the needle
- Help ID more funding, organizing around funding
- Maybe being better at advocating

Special Populations Discussion

The SHIP implementation period relies on all organizations and groups with an interest in improving health adopting the SHIP priority areas and goals into their own strategic planning.

1. Are there specific organizations or groups that will be important to support in using the SHIP in their strategic planning to advance health among the community(ies) you work with or represent? Yes

a. If so, who?

- Within DPHHS: smaller programs getting more involved and supported.
- Service Area Authorities and Local Advisory Councils
 - The opportunity to work the structure and share the role they can play in the SHIP
- Local public health (Missoula public health)
- There is listening sessions, how to work together, disability groups, rural institute consumer advisory council: didn't know about the SHIP, how do we get people to know about the SHIP. Think about their health and how they can impact it. There are a lot of groups in Montana that connect to disability—they all have a group of people. It has hard to have one group that covers everyone. What works in one place with a disability might not work some place else.
- Tribal DUI Task Force: rewriting strategic plan. Come and talk to us.
- MaCO
- Granting organizations—foundations or others. Work with funders to implement the plan. Partners aren't just used for input, but they also receive funding.

2. Are there specific strategies for working with those groups or organizations that work best?

Yes

a. If so, what?

- Come and talk to us.
- Introducing people to the SHIP, including teens.
- Working to elevate how to fund and focus funding for equity
- Funding for appropriate staffing, stable funding.
- What is the meeting for, what do we want to have happen? Thoughts on meetings. We have to have an online option—people struggle getting access to the internet or technology. In person, around the state. The meeting place needs a facilitator and a note-taker. Include people with disabilities as being part of the team bringing people together and asking the questions—time for people to read, plain language/one pager and a video. What is in it for them? Work time to 1 hour. What helps them feel welcome?
- Translation via liaisons—helping people understand why the SHIP is still relevant—disability community can use the SHIP in their planning and what that looks like.
- For People With Disabilities (PWD): If the pieces above are the SHIP, I think there are two ways we can do it.

We can have a small group look at where disability fits into the SHIP. Then look to having bigger groups learn and give input. OR We can have the big group look at the SHIP and see where they think disability fits. When we do it this way two things. Sometimes people do not know how to break it down, know where to start. They might also come up with ideas the small group did not. We will need to think on this and plan.

- What groups are already trusted in the disability community that we could potentially partner with as we seek to engage your community?

There are a lot of groups in Montana that connect to disability. They all have a group of people that they connect with. It is hard to have one group that covers everyone. Each group has people they work with. The problem is always who they leave out. Who they don't want to work with. We started a list yesterday of organizations. It may be people from different groups to get a big picture of disability. Where you live in Montana also matters. Impacts having a disability. What works in one place might not work somewhere else. What is available in each place matters.

- What suggestions do you have on how to structure community engagement efforts (e.g. in person, versus virtual, accommodations to improve communication, providing food or other incentives?) for individuals in the disability community.

I think we start with what is the meeting for. What do we want to have happen? Going to call this piece thoughts on meetings. I think to get to all voices we have to have an online option. Online meetings are hard. People struggle getting access to the internet or technology. They may not have done a lot of online meetings and are not sure how all works. People online are still isolated. I think online and at locations around the state is best. A room where the internet connection is available. Has to have accessibility for all. The meeting place has a facilitator and a note taker. PWD are part of the team bringing people together and asking the questions. Meetings need information out ahead of time about the why. Time for people to plan. Time for people to read and understand. Need a plain language one pager and a video about why the meeting. What is in it for them? Keep meeting time, work time to 1 hour, try to keep to 3 meetings. Do not get late in the day. Think about transportation to community places. Different places around the state people can connect. What helps them feel welcome?

- We are making a real commitment to say that when we reach out to our partners we mean these things—accessibility means this, we mean functional limitations, etc. Stop mixing the terms and data reflect that as well.
 - Older adults with disabilities vs older adults with functional limitations
 - This is an opportunity—when we say disability, this is what we mean.
- Syphilis: people with disabilities > sexual health education among people with disabilities even if the data don't suggest syphilis as an issue. Layering is important and required from specific organizations.
 - Specific organizations and groups bringing the relevance.