



MONTANA
PUBLIC HEALTH INSTITUTE

Applying a Public Health Lens to Behavioral Health

Part 2 of 3 Part Series

Confluence - April 2, 2024

Session Objectives

- Introduce participants to resources and technical assistance to utilize foundational public health services to help improve behavioral health in Montana communities;
- Understand the components to the Behavioral Health Toolkit as one resource to help guide this work;
- Provide useful, achievable action steps ... supported by real—world examples, ready-to-use templates and connection to data and funding.

Who We Are



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Vision:

Healthy Montana communities supported by a cohesive, responsive and informed public health system.

Mission:

The Montana Public Health Institute optimizes the health and quality of life of Montanans by strengthening the public health system through collaboration, leadership and the advancement of health equity.

Strategic Priority:

Provide expertise and policy analysis that leads to population-based approaches that empower the public health system throughout Montana to effectively promote mental wellness and resilience throughout the lifespan.

2024 Strategic Plan Objectives:

- Conduct and produce original, neutral, non-partisan policy research and assessments related to behavioral health to support prevention-focused and community-driven work.
- Assist local and tribal public health departments to integrate with prevention-focused behavioral health initiatives and help build the capacity of smaller departments to engage with behavioral health prevention work.



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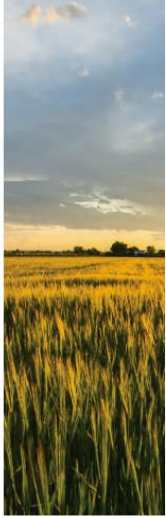
History of This Behavioral Health Toolkit

Goal: Conduct an extensive national and in-state environmental scan to identify evidence-based and -informed interventions that could be used to promote emotional wellness and protective factors that help prevent outcomes such as mental health crisis and substance abuse.

Timeframe: January 2022 through October 2023

Work Products:

1. A comprehensive report on the findings of the environmental scan.
2. A Guide for Public Health Officials. A training/ resource document presented in an accessible and operational manner. This document summarizes the results of the environmental scan, provides an inventory of existing public health programs in Montana, and includes opportunities for supporting wellbeing through work tailored to programs and capacities of local health departments
3. Brief for State Stakeholders. This document seeks to inform policymakers and stakeholders in a way that is digestible and relevant to their work and priorities.



Unlocking the Potential of
Public Health to Address Behavioral Health in Montana

AN ENVIRONMENTAL SCAN

Applying a Public Health Lens to Behavioral Health: A TOOLKIT FOR MONTANA'S LOCAL AND TRIBAL PUBLIC HEALTH DEPARTMENTS

