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# **Applying a Public Health Lens to Behavioral Health**

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

**Part 1 of 3 Part Series**

**Confluence - April 1, 2024**

# WELCOME

What caused you to select  
this session to attend?

## Session Objectives

- Identify the intersection between the public health system and the behavioral health system in Montana
- Create understanding of ways public health is promoting mental wellness, resilience and protective factors in Montana
- Identify challenges of public health and behavioral health intersection
- Identify potential solutions for challenges Montana public health system faces in addressing behavioral health



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# CONCEPTUAL MODEL



## 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.



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# The Intersection Between Public Health System and Behavioral Health System in Montana

# Mental Health as a Public Health Crisis



Is mental health the next global  
public health crisis? | Dr. Alfie...

ARTICLE | Oct 3, 2022 | [in](#) [twitter](#) [email](#)

Mental health: America's next public health  
crisis

# What Does it All Mean?

**Behavioral Health** - The connection between our behaviors and the health and well-being of our body, mind, and spirit.

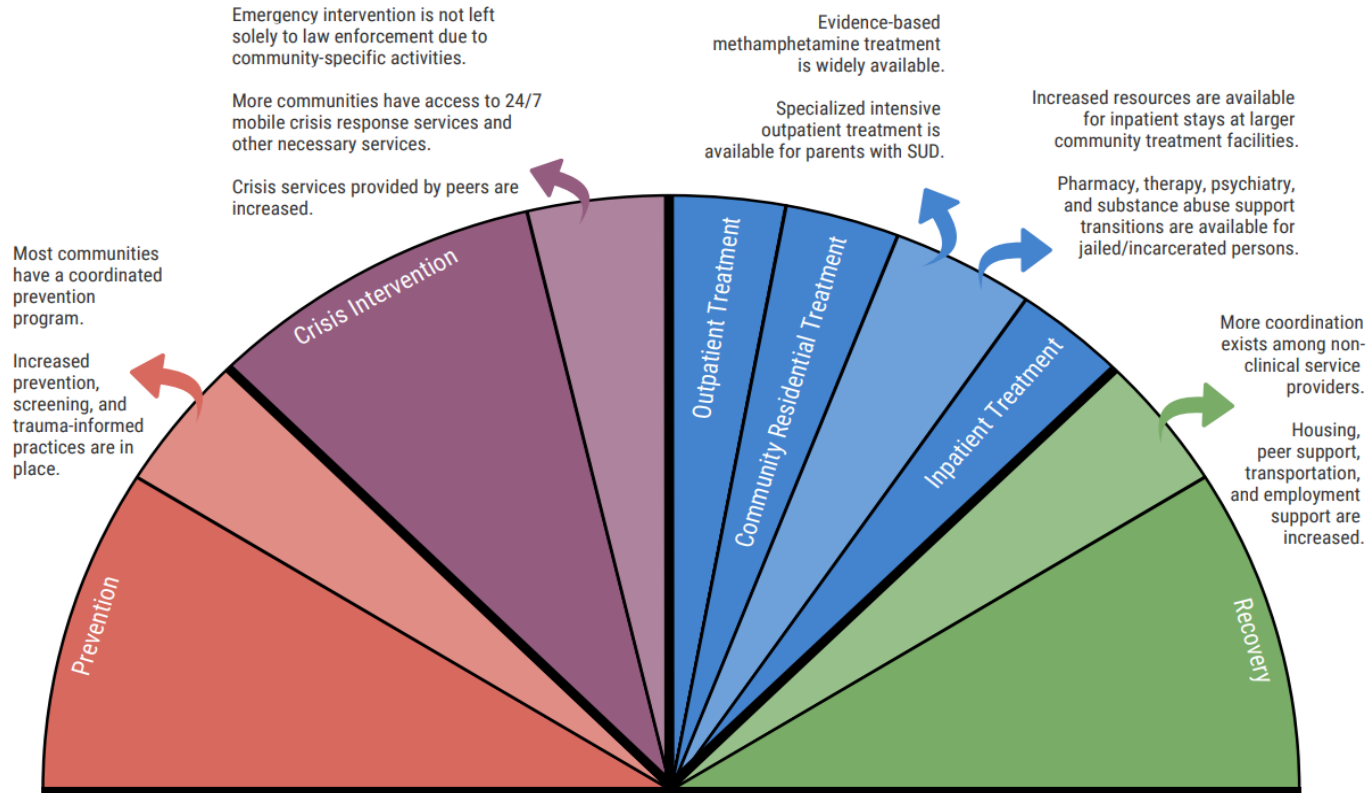
- Examples of behavioral health illnesses include substance abuse disorders, eating disorders, and addiction to a variety of other behaviors including, but not limited to exercise, sex, gambling, gaming, the internet, shopping, and work.

