Applying a Public Health Lens to Behavioral Health:

A TOOLKIT FOR MONTANA'S LOCAL AND TRIBAL PUBLIC HEALTH DEPARTMENTS

MONTANA
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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

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.

Local and tribal public health agencies across Montana are an underutilized resource available to help address behavioral health in Montana. These health agencies use a public health lens to pursue work that is community-driven and prevention-focused. Local health departments are uniquely positioned to do this work for a number of reasons. First, they are a part of the cultural and social fabric of local communities, staffed and managed by members of the community. Second, public health agencies are grounded in foundational public health capabilities invaluable for achieving collective action: assessment, partnership development, communications, policy development, evaluation, and performance management.

To be clear, health departments cannot do this work alone and should not seek to do all this work at once. This document is intended to provide one-step-at-a-time suggestions for helping to lead work in community behavioral health, moving stepwise from assessment to planning to coordination and evaluation.

We cannot stress enough: Local public health leaders need not feel obligated to do all this work at once. Some public health departments may have already achieved some of the steps suggested in the ensuing pages, while others may feel the need to start at the beginning and work through the end. The goal is to provide a starting point for those just launching into this work, and ideas for those already working in this space.

In offering this resource, we also acknowledge that local and tribal health departments are pursuing this work without reliable funding and limited support from a statewide system. A companion resource to this toolkit - Unlocking the Potential of Public Health to Address Behavioral Health in Montana: An Environmental Scan - examines the current state of prevention-focused behavioral health efforts in Montana and provides suggestions for policymakers to connect that work more meaningfully to the public health system. The environmental scan also provides an overview of key concepts related to prevention-focused behavioral health work.

The intended audience for this resource, however, are local and tribal public health leaders and staff who are already being pulled into this work by communities grappling with the exigent results of a public health system that is struggling, sometimes failing, to meet the needs of Montanans.

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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.

STEP 1: Get familiar with the following "Companion Resources"

This toolkit can be used in conjunction with the following resources. In fact, this Toolkit was built using these resources as a guide. Here you can find more in-depth explanations on concepts that will be referred to throughout this Toolkit:

- **Unlocking the Potential of Public Health to Address Behavioral Health in Montana: An Environmental Scan**
  - This document provides an overview of prevention-focused behavioral health programming across Montana in order to help policymakers and public health leaders more effectively unlock the potential of local and tribal health departments to address behavioral health.

- **Communities That Care PLUS Framework**
  - This is a framework used in many communities across Montana (and nationally) that will remind you a lot of the way that this Toolkit is set up. Communities that Care (CTC) is a systematic way of creating a group of partners, reviewing data, making plans, implementing programming and evaluating outcomes. The framework is generally centered around youth programming.
  - Link to CTC website: https://www.communitiesthatcare.net/programs/ctc-plus/
- **A Guide to SAMHSA's Strategic Prevention Framework**
  - This document provides a comprehensive guide or framework to be used by community planners working on community-based behavioral health programming to: Assess, Build Capacity, Plan, Implement, and Evaluate.
  - Link to full document PDF: https://www.samhsa.gov/sites/default/files/20190620-samhsa-strategic-prevention-framework-guide.pdf
- **Selecting Best-Fit Programs And Practices: Guidance For Substance Misuse Prevention Practitioners**
  - This document provides in-depth guidance on identification and planning; and ensures that community leaders are choosing the best programs to address behavioral health issues in their specific community.
  - Link to full document PDF: https://www.samhsa.gov/sites/default/files/ebp_prevention_guidance_document_241.pdf
- **Governor's Advisory Councils**
  - The state has various Governor's advisory councils mandated by legislation. These boards provide guidance to DPHHS.
  - To learn more: https://dphhs.mt.gov/boardscouncils/index