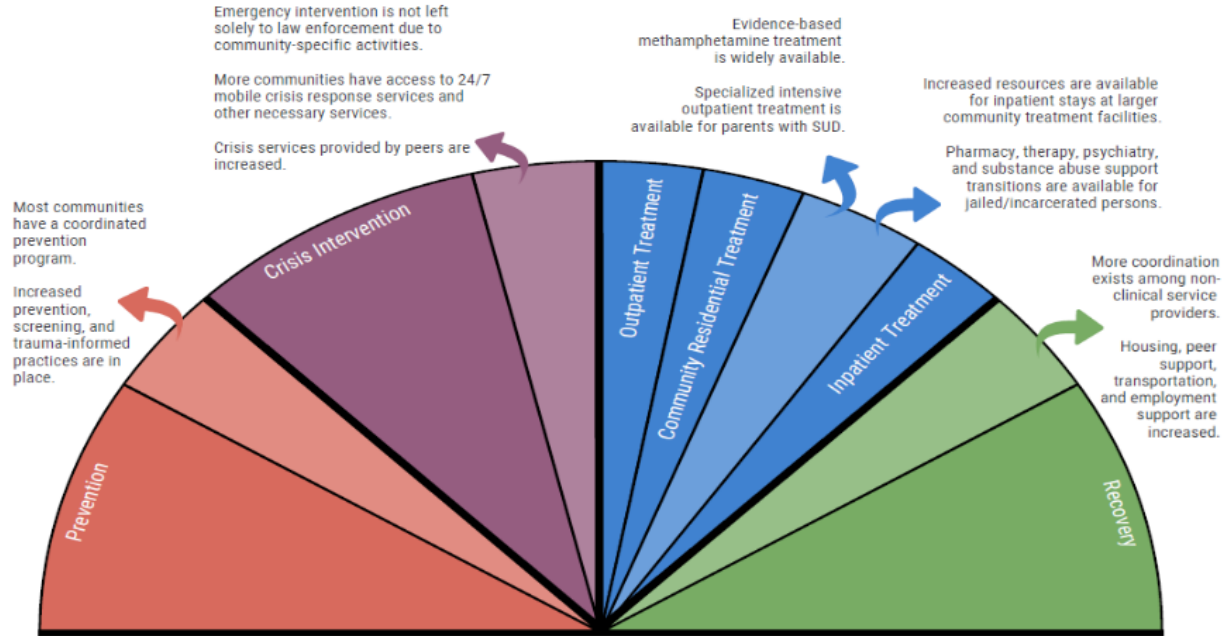


Environmental Scan Findings

- Prevention work is often most effective when led and executed by local individuals, organizations, and coalitions from the communities being served;
- Current funding practices have led to a fragmented, confusing patchwork of funding streams and programs and local leaders are worn down by prescriptive grant deliverables that come with relatively small amounts of funding;
- Montana counties and communities have widely varying readiness to implement behavioral health prevention services. Some communities will require assistance and resources for capacity building. Others have fairly well-developed capacity (often involving local public health agencies) and would be best served by simplified funding resources to allow locals to choose from a slate of evidence-based interventions based on the needs, readiness, and willingness within their communities;
- There are large potential benefits to blending and braiding funding sources, especially if this can be done at the state level in a way that concentrates and simplifies funding sent to local communities;
- Local health departments that deliver a variety of other prevention services are often involved in local behavioral health efforts but rarely, if ever, funded directly to sustain dedicated personnel and expertise to help lead and strengthen community efforts related to prevention work in behavioral health.

The HEART Initiative

The 2021 Montana Legislature passed Governor Gianforte's Healing and Ending Addiction through Recovery and Treatment (HEART) Initiative, which seeks to strengthen the continuum of behavioral health services available to Montanans.



The HEART Initiative invests significant state and federal funding to expand promotion of mental health, prevention of substance use disorders, crisis services, and treatment and recovery services for individuals with mental health and substance use disorders. It includes behavioral health programs and services provided using HEART funding, Medicaid state plan, the HEART 1115 demonstration waiver, and the substance abuse block grant.

8 Reasons to Invest in Health Departments to Address Behavioral Health

- 1 Health Departments Serve All**
Health departments serve communities in every county and tribal reservation in Montana. Throughout the state, these agencies are working to prevent disease, promote wellness, and improve quality of life.
- 2 Local Control**
Health departments are the foundation of Montana's de-centralized public health system. Montana state law and DPHHS regulations assign local public health authorities - local boards of health and health officers - the duty to address issues of public health importance.
- 3 Experience and Knowledge**
Health Departments bring experience and knowledge. DPHHS and other state agencies rely on health departments to address leading causes of mortality and morbidity among Montanans, including prevention of cancer and cardiovascular disease, and work to promote wellness for children, families, and underserved populations.
- 4 Impartial Partner**
Public health departments are like Switzerland: neutral partners in a competitive field. Because health departments typically do not compete with hospitals and clinics for patients and billing opportunities, they are able to work with many partners with little or no competitive tension.
- 5 Community Engagement**
Health departments specialize in community engagement. High-functioning departments and tribal community leaders are experienced in practices needed for effective community collective action: community assessment; building public awareness; stakeholder identification, coordination, and strategic planning; community empowerment; and evaluation.
- 6 Prevention Focused**
Health departments are focused on all types of prevention. They have experience working across the prevention spectrum, from primary prevention (preventing a disease or condition before it exists) to secondary prevention (identifying and treating a condition early) to tertiary prevention (actions that reduce harm and facilitate healing).
- 7 Existing Infrastructure**
Health departments are part of an existing system of services. Existing DPHHS contracts with all local health departments mean this work can happen quickly and efficiently. All local health agencies maintain a master contract with DPHHS that allows the state to write "task orders" to fund and achieve shared objectives. This system has been used for years to fund and pursue chronic disease prevention throughout the state.
- 8 Workforce Development**
Health departments can address workforce challenges. Local and tribal public health agencies are durable organizations that can provide collaborative work environments, institutional memory, and wages and benefits to attract and retain qualified workforce.

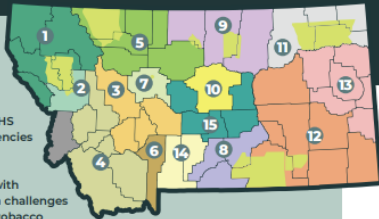
How to Invest in Health Departments to Address Behavioral Health

Improving Montana's behavioral health system and building mental wellness and resilience of Montanans is a huge job that cannot be accomplished entirely from Helena by Legislators or staff at DPHHS. This work will require local energy and ideas from local leaders, and it will look different in Kalispell than it does in Big Timber, Livingston, Rocky Boy, Sidney or Hamilton.

Fortunately, Montana's local and tribal health departments offer an existing network of organizations in every county and tribal community through which state leaders can empower, support and fund local efforts to build mental wellness and resilience and prevent bad outcomes. These locally-run health departments - required under Montana state law to address issues of public health importance - can be used to address the state's biggest public health challenge: improving behavioral health.

Here is one way this could happen.

