

Mental Health Services and Funding Maps | Flathead County

Created Fall 2020

Updated Spring 2022



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Background

- The Flathead City County Health Department (FCCHD) convened a diverse group of stakeholders to map the mental health services and funding for youth, adults and seniors in our community on October 29th and 30th 2021
- Loveland Consulting LLC facilitated the two day process
- Twenty-two individuals representing public health, behavioral health care, housing, and other social services participated in the facilitated exercise
- After the initial mapping exercise, Lauren Bolton and Jerramy Dear-Ruel from FCCHD worked with additional partners to add additional mental health and funding resources to the created maps
- The following document includes partner updates from Spring 2022

Youth Mental Health Services Map | Flathead County | Spring 2022

PREVENTION AND PRIMARY CARE	SCHOOL BASED SERVICES	OUTPATIENT SERVICES	INTENSIVE SUPPORT SERVICES	CRISIS SERVICES	RESIDENTIAL AND INPATIENT SERVICES	COMMUNITY SUPPORT SERVICES AND RECOVERY SUPPORTS
<p>Suicide Prevention</p> <ul style="list-style-type: none"> -Nate Chute Foundation (NCF) • In School presentations • Youth Mental Health First Aid, SOS and other trainings • Believe Blue (Columbia Falls High School) • Clinician continuing education • Consultation with schools and organizations for appropriate policies -Flathead Valley Quick Response Team -County Health Department -KalisPELL Middle School Suicide Prevention Program -Center for Restorative Youth Justice-CRY-J -Strength based suicide assessment training for clinicians with University of Montana -All school districts must have formal suicide education and prevention plan, by law -Child and Family Services Division (CFSD) has 5 year strategic plan and trauma informed training for all staff <p>Substance Use Disorder Prevention</p> <ul style="list-style-type: none"> -Prevention specialists -Communities that Care <p>Integrated behavioral health models</p> <ul style="list-style-type: none"> -Integrated Health Clinic at Linderman -Family Healthcare -Glacier Medical Family Practice (Whitefish) -Logan Health Primary Clinic in Columbia Falls <p>Referral networks</p> <ul style="list-style-type: none"> -NCF: Has a number names of local resources, including therapists focused on youth suicide prevention -CFSD#6 has a number of internal and external resources to utilize. Best Beginnings Council - large network of providers and collaborative members - 0-5 year. -CONNECT referral system 	<p>Comprehensive School and Community Treatment (CSCT)</p> <p>Aspire, Logan Health, Altacare (recently programs lost funding)</p> <p>Youth Day Treatment</p> <ul style="list-style-type: none"> -Crossroads School <p>School Counseling Services</p> <ul style="list-style-type: none"> -School Based Outpatient Therapists -Integrated Behavioral Health Montana Healthcare Foundation Grant -Ascent Program @ Glacier High School - Montana Academy <p>Alternative Education Programs</p> <ul style="list-style-type: none"> -Linderman Education Center -Whitefish Independent School <p>Montana Behavioral Institute (MBI) and other behavioral management models</p> <ul style="list-style-type: none"> -SBIRT (Screening, Brief Intervention and Referral to Treatment) in Kalispell School District -SOS-Systems of Support -Headstart 	<p>Outpatient therapy</p> <ul style="list-style-type: none"> -Newman Center Pediatric -Logan Health Whitefish Behavioral Health -Private practice therapists Tamarack Grief Resource Center <p>Psychiatric services and medication management</p> <ul style="list-style-type: none"> -Logan Health Whitefish Behavioral Health -Newman Center Pediatric -Sweetgrass <p>Mental Health Centers</p> <ul style="list-style-type: none"> -Sunburst <p>Family Support Services</p> <ul style="list-style-type: none"> -Headstart -Healthy MT Families/Parents as Teachers home visiting programs <p>Note on Youth Services</p> <p>Both Intermountain and Western Montana Mental Health used to offer a range of youth services in the Flathead Valley but have stopped providing these services in recent years.</p>	<p>Targeted Youth Case Management</p> <p>All services closed</p> <ul style="list-style-type: none"> • Youth Dynamics • Sunburst <p>Home Support Services</p> <p>CSCT allows for home-based service can be billed to Medicaid</p> <p>Therapeutic Foster Care</p> <p>Child Bridge</p> <p>Community based psychiatric care and support</p> <p>No known providers</p>	<p>Crisis Lines</p> <ul style="list-style-type: none"> -All Mental Health Centers (though none currently provide youth services) -CSCT in schools during the day -State suicide line transitioning to 988 in summer 2022 <p>Mobile Crisis Response</p> <ul style="list-style-type: none"> -911 -Co-Responder <p>Crisis response by Home Support Services</p> <p>No known youth services</p> <p>72 Hour Crisis Intervention and Stabilization</p> <ul style="list-style-type: none"> -Pathways Treatment Center (11-18 years old) -North Valley pediatrics (10 and under) 	<p>Acute inpatient hospital mental health</p> <ul style="list-style-type: none"> -Pathways (11 and up) -Shodair (4 hour drive) <p>Psychiatric residential treatment facilities-all outside of Flathead County</p> <ul style="list-style-type: none"> -Yellowstone Boys and Girls Ranch (Yellowstone County)) -Shodair -Out of state placements are common <p>Therapeutic group homes</p> <ul style="list-style-type: none"> -Sparrows Nest House -Flathead Youth Home -Youth Opportunity Resources <p>Extraordinary Needs Aid-90 day intensive short term behavioral management in group homes</p>	<p>Chemical Dependency Treatment</p> <ul style="list-style-type: none"> -Oxytocin <p>Support for at-risk youth</p> <ul style="list-style-type: none"> -Sparrows Nest -Boys and Girls Club (Columbia Falls) -Big Brothers Big Sisters <p>Support Groups</p> <ul style="list-style-type: none"> -SOLAs-Survivors of Loss After Suicide -GSQA-Brian Bebb Gay Straight Queer Alliance -Tamarack Grief (groups, camp_) -Center for Restorative Youth Justice-CRY-J -Good Grief Group (Camps) -Logan Health-Support Groups <p>Supplemental services through TANF (Temporary Assistance for Needy Families) maintenance of effort</p> <p>Respite for family member caregivers of children with Severe Emotional Disturbance (Home and Community Based Services Waiver)</p>