STEP 2: Get aligned with your CHA and CHIP

This toolkit is intended to help you with both your local Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) if you plan for Behavioral Health to feature in either. Make sure you understand at what stage your community is in conducting a CHA or CHIP. If you have already published a CHA recently, consider updating it with the findings that come from this Toolkit. If you have conducted a CHIP recently and did not include a behavioral health component, consider bringing your CHIP stakeholders back together as you build your plan to incorporate a section on behavioral health programming. If you are about to start a CHA or a CHIP that will include Behavioral Health, this toolkit will help you complete certain sections, as outlined below:

Community Health Assessment (CHA). You can use the following sections of this workbook and insert them directly into your CHA:

1. Assessing Behavioral Health Data
2. Cataloging Behavioral Health Resources

Community Health Improvement Plan (CHIP). You can use the following sections of this workbook to directly build the section of your CHIP that is dedicated to Behavioral Health: Identify Behavioral Health Program and Resource Gaps

3. Plan to Implement Behavioral Health Programs
4. Monitor and Evaluate the Implementation and Outcomes of Behavioral Health Programs

Haven't done a CHA or CHIP yet? **No problem.** The work that you do in this Toolkit can stand alone and be published and shared as a "Community Behavioral Health Assessment" and/or a "Community Behavioral Health Improvement Plan".

Unsure if your community has completed a CHA or CHIP? Ask your local health department director. Montana State University's Community Health Services Development (CHSD) also catalogs CHAs and CHIPs around the state at: https://healthinfo.montana.edu/morh/chsd/data-hub/index.html

STEP 3: Carve out some time and set some goals for this Toolkit

This Toolkit attempts to lay out work in a stepwise process, but this will take time and partnerships. Every health department will have different levels of capacity to complete this assessment. It is important to be realistic about how much you and your partners can take on. Remember, even if you have limited capacity, you can accomplish some sections of a behavioral health assessment.

Let's get some initial next steps established.

- (1 Week) Put 2 hours on my calendar to review the "Companion Resources".
- (1 Week) Put 1 hour on my calendar to review this Toolkit.
- (2 Weeks) Talk with the people who worked on the CHA and/or CHIP in my community and decide how this Toolkit work can support the work of the CHA and/or CHIP.
- Set a goal for finishing the Assessment sections ("Assessing Behavioral Health Data" and "Cataloging Behavioral Health Resources") in 4-6 months from now:
  - **Our Health Department will finish the Assessment Sections by:**
    DATE: _____
- Set a goal for finishing the Program sections ("Identify Behavioral Health Program and Resource Gaps" and "Plan to Implement Behavioral Health Programs" and "Monitor and Evaluate the Implementation and Outcomes Behavioral Health Programs") in 6-10 months from now:
  - **Our Health Department will finish the Planning Sections by:**
    DATE: _____

Behavioral Health in Montana

According to the American Medical Association, "behavioral health generally refers to mental health and substance use disorders, life stressors and crises, and stress-related physical symptoms. Behavioral health care refers to the prevention, diagnosis and treatment of those conditions."[1] The most recent Montana State Health Improvement Plan (SHIP) (2019–2023) identifies Behavioral Health (including mental health, substance use disorders, unintentional poisonings, suicide prevention, and opioid misuse) as one of its five priority areas.

The goals listed under the Montana SHIP behavioral health priority area, as listed below, closely reflect the goals outlined later in this document for [County].

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.

In 2021, [XX% in County], and nearly 23% of adult Montanan's reported ever being told they have a form of depression, compared to just over 20% of US adults.[2] While [XX% in county], nearly 15%[2] of Montana and US adults reported 14 or more days of poor mental health in the past month. Meanwhile, suicide remains a ever-present crisis in our state. The age-adjusted death rate for suicide in Montana in 2021 was over 30 per 100,000, more than double the rate in the US as a whole.[3] In [County] this rate was [XX per 100,000]. Accidental and purposeful overdoses are also persistent issues, with nearly 2,000 emergency department drug overdose related visits reported in Montana 2021, [XX of which occurred in County].[4] 5,841 per 100,000 or 62,466 emergency department visits occurred in Montana in 2021 for substance use.4 Emergency department visits for substance use in [County were XX per 100,000 in YEAR(s)]. Almost one fifth (20%) of Montanan's ages 12 and older had a substance use disorder in the past year, according to the 2021 National Survey on Drug Use and Health.[5]