- 1 Every local health department in the state has a master contract with DPHHS that allows the state to fund local agencies to address public health priorities.
- 2 DPHHS uses these master contracts with locals to address various public health challenges - chronic disease, cancer prevention, tobacco use - through 15 prevention regions, each led by a local health department. Those regions are shown in the map.
- 3 This system is not currently used to address behavioral health in counties and tribal communities in Montana. But it could be used by DPHHS to fund work that makes sense in these regions, and within a framework provided and supported by DPHHS and statewide partners. This system could be a unifying force within the regions, allowing work that includes all types of prevention as well as community engagement for mental health service providers.



Applying a Public Health Lens to Behavioral Health: A Toolkit for Montana's Local and Tribal Health Departments

Introduction

For years, virtually every community health assessment created in Montana has identified some element of behavioral health - mental health and substance use - among the leading public health challenges for communities across the state. And for years, communities have asked some version of the same question with regard to addressing those behavioral health challenges: Where do we start?

This document is intended to be a resource to begin answering that question.



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Applying a Public Health Lens to Behavioral Health: A Toolkit for Montana's Local and Tribal Health Departments

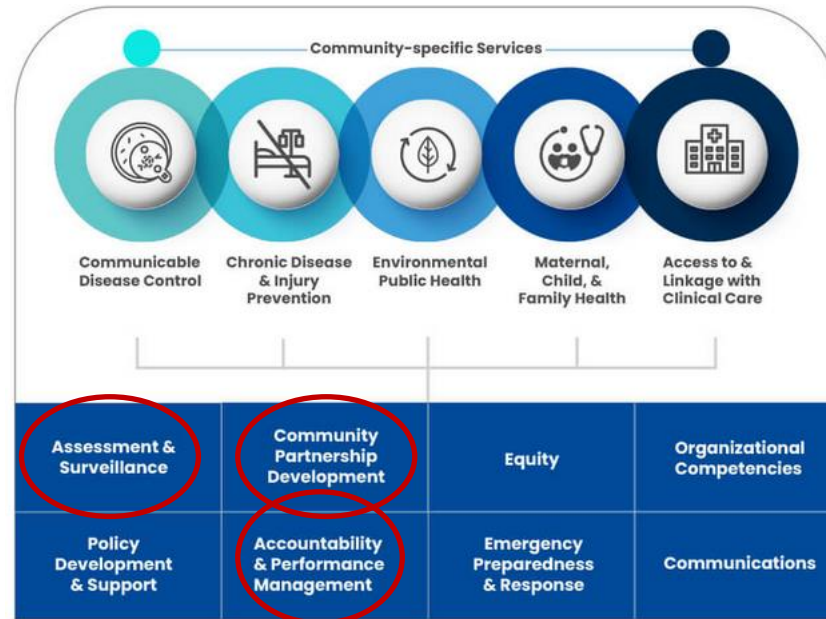
Audience:

- Local and Tribal Montana Health Departments
- Local Montana Community Health Improvement Teams

The purpose of this Toolkit is to provide step-by-step guidance to local communities to:







- Assess the prevalence and extent to which various behavioral health issues are affecting the community
- Catalog the current resources already in place in the community to address behavioral health issues across various ages and populations
- Identify new/additional programs or resources from which the community could benefit
- Create a plan for implementing programs or utilizing resources that will improve behavioral health outcomes in the community
- Monitor and evaluate how well the new interventions and resources are implemented and the outcomes they are creating in the community