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PAYMENT FOR INDIVIDUAL SERVICES	FEDERAL GRANTS	STATE GRANTS AND FUNDING	COUNTY AND LOCAL FUNDING	FOUNDATION AND OTHER PRIVATE GRANTS
<p>Private Payers</p> <ul style="list-style-type: none"> Employer Insurance Affordable Care Act Marketplace Self pay <p>Public Insurance</p> <ul style="list-style-type: none"> Healthy Montana Kids <i>Plus</i> (Medicaid)-enhanced services available to children with Severe Emotional Disturbance Healthy Montana Kids (State Children's Health Insurance Program) <p>Comprehensive School and Community Treatment (CSCT)</p> <ul style="list-style-type: none"> <i>Funding in jeopardy</i> HMK (extended benefits) and HMK Plus Private insurance <p>Nate Chute Foundation</p> <ul style="list-style-type: none"> Community access to services fund for youth who are uninsured, underinsured or whose insurance will not cover services 	<p>Temporary Assistance for Needy Families (TANF) Maintenance of effort funding</p> <p>Home and Community Based Waiver (Medicaid) Respite services</p> <p>Supplemental Services Plan</p> <p>System of care account</p> <p>Mental Health Block Grant Co-occurring/addictions services</p>	<p>Suicide Prevention DPHHS Suicide prevention trainings- funding recently lost</p> <p>Youth Court Diversion funding</p>	<p>None</p>	<p>SBIRT Grant (Screening, Brief Intervention and Referral to Treatment)- Montana Healthcare Foundation (MTHCF)</p> <p>Nate Chute Foundation</p> <ul style="list-style-type: none"> Community Access to Services Payments to Private Practitioners Fund trainings and curriculum <p>Montana Healthcare Foundation</p> <ul style="list-style-type: none"> School Wellness Integrated Behavioral Health Grant Partners-Greater Valley Health Center, Intermountain- Kalispell, Evergreen, Bigfork