While these numbers tell part of the story, we in [County] know the personal toll of chronic substance use, overdoses, poor daily mental health, suicide, and limited access to care. These conditions deeply affect our community, and it is for this reason we have chosen to perform this behavioral health needs assessment. It is our hope that with community specific data and aligned action items, we can more effectively address substance use and mental health issues in our community.

Section 1: Assessing Behavioral Health Data

In this section, you will take a look at how your local community's behavioral health data compares to state and national data. Most of this section could be copy and pasted into a CHA or specific Behavioral Health Assessment report. Use and adapt the following wording and data tables to create your Behavioral Health Assessment. There are a lot of data options available - choose what works best for your community and capacity.

Through data collected and presented in this section, [INSERT COUNTY] County seeks to understand the following about behavioral health in our community as adapted from SAMHSA's Strategic Prevention Framework outline:

- **What** behavioral health problems (e.g., overdoses, alcohol poisoning, depression) and related harmful behaviors (e.g., prescription drug misuse, underage drinking, suicide) are occurring in the community?
- **How** often are these behavioral health problems and related harmful behaviors occurring? Which ones are happening the most?
- **Where** are these behavioral health problems and related harmful behaviors occurring (e.g., at home or in vacant lots, in small groups or during big parties, emergency rooms)?
- **Who** is experiencing more of these behavioral health problems and related harmful behaviors (e.g., males, females, youth, adults, members of certain cultural groups)?

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]

Sexual Violence or Coercion: County, State, National, [LIST YEARS]

	County	MT	US
Have you ever been physically forced to have sexual intercourse when you did not want to? (YRBS, 2021)[6,7]- % indicated "Yes"		11%	8.5%
During the past 12 months, how many times did anyone force you to do sexual things that you did not want to do? (Count such things as kissing, touching, or being physically forced to have sexual intercourse.) (YRBS, 2021)[6,7] - % indicated any instances		13.5%	11%
In the past 12 months, did anyone on the Internet ever try to get you to talk online about sex, look at sexual pictures, or do something else sexual? (PNA, 2022)[8] - % indicated "Yes"		31.3%	–*

Write something here that summarizes main points about the data above, ex: In [INSERT COUNTY] in YEAR, teens experienced being forced to do sexual things that they did not want to do at a rate [half] as high as the rate seen across the US, but similar to that of Montana.

*A dash means the data is not available at that geographical level.

Bullying: County, State, National, [LIST YEARS]

	County	MT	US
During the past 12 months, have you ever been bullied on school property? (YRBS, 2021)[6,7] - % indicated "Yes"		15.6%	15%
During the past 12 months, have you ever been electronically bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.) (YRBS, 2021)[6,7] - % indicated "Yes"		16.4%	15.9%

Write something here that summarizes main points about the data above, ex: In [INSERT COUNTY] in YEAR, teens experienced [less] electronic bullying than teens across Montana or the US, and a similar number of teens reported being bullied in person on school property as their counterparts across Montana and the US .

According to the Preventive Needs Assessment (PNA), the top reasons that students were bullied include: INSERT TOP REASONS FOR BULLYING from PNA "If you have been bullied in the past 12 months by other students, why were you bullied? (Choose all that apply.)
2022- PNA 33.3% of students in 8th/10th/12th Graders in Montana reported being bullied for:

- 12.4% because of my size
- 15.5% because of the way I look
- 11.1% because of some other reason
- 9.8% I don't know

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.