**Mental Health** - A person's psychological, emotional, and social wellbeing.

- Examples of mental health disorders include Bipolar disorder, Schizophrenia, Depression, Generalized anxiety, Social Anxiety, and Attention-deficit/hyperactivity disorder (ADHD).



# A Statewide Framework for Behavioral Health in Montana



## Morbidity and Mortality



People living with mental illness are **more likely to experience poorer physical health** than the general population.



People living with mental illness, and especially severe mental illness, **tend to die earlier** than the general population.



Almost **80% of premature deaths** of people with mental illness are due to preventable physical health conditions.

## Growing Behavioral Health Needs

Suicide. Substance use. Incarceration. Child abuse and neglect.

Public health is being called upon by community leaders and elected officials struggling to address these challenges. The Montana Public Health Institute is committed to supporting local and tribal public health departments to build capacity in behavioral health to reduce the rates of substance use and mental health issues.



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# Environmental Scan

**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.

**Work Products:**

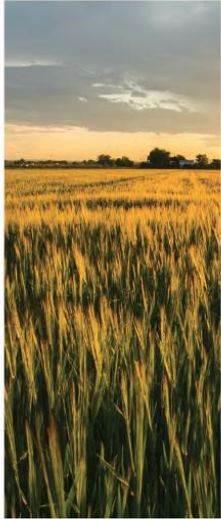
1. A comprehensive report on the findings of the environmental scan.
2. A Guide for Public Health Officials. A training/ resource document presented in an accessible and operational manner. This document would summarize the results of the environmental scan, provide an inventory of existing public health programs in Montana, and include opportunities for supporting wellbeing through work tailored to programs and capacities of local health departments (~30-40 pages)
3. Brief for State Stakeholders. This document would seek to inform policymakers and stakeholders in a way that a digestible and relevant to their work and priorities.

## Environmental Scan Process

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.

# Product 1



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

**AN ENVIRONMENTAL SCAN**

Unlocking the Potential of Public Health to Address  
Behavioral Health in Montana An Environmental Scan  
— Montana Public Health Institute ([mtphi.org](http://mtphi.org))

## Product 2

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



Applying a Public Health Lens to Behavioral Health A  
toolkit for Montana's Local and Tribal Health  
Departments — Montana Public Health Institute  
([mtphi.org](http://mtphi.org))



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## POLICY BRIEF

November 2023

### Unlocking the Potential of Public Health to Improve Behavioral Health in Montana

#### Key Takeaways:

- Ongoing efforts to address exigent behavioral health outcomes (mental health crisis, overdose, self-harm, and incarceration) will likely produce **ever-increasing resource demands without sustained statewide efforts** to promote emotional wellness, resilience, and protective factors for all Montanans;
- Montana's local and tribal public health departments offer a **promising but highly underutilized statewide resource** for these prevention-focused efforts;
- Many local health departments and **community organizations are engaged in this work, but seldom receive direct funding or support** for prevention-focused behavioral health expertise and programs;
- Currently, **most prevention-focused substance use prevention funding** in the state is distributed through a **number of regional organizations** charged with serving all 56 counties and 12 tribes;
- **Current funding has increased** in recent years through the use of pandemic-era funding, **but DPHHS officials expect large shortfalls starting in 2024**, imperiling this work;
- Local public health leaders interviewed **urged state officials to sustain this work and allow local agencies** – including but not limited to health departments – **to access prevention funding** to allow local leaders to lead this work for their communities.