Adult Mental Health Services Map | Flathead County | Spring 2022

PREVENTION AND PRIMARY CARE	ENGAGEMENT SERVICES	OUTPATIENT SERVICES	INTENSIVE SUPPORT SERVICES	CRISIS SERVICES	RESIDENTIAL AND INPATIENT SERVICES	COMMUNITY SUPPORT SERVICES AND RECOVERY SUPPORTS
<p>Suicide Prevention -Veteran's Services -Nate Chute Foundation (NCF) -NAMI -Partners working together on suicide postvention</p> <p>Training -QPR (Question, Persuade, Refer) and Adult Mental Health 1st Aid training -Zero Suicide -Health Department -Mountain Primary Care Association -NCF</p> <p>Integrated behavioral health models -Meadowlark Initiative-Montana Healthcare Foundation -Logan Health-Primary Care Clinics -Greater Valley Health Center -Primary Care Mental Health Integration with Kalispell Community Based Outpatient Clinic -Montana Center for Wellness and Pain Management</p> <p>Referral networks -CONNECT Electronic Referral System -ASSIST -Logan Health Care Navigation -Greater Valley Health Center</p> <p>Veterans Services -Veteran Coalition of NW MT -Kalispell Vet Center -Veterans Administration MT Suicide Prevention Coordinator</p>	<p>SOAR Programs-Social Security Insurance/Social Security Disability Insurance Outreach Access and Recovery -Summit Independent Living -Benefis, Spectrum Medical -WMMHC</p> <p>Homeless Street Outreach -Samaritan House-informal outreach to homeless</p> <p>Flathead Warming Center Low barrier shelter for unhoused individuals and families</p> <p>Veterans Services -Kalispell Vet Center Outreach Services</p>	<p>Outpatient care -Logan Health Whitefish -Western Montana Mental Health Center -Sunburst -Sweetgrass Psychological Services -Private practice clinicians -The Newman Center -Gateway, Oxytocin, Medication Treatment at Greater Valley Health Center, Ideal Options, Alpenglow</p> <p>Community Based Psychiatric Rehabilitation Support Services -None</p> <p>Family Support Services -Private practice clinicians -Nurturing Center -Family Treatment Court -Family Concepts (Sunburst)</p> <p>Peer Support Services -Oxytocin -Gateway -WMMHC</p> <p>Day Treatment Programs -Lampighter (WMMHC) -The Village (closed)</p> <p>Veterans Services -Kalispell Vet Center -VA Kalispell Community Based Outpatient Clinics -WMMHC</p>	<p>Targeted Case Management -FCHC-RN Care Managers (Medical Case Management) -WMMHC, Sunburst, Sweetgrass -Sam House, CAP, Abbie Shelter, ORI</p> <p>Intensive Care Management -Logan Health-Complex Care</p> <p>Program for Assertive Community Treatment (PACT) -WMMHC -Logan Health Care Navigation</p> <p>Home Based Services -Health Department Home Visiting Program</p> <p>SDMI Home and Community Based Waiver -Opportunity Resources, Inc. -A plus, Addus, Agape -Benefis, Spectrum Medical</p> <p>InPACT, Community Maintenance Program, Montana ACT, Intensive Community Based Rehabilitation, Goal 189 -None available</p> <p>Veterans services -Kalispell Vet Center -VA Kalispell Community Based Outpatient Clinics -WMMHC Medication Management</p>	<p>Crisis Lines -WMMHC Crisis Line -National Suicide Prevention Line/Text -Abbie Shelter 24 hr helpline -CHC Outpatient Crisis Care -Veterans Crisis Line-1-800-273-8255 and Press 1, text to 838255 or chat online 24/7/365</p> <p>Mobile Crisis Response -Mental Health Professionals -Co-Responders w/ law enforcement -WMMHC Intensive Community Therapists</p> <p>72 Hour Crisis Intervention and Response -Mental Health Professionals -Pathways -Flathead County Court</p> <p>Crisis Stabilization -Pathways -Glacier House (WMMHC)-currently closed -Logan Health Emergency Department</p> <p>Veterans Services -Walk-in Crisis-Kalispell Vet Center</p>	<p>Behavioral Health Group Home -The Recovery Center (formerly Glacier Hope Homes, under new management) -WMMHC Group Homes (2)-currently closed -Selene House (formerly Kalispell Women's Recovery Home)</p> <p>Adult Foster Care WMMHC</p> <p>Short term Substance Use Disorder treatment Two facilities run by Recovery Centers Montana – Glacier Hope Homes</p> <p>Partial Hospitalization None</p> <p>Guilty but mentally ill -Flathead County Jail/Greater Valley Health Center</p> <p>Acute inpatient services Pathways</p> <p>Veterans services -Fort Harrison in Helena-Inpatient Post Traumatic Stress Disorder (PTSD) and Substance Use Disorders -Other inpatient programs are available in Sheridan, WY or other VA support facilities</p>	<p>Respite care services -A plus, Agape, Addis, Loyal Care, Comfort Keepers</p> <p>Support groups -Alcoholics Anonymous/Narcotics Anonymous -NAMI (National Alliance on Mental Health) -Abbie Shelter</p> <p>Housing Supports -Permanent Supportive Housing -CAP! -VASH (Veteran's Affairs Supportive Housing) Vouchers in Kalispell -Abbie Shelter, Samaritan House, Ray of Hope -Selene House -Volunteers of America Supportive Services for Veterans and Families</p> <p>Veterans Services -VA Kalispell Community Based Outpatient Clinic Substance Use Disorder provider Ron Dixon -Kalispell Vet Center Veterans in Recovery Group -Kalispell Vet Center PTSD, Combat Support, Military Sexual Trauma, and Moral Injury Groups -Kalispell Vet Center spouse support group</p>