Youth Alcohol: County, State, National, [LIST YEARS]

	County	MT	US
During the past 30 days, how many times did you ride in a car or other vehicle driven by someone who had been drinking alcohol? (YRBS, 2021)[6,7] - % indicated any times		20.7%	14.1%
During the past 30 days, how many times did you drive a car or other vehicle when you had been drinking alcohol? (YRBS, 2021)[6,7] - % indicated any times		5.7%	4.6%
How old were you when you had your first drink of alcohol other than a few sips?. (YRBS, 2021)[6,7] - % indicated younger than 13		18.2%	15%
During the past 30 days, on how many days did you have at least one drink of alcohol? (Currently drink alcohol) (YRBS, 2021)[6,7] - % indicated any times		31.4%	22.7%
During the past 30 days, on how many days did you have 4 or more drinks of alcohol in a row, that is, within a couple of hours (if you are female) or 5 or more drinks of alcohol in a row, that is, within a couple of hours (if you are male)? (Currently binge drink) (YRBS, 2021)[6,7] - % indicated any times		16.4%	10.5%
During the past 30 days, how did you usually get the alcohol you drank? (YRBS, 2021)[6,7] - % indicated someone gave it me		12.1%	40.1%
During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? (PNA, 2022)[8] - % indicated they discussed at least one of the topics: tobacco, alcohol, or drug use. PNA reports the % total that said "No" - Flip this to indicate the total % that did speak with their parents.		59.7%	--

Write something here that summarizes main points about the data above, ex: In [INSERT COUNTY] in YEAR, rates of teens who drove after consuming alcohol was [twice] as high as the rate seen across the US, but similar to that of Montana.

Youth Substance Use: County, State, National, [LIST YEARS]

	County	MT	US
Percent ever used marijuana in their lifetime (YRBS, 2021)[6,7]		37%	27.8%
Percent ever abused prescription pain medicine (YRBS, 2021)[6,7]		12%	12.2%
Percent ever used cocaine (YRBS, 2021)[6,7]		4%	2.5%
Percent ever used inhalants (YRBS, 2021)[6,7]		8.6%	8.1%
Percent ever used heroin (YRBS, 2021)[6,7]		1.5%	1.3%
Percent ever used methamphetamines (YRBS, 2021)[6,7]		1.9%	1.8%
Percent ever used ecstasy (YRBS, 2021)[6,7]		4.2%	2.9%
Percent ever injected illegal drugs (YRBS, 2021)[6,7]		1.4%	1.4%
Percent offered, sold, or given an illegal drug on school property (YRBS, 2021)[6,7]		22.3%	13.9%
If you wanted to get cigarettes, how easy would it be for you to get some? (PNA, 2022)[8] - % answered very easy		16.2%	--
If you wanted to get some beer, wine, or hard liquor (for example, vodka, whiskey, or gin), how easy would it be for you to get some? (PNA, 2022)[8] - % answered very easy		30.3%	--
If you wanted to get some methamphetamine, how easy would it be for you to get some? (PNA, 2022)[8] - % answered very easy		3.0%	--
How much do you think people risk harming themselves (physically or in other ways) if they: use prescription drugs that are not prescribed to them? (PNA, 2022)[8] - % answered great risk		69.8%	--
How wrong do your parents feel it would be for you to: smoke marijuana? (PNA, 2022)[8] - % answered not wrong at all		1.7%	--
How wrong do your parents feel it would be for you to: have one or two drinks of an alcoholic beverage every day? (PNA, 2022)[8] - % answered not wrong at all		5.2%	--
How wrong do your parents feel it would be for you to: smoke tobacco? (PNA, 2022)[8] - % answered not wrong at all		0.8%	--
How wrong would most adults (over 21) in your neighborhood think it is for kids your age: to use marijuana? (PNA, 2022)[8] - % answered not wrong at all		4.3%	
How wrong would most adults (over 21) in your neighborhood think it is for kids your age: to drink alcohol? (PNA, 2022)[8] - % answered not wrong at all		5.9%	
How wrong would most adults (over 21) in your neighborhood think it is for kids your age: to use or smoke cigarettes? (PNA, 2022)[8] - % answered not wrong at all		2.8%	
If a kid drank some beer, wine or had liquor (for example vodka, whiskey, or gin) in your neighborhood would he or she be caught by the police? (PNA, 2022)[8] - % answered YES!		5.8%	