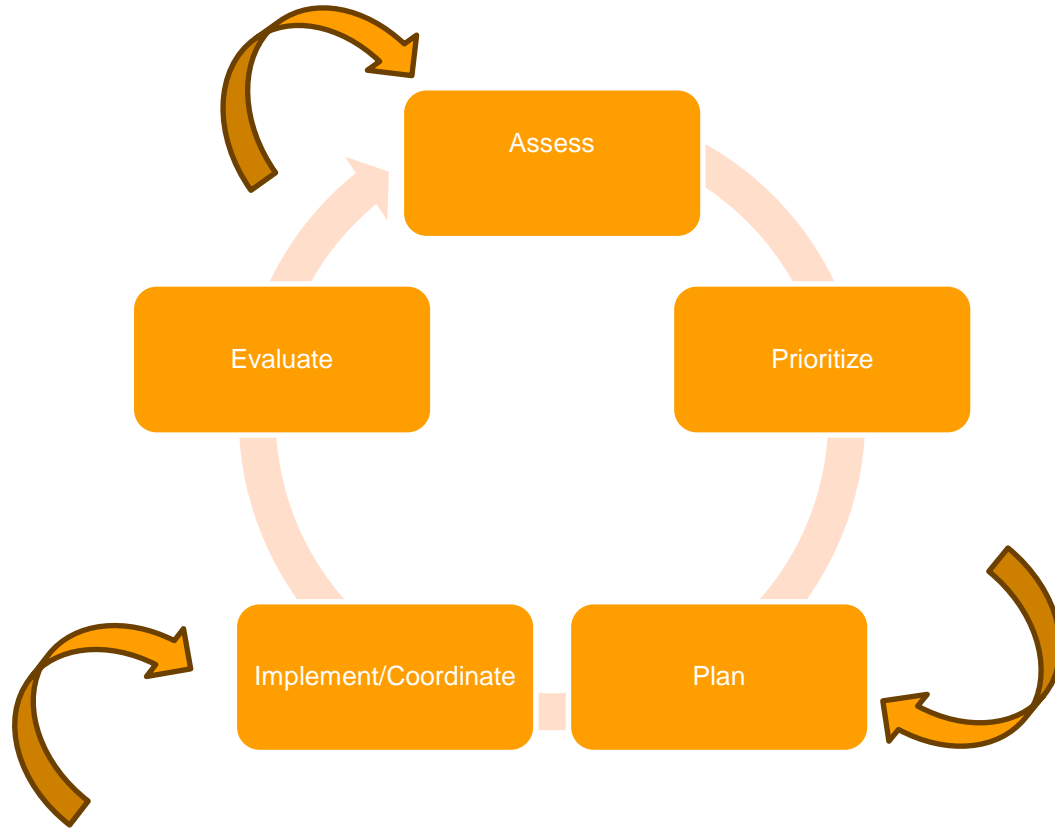
Foundational Public Health Services



Applying a Public Health Lens to Behavioral Health: A Toolkit for Montana's Local and Tribal Health Departments

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Assessment

How to Use this Toolkit

Throughout most of this document, we have created template resources that we hope you will copy and paste directly into a separate document that is fully your own Assessment and Plan. Writing in blue throughout the Toolkit is meant to be erased or might point out places where you should update when you move the information into your own document. Moving stepwise through this Toolkit should result in a comprehensive Community Behavioral Health Assessment of your community and a Community Behavioral Health Improvement Plan for implementing programs suited to your community. You are welcome to skip any portion of this that does not apply to or feel appropriate to your community and your capacity. This Toolkit is primarily intended for small and medium sized local health departments in Montana. This toolkit recognizes the important role local health departments (LHDs) play in their communities as conveners and public health experts. It is not expected for LHDs to conduct the entirety of this work, but to successfully partner with a wide variety of organizations to complete the assessment in a collaborative manner.

Youth Behavioral Health Data

Youth Risk Behavior Survey (YRBS) Data: Go to Montana OPI's YRBS website: <https://opi.mt.gov/Leadership/Data-Reporting/Youth-Risk-Behavior-Survey#10656612054-county-level-data-maps>

- OPI provides a report with data already broken down at the county level. Small counties that have only one school participating will have to directly request the information on that school directly from the Superintendent.
- A random SAMPLE of approximately 10% of 7th through 12th graders participate in the statewide survey during odd years only (ex. 2021, 2023).

Prevention Needs Assessment (PNA) Data: Go to the Montana DPHHS PNA website: <https://montana.pridesurveys.com/#reports>

- MT DPHHS is responsible for this survey. It is formally administered and housed at International Survey Associates. DPHHS provides a report with data **already broken down at the county level**.
- ALL 8th, 10th, and 12th grade students in each Montana school district will be asked to participate in the PNA survey during even years only (ex. 2020, 2022).

In [INSERT COUNTY] County there are two major surveys conducted with youth that provide information about behavioral health among youth in our community.

- Youth Risk Behavior Survey (YRBS) is conducted among a sample of students at the middle and high school levels in odd years. In 2021, the YRBS was completed by XXNUMBER students in the following schools: [LIST LOCAL SCHOOLS]
- Montana Prevention Needs Assessment (MPNA) is conducted among all students in middle and high school in even years. In 2022, the PNA was completed by XXNUMBER students in the following schools: [LIST LOCAL SCHOOLS]

Youth Mental Health and Suicide: County, State, National, [LIST YEARS]

	County	MT	US
During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities? (YRBS, 2021) ^{6,7} - % indicated "Yes"		41.4%	42.3%
During the past 12 months, did you ever seriously consider attempting suicide? (YRBS, 2021) ^{6,7} - % indicated "Yes"		21.7%	22.2%
During the past 12 months, how many times did you actually attempt suicide? (YRBS, 2021) ^{6,7} - % indicated any number higher than 0		18%	10.2%

Write something here that summarizes main points about the data above, ex: In [INSERT COUNTY] in YEAR, XX% of teens felt so sad or hopeless almost every day for two weeks that they stopped doing usual activities. This is [three times] the rate at which teens feel sad and hopeless when compared to the US.

Section 2: Cataloging Behavioral Health Resources

In this section, you will take a look at which resources are already available in your community before determining what to implement or improve. Most of this section could be copy and pasted into a CHA or specific Behavioral Health Assessment report.