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<p>Private Payers</p> <ul style="list-style-type: none"> Employer Insurance Affordable Care Act Marketplace Self pay <p>Public Insurance</p> <ul style="list-style-type: none"> Medicaid-enhanced services for SDMI (Severe and Disabling Mental Illness) WMMHC (Western Montana Mental Health Center) accepts all Medicaid clients <p>SDMI Home and Community Based Waiver</p> <ul style="list-style-type: none"> WMMHC Home care agencies 	<p>SAMHSA Emergency Covid 19 Grants (Federal Substance Abuse and Mental Health Services Administration) Enhance co-responder in Flathead County</p> <p>SAMHSA Recovery Support Strategic Initiative</p> <p>Mental Health Block Grant</p> <p>HRSA Grants (Federal Health Resources and Services Administration) Greater Valley Health Center</p>	<p>County Tribal Matching Grant WMMHC</p> <p>Mental Health Services Program</p> <p>72 Hour Presumptive Eligibility-Mental Health Crisis Stabilization Program WMMHC Glacier House (closed)</p> <p>14 Day Diversion Program WMMHC Glacier House (closed)</p> <p>Individual Specialized Services (Goal 189)</p> <p>Drop In Centers WMMHC, The Village-Sunburst (closed)</p> <p>Gap analysis and support Health Department</p> <p>DPHHS Suicide Prevention Health Department (no longer funded)</p>	<p>Jail based and pre trial services</p> <p>Transport to state hospital and other facilities</p> <ul style="list-style-type: none"> Law Enforcement County and Tribal Matching Grant--Co-Responder <p>Mental Health Training for Law Enforcement</p> <ul style="list-style-type: none"> Crisis Intervention Team (CIT) <p>Local levees</p>	<p>Integrated Behavioral Health-Montana Healthcare Foundation (MTHCF)</p> <ul style="list-style-type: none"> Logan Health <p>Mental Health Systems Mapping-MTHCF</p> <ul style="list-style-type: none"> Health Department <p>Housing as Healthcare</p> <ul style="list-style-type: none"> Community Action Partnership/Logan Health <p>Logan Health Foundation</p> <p>Community Access to Services</p> <p>Abbie Shelter Grant funding ended</p>