Write something here that summarizes main points about the data above, ex: In [INSERT COUNTY] in YEAR, rates of teens who drove after consuming alcohol was [twice] as high as the rate seen across the US, but similar to that of Montana.

Adult Behavioral Health Data

Behavioral Risk Factor Surveillance System (BRFSS) Data: Go to the Montana DPHHS website: https://dphhs.mt.gov/publichealth/brfss/

- DPHHS ensures that the BRFSS surveys are conducted each year. County level data from BRFSS can most easily be found through https://www.countyhealthrankings.org/explore-health-rankings
- Have questions? Lauren White , MPH, (406) 444-2973, Lauren.White@mt.gov

Montana Hospital Discharge Data System (MHDDS):

- Data comes from the Montana Hospital Association and is managed/ released by DPHHS. DPHHS cannot release hospital-specific data. They may only be able to provide you with data for your region.
- Does not include Indian Health Service (IHS) hospital data. If you live in a community where the IHS serves a significant portion of your population, contact the Tribal Health Director to determine if it might be appropriate to request data directly from IHS or Rocky Mountain Tribal Epidemiology Center (RMTEC).
- Can provide some data points about why and who is accessing emergency services related to mental health and substance use. The EMSTS resource has some publicly available Emergency Department visit data, but none on suicide.
- Email:
  - To: Vanessa Whattam, vanessa.whattam@mt.gov
  - CC: Jennifer Rico, jennifer.rico@mt.gov ;

  Hello Vanessa and Jennifer,

  COUNTY NAME is collecting information for our Behavioral Health Needs Assessment. Can you provide counts data for the following indicators in the most recent time period possible to prevent data suppression? Preferably, the fewest number of data years combined to calculate counts and rates that would not be subject to data suppression. Please separate counts for each of the following:
  - Suicidal ideation
  - Suicide attempt

Montana Office of Vital Statistics (OVS) Data:

- Data comes from DPHHS birth and death records, and is managed by DPHHS Office of Vital Statistics.
- Can provide some data points regarding alcohol and tobacco use during pregnancy.
- Email: Matthew Ringel, MRingel@mt.gov
  Hello Matthew,

  COUNTY NAME is collecting information for our Behavioral Health Assessment.

1. Can you provide counts and rate data for the following indicators in the two most recent time periods possible to prevent data suppression? Additionally, can you provide the rates for the State as a comparison in the same time periods used for our county's data?
   - Age-Adjusted Death Counts & Rates for Intentional Self-Harm
   - Age-Adjusted Death Counts & Rates for Alcohol and Substance Overdose
2. Can you provide percent data for the following indicators in the most recent time period possible to prevent data suppression? Additionally, can you provide the rates for the State as a comparison in the same time periods used for our county's data?
   - Percent of women indicating any smoking during pregnancy
   - Percent of women indicating any alcohol use during pregnancy

Montana EMS & Trauma Systems (EMSTS) Data: Go to the Montana DPHHS website for Death and Emergency Department data. https://dphhs.mt.gov/publichealth/EMSTS/InjuryandOverdoseIndicators-Fatal

1. Toggle between "View Deaths" & "View ED Visits" at far right of screen
2. Choose "Map by Age-Adjusted Death Rate" or "Map by Age-Adjusted ED Visit Rate"
3. Use the "Select Indicator" dropdown to choose each of the following:
   - Suicide
   - Drug Overdose
   - Alcohol-related
4. Choose the smallest range of years to provide a rate without suppression of data for your county. Note: You may need a 10+ year range in many small counties for some of these indicators.
5. When you put your data into the chart below, be sure to get the corresponding statewide rate for the same time period for comparison.