Below is a relatively comprehensive list of programs that are recognized as Best Practices, Evidence-based Practices, or useful resources across Montana. After that, you will find a table that will allow you to document which of those programs and resources already exist in your community.

General Montana Behavioral Health Programs and Resources

Community Wide Interventions/ Resources

- [988](#)
- [211](#)
- [Mobile Crisis Response Team](#)
- [LOSS \(Local Outreach to Suicide Survivors\) Team](#)
- [Behavioral Health Emergency Response Plan](#)
- [CONNECT Electronic Referral System](#)
- Crisis Centers

Community Groups/Coalitions

- Community Groups/Coalitions
- Communities that Care
- [Zero Suicide in Indian Country Coalition](#)
- Suicide or Behavioral Health Coalitions/Task Forces
- Crisis Coalitions/Task Forces
- Chronic Disease Coalitions
- [Best Beginnings Community Councils](#)
- Other Local Advisory Councils

Law Enforcement Initiatives

- Community Intervention Team (CIT)
- Montana Angel Initiative

Community Messaging or Campaigns

- [Let's Face It](#)
- [ParentingMontana.org](#)
- [The Real Cost](#)
- [Montana Ag Producer Stress Resource Clearinghouse](#)
- Suicide Prevention Interventions / Campaigns

Reminder: you don't need to have, nor should you have, all of these resources. This is a list to help consider what resources are available and which might be helpful for your community.


Catalog of Community Wide Interventions/Resources			
Name / Link		Brief Description (Community-Specific Notes)	
		Ratings: 0 = Don't have, don't need 1 = Don't have, need 2 = Have, needs work 3 = Have, going well	
988		National Suicide and Crisis Lifeline. This is available in every community in the US. People need to know that it is available for use. Website: https://988lifeline.org/ Reach out to JG Research & Evaluation (https://jgresearch.org/) for county 988 data, or go to https://988lifeline.org/our-network/ for Statewide data. Notes: <i>Our 988 calls are answered by XX. From January to March there were X number of calls from our county to the 988 line. We have not promoted this through the Health Department. Maybe a billboard and asking schools and workplaces to promote this could be helpful.</i>	0 1 2 3
211		211 is the most comprehensive source of information about local resources and services in the country. This looks different in every community. Some United Ways are responsible for updating/managing 211. For communities where 211 is not managed by United Way, the 988 call center is responsible for setting up MOU's to manage 211. Website: https://www.211.org/ Notes: <i>Our 211 calls are answered by XX. From January to March there were X number of calls from our county to the 211 line. We have promoted this through the Health Department, but not recently.</i>	0 1 2 3

Other Resource Categories Included:

- Community-wide interventions
- Law Enforcement Initiatives
- Healthcare Programs
- Community Messaging
- Perinatal Populations
- Community Groups/Coalitions
- Suicide/ MH Trainings
- Substance Use
- Home Visiting Programs
- School Wellness

The goal of cataloging existing community resources is not to suggest that any community will or should have all of these resources!

The goal is to provide a summary of work funded and supported in Montana that may help address a need or goal identified by your community.



**Assessment
into
Community
Engagement**

Community Voices

To better understand how behavioral health issues affect our community, the staff of the Public Health Department [held two focus groups / conducted 6 key informant interviews, conducted a short survey, etc].

Primary Data – This data is collected locally for the purpose of informing this assessment. It can be quantitative (a survey collecting numerical responses) or qualitative (focus groups or key informant interviews, or surveys that answer open-ended questions).

Short Survey: Sample Questions

You could add some or all of these to a larger CHA survey or this could be a separate survey. Be sure that you gather basic demographic information such as gender, age, income proxy (ex. Medicaid eligibility) to be sure that you have a generally representative sample. Only survey people older than 18 years of age unless you have guardian permission. There are detailed ways to ensure you have an accurate sample and you can read more [HERE](#). You might ask these same questions over time to see how public opinion changes.

1. In our community, how easy or difficult do you think it is to access a mental health counselor? (Very Difficult, Difficult, Neutral, Easy, Very Easy)
2. In our community, how supportive do you think people are of someone who has depression or anxiety? (Very unsupportive, Unsupportive, Neutral, Supportive, Very Supportive)
3. In our community, how supportive do you think people are of someone who has a problem with alcohol? (Very unsupportive, Unsupportive, Neutral, Supportive, Very Supportive)
4. In our community, how supportive do you think people are of someone who has a substance use problem? (Very unsupportive, Unsupportive, Neutral, Supportive, Very Supportive)
5. In your opinion, what could we do to prevent mental health and/or alcohol and/or substance use problems in our community?
6. In your opinion, what could we be doing to help people who have mental health and/or alcohol and/or substance use problems in our community?