Geriatric Mental Health Services Map | Flathead County | Spring 2022

PREVENTION AND PRIMARY CARE	ENGAGEMENT SERVICES	OUTPATIENT SERVICES	INTENSIVE SUPPORT SERVICES	CRISIS SERVICES	RESIDENTIAL AND INPATIENT SERVICES	COMMUNITY SUPPORT SERVICES AND RECOVERY SUPPORTS
<p>Suicide Prevention -Seniors included in adult work -Veteran's Services -Flathead City-County Health Department (FCCHD) -Nate Chute Foundation (NCF) -NAMI (National Alliance on Mental Illness) -Partners working together on suicide postvention</p> <p>Training -Adult Mental Health 1st Aid training-FCCHD training Area Agency on Aging (AOA)</p> <p>Integrated behavioral health models -Grant with Logan Health for PHQ-9 (Patient Health Questionnaire-9) -Warm hand offs at Greater Valley Health Center and hospitals</p> <p>Referral networks -Warm hand offs -Dementia assessments at Greater Valley H</p>	<p>Area Agency on Aging -Isolation calls as a result of COVID -Gateway for referrals. Refer to Greater Valley Health Center but often don't know where to point them</p> <p>AARP (American Association of Retired Persons)</p> <p>Adult Protective Services -Mechanism for connecting individuals for eligible services</p> <p>Notes on Engaging Seniors -Utilization is more of an issue than service availability due to stigma and culture around older adults using services -Older adults normalize and associate decreased mental health as part of the aging process -Noticing that older adults are prioritizing physical health over mental health -Tools available are more difficult for seniors to access -Looking outward to other models such as CSCT (Comprehensive School and Community Treatment) that are non-traditional and non-clinical</p>	<p>Depression and alcohol screening -Integrated Behavioral Health (IBH) growing at Logan Health, and Greater Valley Health Center -Grant funding in the works for NW MT rural access hospitals to build IBH programs led by Logan Health -FCHC -Western Montana Mental Health Center (WMMHC)</p> <p>Psychiatric evaluation -Newman Center and Logan Health Whitefish -Greater Valley Health Center -WMMHC</p> <p>Psychiatric Medication Management -Greater Valley Health Center -WMMHC</p> <p>Medicare Outpatient care -Newman Center, Logan Health Whitefish Behavioral Health -Greater Valley Health Center -WMMHC <i>-Barrier: Medicare does not cover addiction counseling</i></p> <p>Individual and group therapy and family counseling -Newman Center and Logan Health Whitefish -Individual, some group and family at Glacier Valley Health Center -WMMHC</p> <p>Telehealth services -Difficult for older adults to access due to technology -Newman Center and Logan Health Whitefish -Glacier Valley Health Center</p>	<p>Targeted Case Management -WMMHC -Should research models for geriatric population in the US</p> <p>Intensive Care Management</p> <p>Home Based Services</p> <p>SDMI Home and Community Based Waiver -Would be great to have the SDMI rep as a part of this study</p> <p>Program for Assertive Community Treatment (PACT) -WMMHC has Medicare billing barriers -Would like to increase case load</p> <p>Intensive Community Based Rehabilitation, Goal 189</p>	<p>Crisis Lines -WMMHC Crisis Line -National Suicide Prevention Line/Text -CHC Outpatient Crisis Care -752-6262</p> <p>Mobile Crisis Response -Mental Health Professionals -Co-Responders w/ law enforcement -Need for additional FTEs</p> <p>72 Hour Crisis Intervention and Response -Mental Health Professionals more robust than other communities</p> <p>Crisis Stabilization -Pathways recently added additional psychiatric consult and liaison</p> <p>Adult Protective Services -Assessing capacity when there is abuse or neglect of older adults</p> <p>Outpatient crisis care</p> <p>Notes on senior crisis care -Its more of a utilization issue than actual services available -It seems like seniors may not be using some key services -Initial engagement services are probably most important with this group. -Other priorities, like physical health, probably take precedence over mental health</p>	<p>Partial Hospitalization (Medicare Part B)</p> <p>Therapeutic Group Homes -WMMHC Billing Restrictions</p> <p>Montana Mental Health Nursing Care Center -In Lewistown-</p> <p>Montana State Hospital Geriatric Wing</p> <p>Inpatient behavioral health -20 beds at Pathways</p> <p>Notes on placements -Process of placing a person in Lewistown via Pathways/ Montana State Hospital is long, difficult and unfair to patient.</p>	<p>Respite care services -Area Agency on Aging -Emmanuel Lutheran -In-home care providers</p> <p>Support groups -Care giver support group for providers -Gateway</p> <p>Housing Supports -Area agency on Aging offers connection to housing assistance as a services</p> <p>Other -Senior Center -Lack of robust transportation services for seniors</p>