#### Background

This policy brief was motivated by the urgent need to better utilize Montana's local and tribal public health system to address what is arguably the state's most pressing public health challenge: improving behavioral health. More specifically, this work seeks to identify ways that Montana policymakers could utilize an existing statewide resource – our local and tribal public health departments – to promote emotional resilience and wellness and to help coordinate community efforts to support Montanans living with addiction or mental illness.

This policy brief draws on more than 18 months of ongoing work by the Montana Public Health Institute (MTPHI) to understand current prevention-focused efforts in Montana, and to identify pathways to making this work matter more. In pursuing this research, MTPHI examined how our current prevention system – from federal funders to state coordinators to regional and local implementors – currently seeks to build emotional resilience, positive mental health, and other protective factors shown to promote healthy development, positive health outcomes, and an ability to withstand stressors in life. (Yates et al,

### MTPHI Behavioral Health Policy Brief



Public Health  
Promoting Mental  
Wellness, Resilience  
and Protective Factors  
in Montana

# What is Resilience

A dynamic process whereby individuals, communities, and systems adapt and thrive in response to external stressors, including economic and social pressures and environmental threats.

## Risk Factors

- Genetics/biology
- Employment status
- Income level
- Stable housing
- Peer group
- Adverse childhood experiences

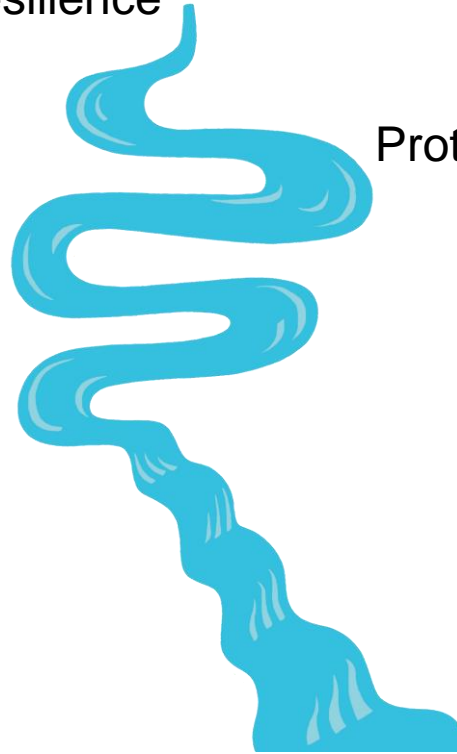
## Protective Factors

- Safe relationships with trusted adults
- Well-developed problem-solving skills
- Positive self esteem

# Public Health Upstream

Building Resilience

Protective Factors



Mental Wellness

## Increasing Protective Factors

- Programs that support family stability
- Programs that increase refusal skills
- Community connectedness
- Connecting to your culture

Public health needs to be  
actively engaged in systematic  
activities that promote  
behavioral health