Focus Group or Key Informant Interviews (KII): Sample Questions

You could add some or all of these to Focus Groups or KIIs that you do for a larger CHA or these could stand alone. Only survey people older than 18 years of age unless you have guardian permission.

- Best practices on conducting Focus Groups can be found [HERE](#).
 - Best practices on conducting KIIs can be found [HERE](#).
-
1. What kinds of programs and initiatives have you seen the community undertake to improve the mental health of our community?
 - a. Tell me more about what made that initiative successful / unsuccessful?
 2. When you picture our community at its healthiest - mentally & emotionally, specifically - what kinds of things do you see happening in the community?
 - a. How are individuals acting?
 - b. What is family life like?
 - c. What is happening in schools and workplaces?
 - d. Are there certain events happening in the community?
 3. What things do you see that detract from our community's mental & emotional health?
 4. What entities, programs, or individuals should hold primary responsibility for creating a community that has good mental and emotional health?
 - a. Tell me more about why you chose each entity and what they can do.

Identify and Prioritize Behavioral Health Program and Resource Gaps

(aka: What are we going to do about it?)

STEP 1: Identify your behavioral health community leaders - and get them excited to take part.

Organization, Position	Name	Phone	Email
Elementary School, Principal			
Middle School Principal			
High School Principal			
High School Mental Health Lead			
Middle and High School Health Ed Teacher(s)			
School-based Health Director			
Community College / University Health Center			
4-H Director			
Sheriff			
Hospital/Clinic Mental Health Dept Director			
Hospital/Clinic Chief Medical Officer			
Hospital/Clinic Chief Nursing Officer			

Step 2: Share your *draft* Behavioral Health Assessment - Then Finalize!

Step 3: Prioritize behavioral health programming.

Possible New Programs											
Program or Resource	Lead Agency (ies)	Priority					Feasibility				
<i>PAX Good Behavior Game</i>	<i>Elementary School</i>	1	2	3	4	5	1	2	3	4	5
Notes: <i>The school has been thinking of implementing this and has good support. There is a UM grant to support training and supplies right now!</i>											
		1	2	3	4	5	1	2	3	4	5
Notes:											
		1	2	3	4	5	1	2	3	4	5
Notes:											

Section 5: Strategic Plan to Implement Behavioral Health Programs

Goal 1: Provide students in elementary, middle, and high schools the tools they need to understand and improve their personal behavioral health.

Providing students with age appropriate education about emotions, communication, relationships, and coping skills is essential for our youth to have the tools to manage their own mental health. The YRBS 2021 data indicates that as many as 25% of high school students have considered attempting suicide and 44% indicated feeling so sad or hopeless almost every day for two weeks that they stopped doing usual activities.

Strategic Measures:

1. Decrease the percentage of high school students who indicate that they felt so sad or hopeless almost every day for two weeks that they stopped doing usual activities, by the 2025 YRBS.

Goal 1 - Objective 1: Implement the PAX Good Behavior Game in 100% of K-5 classrooms at Tiger Elementary and Lion Elementary Schools by the end of the 2023-2024 academic year. (15 classrooms total)

Activity	Responsible Person	Timeline	Resources Needed
School board to approve curriculum	Superintendent	Sept 2023	Presentation with data about benefits of PAX
Secure funding for PAX	Superintendent	Oct 2023	Time for grant writing

Section 6: Monitor and Evaluate the Implementation and Outcomes of Behavioral Health Programs

Title of Evaluation Plan [Evaluation Plan for Behavioral Health Program Improvements]

Time Period for Evaluation [September 2023 - September 2026]

Key Personnel: School Superintendent, Health Director, Public Health Nurses, Evaluation Contractor

Overall Goal: To reduce the prevalence of behavioral health disorders in [COUNTY].

Alternative strengths-based wording: To increase the number of mentally healthy days among residents in [County].

Short-Term Outcome(s):

Provide students in elementary, middle, and high schools the tools they need to understand and improve their personal behavioral health.

Improve awareness of available behavioral health resources.

Long-Term Outcome(s):

Reduced suicide rate among elementary, middle, and school adolescents.

Reduction in Emergency Department visits related to behavioral health.

Evaluation Question(s):

What are students' perceived interest in improving their personal behavioral health?

How are residents interacting with local behavioral health resources and how do they perceive these interactions?


Activity	Evaluation Measure	Target	Timeframe/ Frequency	Data Source	Data Analysis	Person(s) Responsible	Communications/ Reporting Plan	Status
Train elementary school staff in PAX	Percentage of staff teaching PAX trained in PAX	100%	Fall 2023 - Ongoing / Trained before teaching starts	Training certificates / proof of training	Percent calculation Numerator: count # of staff trained in PAX / Denominator: count # of staff teaching PAX * 100, record in data dashboard	Principal, Health Director, Evaluator	Annual report on school-based behavioral health interventions shared at PTA meetings, local newspaper, online	On Track!