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<p>Private Payers</p> <ul style="list-style-type: none"> Employer Insurance-positive note-CPT (Current Procedural Terminology) codes for outpatient mental health services are being increased 7-46% Self pay-Western Montana Mental Health Center (WMMHC) sliding fee scale <p>Public Insurance</p> <ul style="list-style-type: none"> Medicare (does not cover substance use treatment) Medicaid-Long term and nursing home care 	<p>Area Agency on Aging grants</p> <ul style="list-style-type: none"> Senior Center support Respite services Transportation 	<p>Montana Mental Health Nursing Center</p> <p>Montana State Hospital</p> <p>Agency on Aging</p>	<p>None</p>	<p>AARP (American Association of Retired Persons)</p> <p>Immanuel Lutheran</p> <p>Nate Chute Foundation Community access to services</p>

MAPPING THE CONTEXT OF MENTAL HEALTH SERVICES IN FLATHEAD COUNTY

UNDERSERVED GROUPS

- No phone, no transportation and/or homeless- Social Determinants of Health
- Need services the most, have most barriers to access (ex. \$\$)
- Low socioeconomic status
- Intersection obstacles: mental health, homelessness, poverty
- A growing area/population of concern are people with acute needs in the moment.
- Adolescent services in schools; what happens to youth who don't fit directly into current provided services.

EFFECTS OF COVID

- More isolation for elderly population
- Further divided- guideline adherence
- Already underserved groups exacerbated by COVID
- Private therapists full
- Kids less access to school counselors and observation from adults
- Increased anxiety/mental health challenges

BEST PRACTICES

- MAT, Early Screening tools, Syringe exchange, naloxone distribution
- More training across fields in supporting those with mental health concerns (for Physical Therapists, chiropractors, and beyond)
- SBIRT in schools and integrated care in the school setting
- Robust navigation practices
- Integrated care
- Data driven initiatives

POLITICAL FACTORS

- Not in my backyard 'mentality'
- Increased divisiveness
- Lack of data to prioritize behavioral health
- At state level, lack of understanding of importance for mental health services/funding (ex. budget cuts)
- Some elected officials may not have clear understanding of extremity of needs of underserved populations - No frame of reference
- All issues categorized into one party or the other
- Small state means greater access to legislators, more conversations possible

DEMOGRAPHIC TRENDS

- Youth suicide rates increasing
- Poverty levels are increasing
- STIGMA, still major barrier
- Stigma for elderly specifically
- Potentially a rapid increase in population?

STATE OF PARTNERSHIPS

- Systems changes need coordinated efforts
- Need for increased communication and collaboration
- Mapping will assist to see specialty areas. How do systems work together through continuum of care?
- Need shared metrics across organizations
- Are we program-heavy, systems-weak, OR are we lacking the services our clients need? Practitioners are feeling stumped on where to send people
- Lack of centralized referral source (like Coordinated Entry System for homelessness)

LINK TO SUBSTANCE USE DISORDER AND CO-OCCURRING CARE

- Continue to expand integrated care
- Different Electronic Health Records are a barrier
- Shared Electronic Health Record data for coordinated care

FUNDING ISSUES

- Clinics full/busy-How do they find time to secure additional funding
- Limited private therapists taking Medicaid
- Funding not aligned as a county. Siloed by organization
- Financial resources for services for youth

OTHER

- High rates of turnover, burnout
- High-income population moving to Flathead County
- Recruitment issues
- Lack of Child and Adolescent Providers
- Community is lacking case management for clients who are not severely mentally ill

GAP ANALYSIS FOR MENTAL HEALTH SERVICES IN FLATHEAD COUNTY

Where are we doing well serving individuals along the mental health continuum of care?

- Care Navigation/Value Based Care
- Integrated behavioral health in the Primary Care Setting
- Co-responder with law enforcement for crisis care
- New providers in community for more timely care - still room for improvement
- Nate Chute suicide prevention trainings
- Abbie Shelter serving domestic violence and sexual assault specific clients with mental health associated needs
- Strong inpatient care

Where are we failing and what are the opportunities to improve?