Data is usually suppressed by the Montana DPHHS epidemiologists when there are fewer than 20 cases of the event in the time period and population selected.

The Montana Substance Use Disorder (SUD) Task Force Strategic Plan:
See the full plan at https://dphhs.mt.gov/assets/publichealth/EMSTS/opioids/MontanaSubstanceUseDisordersTaskForceStrategicPlan.pdf
This plan identified several key focus areas to lessen the impact of substance use in Montana. These areas are: partnerships, prevention and education, enforcement, monitoring, treatment, and family and community resources.

In [INSERT COUNTY] County there are several major data sources that provide information about behavioral health in our community.

- **Behavioral Risk Factor Surveillance System (BRFSS)** is created by the CDC and conducted in all 50 states, every year, over the telephone. It asks a wide range of questions related to health habits and outcomes.
- **Montana Hospital Discharge Data System (MHDDS)** data is provided by every hospital in the state (excluding Indian Health Service and Veterans Administration hospitals) and made available to state health department staff for some analysis.
- **Montana Office of Vital Statistics (OVS)** data is collected through birth and death records. It is analyzed by state health department staff.
- **Montana EMS & Trauma Systems (EMSTS)** is a dataset that includes data from OVS and MHDDS and can be accessed from an online dashboard on the MT DPHHS website.

Mental & Social Health: County, State, National, [LIST YEARS]

	County	MT	US
Average number of mentally unhealthy days reported in the past 30 days (age-adjusted). (BRFSS, 2020)[2]		4.5	4.4
Ratio of population to mental health providers. (BRFSS, 2022)[2]		280:1	340:1
Number of membership associations per 10,000 population. (BRFSS, 2020)[2]		13.8	9.1

Write something here that summarizes main points about the data above, ex: In [INSERT COUNTY] in YEAR, rates of adults experiencing mentally unhealthy days was [twice] as high as the rate seen across the US, but [similar] to that of Montana.

Alcohol and Tobacco Use: County, State, National, [LIST YEARS]

	County	MT	US
Percentage of adults who are current smokers (age-adjusted). (BRFSS, 2020)[2]		18%	16%
Percentage of adults reporting binge or heavy drinking (age-adjusted). (BRFSS, 2020)[2]		25%	19%
Percentage of driving deaths with alcohol involvement. (BRFSS, 2016-2020)[2]		46%	27%
Tobacco use during pregnancy. (PRAMS US, 2022)[9]		11.3%	6.5%
Alcohol use during pregnancy. (CDC, 2022)[10]; (SAMHSA US, 2021)[11] *From BRFSS data, this percentage signifies the prevalence of drinking among pregnant adults aged 18-49 years within a six state region, including Montana.		10.8%*	9.8%

Write something here that summarizes main points about the data above, ex: In [INSERT COUNTY] in YEAR, rates of adults who reported binge drinking alcohol was [twice] as high as the rate seen across the US, but [similar] to that of Montana.

Emergency Department Visits, Number: County, State, National, [LIST YEARS]

	County	State
Alcohol-related disorders (Age 18 & above) (EMSTS, 2021)[4] [ADJUST TO YEAR RANGE IF NECESSARY FOR COUNTY DATA]		12,583
Stimulant-related disorders (Age 18 & above) (EMSTS, 2021)[4] [ADJUST TO YEAR RANGE IF NECESSARY FOR COUNTY DATA]		3,591
Self harm injury (Age 18 & above) (EMSTS, 2021 [ADJUST TO YEAR RANGE IF NECESSARY FOR COUNTY DATA])[4]		914

Write something here that summarizes main points about the data above, ex: In [INSERT COUNTY] between YEAR and YEAR, XX people visited the Emergency Department for self harm injury.