Section 4: Funding Behavioral Health Programs

In this section, you'll find a guide to some of the most relevant funding sources for these types of programs in Montana. If you still have questions or would like to consider any funding sources in more detail, reach out to the Montana Public Health Institute at info@mtphi.org.



= Available to County & Tribal Governments

Funding Name / Funding Organization	Eligible Recipients / Approximate Amount	Description
State Tax Dollars Available for Behavioral Health		
 Alcohol Sales Tax / DPHHS Substance Use Disorder Program	County and Tribal Governments / \$ Varies Contact: Cody Magpie at Cody.Magpie@mt.gov or 406-444-9582	Recent legislative changes now allow county and tribal health departments to become a state approved provider and utilize alcohol sales tax dollars allocated to the county for prevention of substance use disorders. Start by engaging your county commissioners. Your health department is able to utilize these funds. For more information go to: Alcohol Sales Tax Guidance — Montana Public Health Institute (mtphi.org) Funds: SBIRT, community education, treatment, rehabilitation, and prevention of alcoholism and chemical dependency



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We Invite You to Join:

Part 3 of this series: Wednesday 10:30-11:30

Public Health Leading Behavioral Health; A Panel
Discussion with Local and Tribal Health Departments



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Thank You.





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Supplemental Slides



Informed by ...

- Extensive literature review of scientific research around prevention-focused behavioral health services;
- Focused interviews w/ state staff and regional contractors;
- Structured interviews with 14 local and tribal public health leaders, and informal discussions with many other local leaders;
- Participation in BHDD strategic planning around its substance abuse prevention funding and programs;
- MTPHI's ongoing work in crisis system re-design and overdose prevention efforts through contracts with DPHHS.

Findings of Scan

Every local health leader interviewed expressed a request for the state to help them blend disparate funding streams and to provide funds directly to local organizations identified by community leaders to lead this work. “There is unlikely to be a one-size fits all approach,” said one local official. “The state needs to look to the locals to solve the problems.”





Healthy Granite County Network

- Founded in 2018 with a focus on filling gaps in the behavioral health system;
- Local staff and board members;
- Work is informed by a community health assessment that led them to work in behavioral health;
- DPHHS-funded Prevention Specialist is employed and managed by Butte Cares in Butte;
- Alcohol tax dollars sent to Western Montana Mental Health Center in Missoula;
- Example of a local, grass-roots organization doing great work but without direct support or funding from the state.

Case Study Lewis & Clark County



- Leads county health assessment and improvement planning, which includes a focus on suicide prevention, substance use, and mental health as a priorities;
- Coordinates and facilitates the county's Behavioral Health Systems Improvement Leadership Team to identify and address service gaps, re-design the local crisis system, and work toward improved emotional well-being;
- Leads county's Behavioral Health Local Advisory Council (LAC);
- Serves as a regional hub for opioid education and overdose prevention services;
- Operates programs focused on suicide prevention, outreach support to military veterans, mental health training, and outreach to suicide survivors
- Delivers prevention-focused health promotion services (through contracts with DPHHS) to address tobacco use, maternal and child health, cancer mortality, and healthy lifestyles;
- Despite this experience and capacity, the organization receives no sustainable state funding for the prevention-focused work (behavioral health prevention funding for Lewis & Clark County goes to an organization based in Butte).



LiveWell 49 Coalition

- Founded in 2017. Focus areas are mental wellness and youth resilience, universal screening, and community messaging/stigma reduction;
- Includes 200 community members and 60 local organizations.
- DPHHS-funded Prevention Specialist employed and managed by Butte Cares. Part-time, significant turnover, relies on LiveWell 49 for connection to community.



Park County Health Department

- Works closely with LiveWell 49 at leadership and staff level;
- In 2023, applied for and received DPHHS contract to pursue Communities that Care, a prevention-focused, community-driven framework for mental wellness and youth resilience;
- Hired a locally based coordinator who previously served as schools superintendent in Shields Valley;
- Braiding DPHHS funding with funds from a foundation headquartered in Park County;
- Collaborates regularly with Butte Cares prevention specialist.

"I really think your coordinator has to be somebody of the community who is able to build trust and bring people to the table."