# Challenges of Public Health and Behavioral Health Interaction

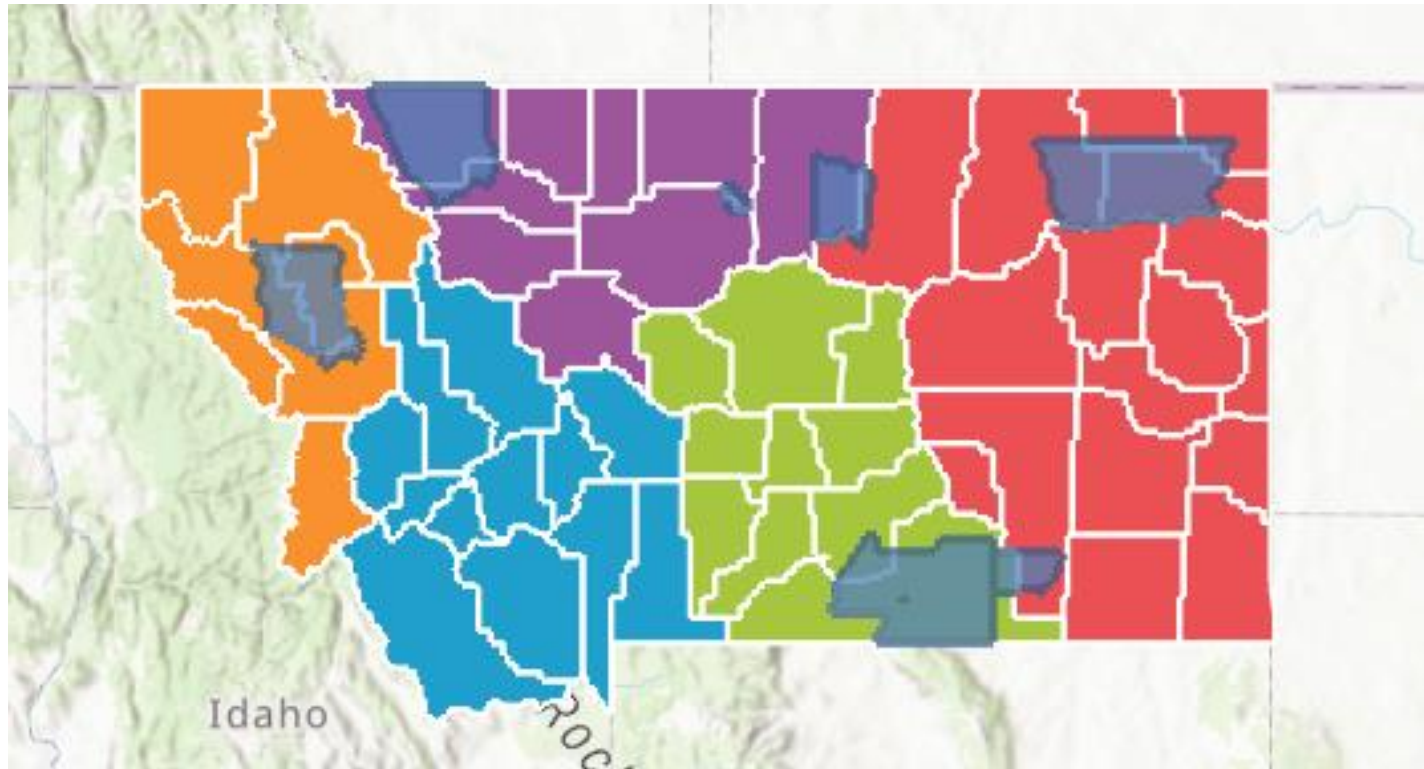


## Findings of Scan

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.”



## Current Prevention Specialists Regions



## Prevention Challenges



- Prevention work most effective when led and executed by local individuals, organizations, and coalitions from the communities they serve
- Current funding mechanism is fragmented, confusing and too prescriptive
- Montana communities have varying degrees of readiness to do this work and would benefit from a slate of evidence-based interventions to select from to best meet their needs and capacity
- Blending and braiding funding at the state level would simplify funding solutions for local communities to provide effective and sustainable prevention programming
- Local and tribal health departments are frequently part of local behavioral health efforts (and well positioned to convene community collaborations) but rarely funded to do this work

# Potential Solutions to Improve Ways Public Health Can Address Behavioral Health in Montana

## 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



## 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.

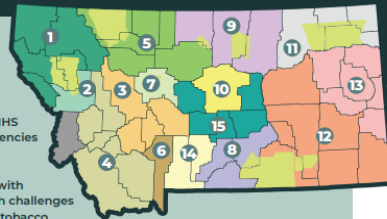
## How to Invest in Health Departments to Address Behavioral Health

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.



## What it Means

We will seek to find ways that local and tribal public health agencies can be supported and funded to address substance use and mental wellness using the same skills and assets that public health brings to other public health challenges:

- Assessing community needs and capacity
- Building close community relationships
- Engaging community leaders
- Coordinating and leading effective, community-driven and evidence-based efforts

## What it Does Not Mean

Public health will NOT replace  
well-performing treatment  
providers and regional  
organizations doing behavioral  
health prevention work.



## 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. We will continue to work towards solutions by advocating for reliable funding and support necessary to address the issue using the approaches that have led to success in other public health challenges, such tobacco use, chronic diseases, and drunk driving.

# Look For Our Team



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**Stellar Group**

**BMT Consulting**

**Montana Community Health Consulting  
Health Departments Involved in Interviews**



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**We Invite You to Join:**

**Part 2 of these series: Tuesday 2:30-3:30**

A Toolkit for Addressing Behavioral Health for Public Health Practitioners

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

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

**Questions?**



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