- Lack of services for youth aging out of foster care etc.
- Opportunity: intersection of low-income and youth (two high-risk populations)
- IP stays are revolving doors
- "We expect too much of people who are already struggling with diagnoses"
- Serving populations of disparity that have no phone/transportation/ housing
- Equity of care
- Gaps between urgent need and maintenance care
- Care transitions more coordinated
- Solid understanding of HIPAA (Health Insurance Portability and Accountability Act)
- Falling short AND opportunity: communication & collaboration across services
- Wait time for psych evals and psychiatric services
- Loss of key funding and services in recent years (youth providers like Intermountain and Western Montana, drop-in centers like Sunburst)

- Universal Communication platform to allow for collaboration
- Lacking in services that go to the client- long wait lines for those that do
- Data driven decisions
- Entrenched Silos
- Higher Acuity
- Recruiting and retaining providers/staff
- Expanding suicide/crisis prevention trainings to more fields
- Housing First model
- Kids in care receiving early therapeutic support
- Coordinated decision making around services, funding, and priorities
- Finding better ways to engage with older adults
- Coordinated referral system
- Combating stigma, esp. middle aged adults (male?)

MENTAL HEALTH CONSUMER NEEDS, WANTS, AND EXPECTATIONS

Mental Health Consumer and Family Needs

- Greater understanding of services & system
- Access to services in a timely manner
- Coordinated care
- Navigation with follow up
- Trauma-informed care
- Integrated Behavioral health care
- Care without high co-pays/ deductibles
- Mental Health Hygiene Education
- Easy entry point for tier appropriate services
- Care outside of 8:00-5:00
- Either greater fluency/health literacy or more understandable, digestible explanations by providers
- More upstream interventions
- MH Urgent Care covering after hours

Mental Health Consumer and Family Wants

- Affordable services for under insured
- Equitable access
- Diversity of services
- Coordinated referral system
- Help with appointments, transportation to and from
- Avoid duplicate conversations- creates frustration
- Direction! unsure of where to turn
- Basic Needs met Maslow's Hierarchy-People in constant crisis can't differentiate their needs
- Longer appointment times with providers
- Timely care
- Point person
- Compassionate Care
- Continued opportunities for telehealth care

Mental Health Consumer and Family Expectations

- Services will lead to improved health
- Privacy, respect
- Expectations are low due to fragmented care
- People recently moved from other communities expect more availability of providers
- Trauma informed services

OUR IDEAL FUTURE

What would we like the continuum of care to look like?

- Aligned mission and vision for the systems
- Data sharing/shared patient info to coordinate care
- ID resources and guide population without access to devices to schedule appointments to appropriate agency (Library/Syringe exchange)
- Buy in from decision makers
- Internal organization communication from boots on the ground to decision maker
- Coordinated entry point
- Everyone at the table (bottom to the top) to find one voice-include lived voice
- Shared measurement goals (metrics)
- Added Case Management in variety of settings

- Care coordination/navigation and assistance to triage and schedule when calling a hotline
- Housing First/do not discharge to homelessness
- Capture reality of all experiences (do not dilute/obscure the picture with more affluent people accessing services)
- Tackling stigma and providing mental health support/education at a young age
- No wrong door approach
- Resilience building trainings-increase natural supports
- Universal consent /Return on Investment for care available at every access point to wrap care around individual
- Include all aspects of community (faith-based community) to support individuals with behavioral health needs

What kind of leadership is needed to better support the mental health continuum of care?

- No one needs another coalition or task force to sit on
- Would be great to have an LAC that has housing and behavioral health at the table
- Needs to operate on the system level and the individual (high utilizer) level
- We need a cross-sector review board-review patients
- How do we-within the existing structure that we have-start to coordinate?
- Still trying to flesh out the interconnectedness

- Don't want to duplicate efforts
- Need a robust hand holding platform-not even getting mental illness
- How do we utilize the coalition structure that is already there?
- Working with Ned-facilitator for the Summit of Coalitions
- Jennifer Ball would be willing to provide case descriptions