-Shannan Piccolo, Director, Park County Health Department

Recommendations

- Fund the Work
- Empower Local Communities
- Build Community Readiness
- Let Locals Lead
- Blend Funding and Cut Red Tape
- Maximize Impact Through Established and Effective Public Health Programs



Return on Investment:

- Nurse Family Partnership - \$9.56 return on every dollar invested
- PAX Good Behavior Game - \$25.92 for each dollar invested

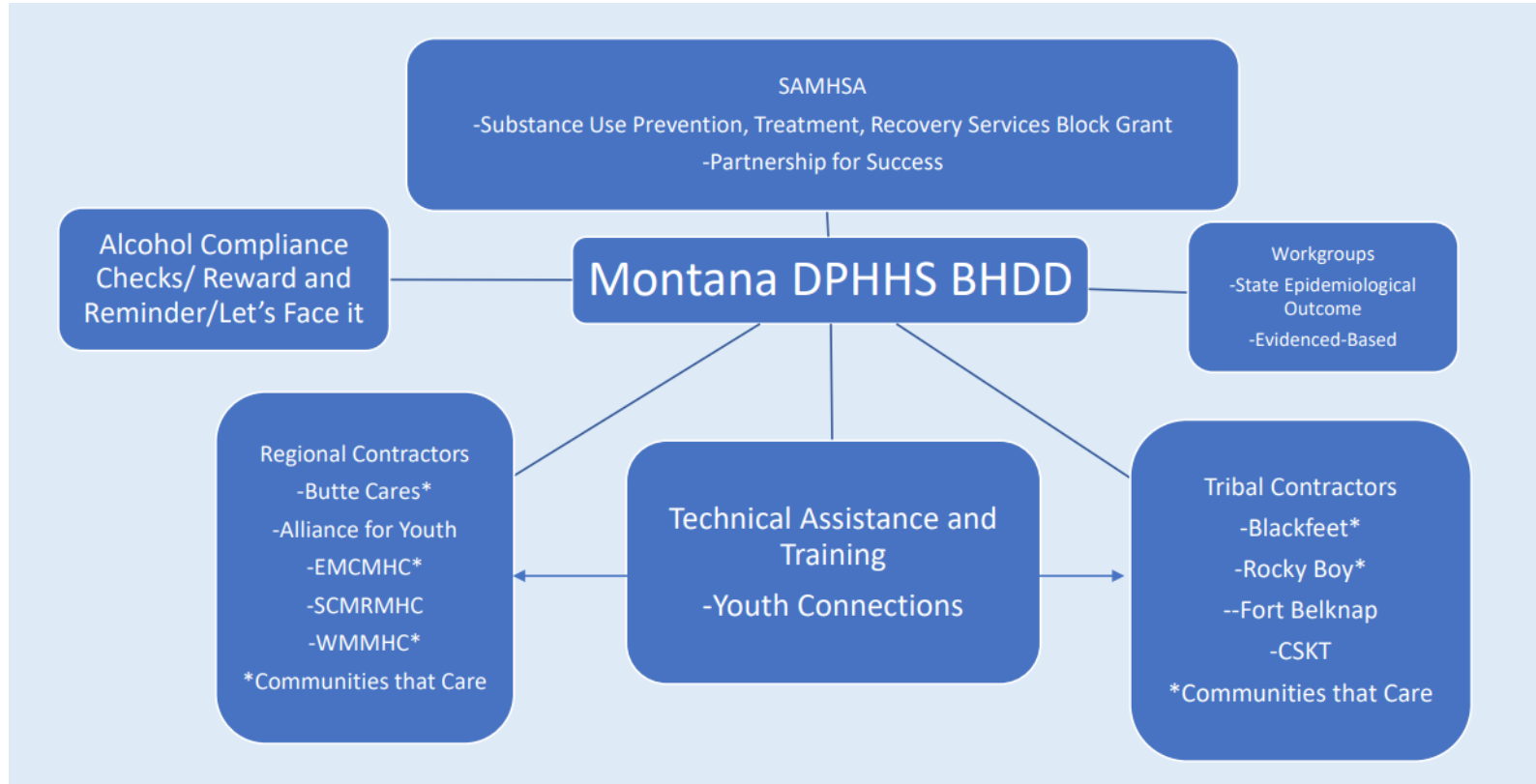


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Conclusion

Local and tribal public health agencies offer a significant but underutilized resource to engage Montana communities in coordinated, effective efforts to build community resilience by supporting those living with addiction and mental illness and promoting protective factors that can delay youth substance use, reduce mental health crisis, allay stigma, and mobilize community action. Public health leaders report that this work is hamstrung by lack of reliable funding and support necessary to address the issue using the approaches that have led to success in other public health challenges, such as tobacco use, chronic diseases, and drunk driving.

Primary Prevention Infrastructure



Montana State Health Improvement Plan – 2019-2023



Priority Areas:

- Mental Health
- Substance Use Disorders
- Unintentional Poisonings
- Opioid Misuse
- Suicide Prevention

Goals:

1. Improve access to timely, affordable, and effective behavioral health services.
2. Prevent and treat depression, anxiety, and other mental health conditions.
3. Decrease the prevalence and adverse consequences of SUD.
4. Develop, implement, and monitor effective programs that promote wellness and prevent suicide and related behaviors.
5. Decrease overdoses and deaths associated with prescription and illicit opiates through coordination of prevention, monitoring, enforcement, treatment, and recovery services.
6. Decrease behavioral health disparities among American Indian communities.
7. Support steps toward the integration of physical and behavioral health care at the community level.