Death by Self-Harm, Overdose, and Alcohol Use, Rate per 100,000: County and State, [LIST YEARS]

	County	MT
Age-Adjusted Death Rates for Suicide (EMSTS, 2021, [ADJUST TO YEAR RANGE IF NECESSARY FOR COUNTY DATA])[4]		31.9
Age-Adjusted Death Rates for All Drug Overdose (EMSTS 2021, [ADJUST TO YEAR RANGE IF NECESSARY FOR COUNTY DATA])[4]		19.4
Age-Adjusted Death Rates for Alcohol-related Death (EMSTS 2021, [ADJUST TO YEAR RANGE IF NECESSARY FOR COUNTY DATA])[4]		53.4

Write something here that summarizes main points about the data above, ex: In [INSERT COUNTY] between YEAR and YEAR, rates of people who died by suicide were higher/lower than the rate seen across Montana.

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.

Case Example

LOSS Team Lewis & Clark Public Health (Jess Hegstrom, suicide prevention coordinator)

Blazing the Trail: Lewis & Clark Public Health's LOSS Team - a first in Montana

One of the first things anyone who talks to Jess Hegstrom about suicide realizes is that she is overwhelmingly passionate about the issue. The Lewis & Clark Public Health's suicide prevention coordinator doesn't want another human to have to follow her journey of survivorship after losing her father to suicide when she was 20 years old.

"When I lost my dad, I struggled with my own mental health while taking care of my mom and brother and having no time to grieve," Jess explained. "Our family never addressed it or looked for resources and it has taken us 17 years to fully comprehend how suicide affected us all."

Survivors of suicide are statistically more likely to attempt suicide themselves, especially if they lack the resources and coping skills to deal with their loss. Stigma permeates suicide and compounds the isolation many survivors feel, while they often believe there is no one to talk to who will understand what they are going through. That's where Lewis & Clark Public Health's LOSS team comes in.

The LOSS team, or Local Outreach to Suicide Survivors, is focused on postvention, which data suggest reduces the time survivors take to seek out coping resources from an average of 4.5 years to 39 days. The sooner a survivor can receive help, the better the chances they won't consider suicide and can begin the recovery process more rapidly. Lewis & Clark's team, made up of both survivors and mental health professionals, boasts 25 volunteers and has been up and running for more than a year. Volunteers are on call 24/7/365 and work in pairs consisting of one survivor and one counselor who will make contact with those most directly connected to someone who has completed suicide. They are summoned using a partnership with the Lewis & Clark County Sheriff's Office Coroner Division to any confirmed suicide in the county and they bring both a packet of resources as well as the credibility of being a survivor themselves.

"Until now, survivors only receive resources from a hospital, but often they never go to the hospital, so we have missed the boat," Hegstrom noted. "The LOSS team delivers the resources to their doorstep and we will keep being there for them even if initially they are not ready for it."

Ali Mullen, a volunteer on the LOSS team, lost her husband to suicide two years ago and, between her shifts with the team, is raising three children outside of Helena. When she walked into her first LOSS Team training one year ago, she said it literally took her breath away.

"Losing someone to suicide, when it happens, you feel very alone," Mullen said. "Through this program, I've met other survivors, which has helped me significantly. When you meet other survivors, you're instantly able to talk to someone."

Thus far into her tenure with the LOSS team Mullen has yet to be called out, but the team's volunteers regularly train for when that call comes. She knows it will be difficult, however,

she is bolstered knowing that what she can provide will help others heal. Bill Wheeler, another team member who lost his son to suicide nine years ago, volunteers with his wife to do phone follow up. The team conducts regular check-in intervals with survivors for up to a year after the passing of their loved one. Wheeler explained that sometimes just leaving a voicemail is enough to show someone that others understand what they are going through and stand ready to support them.

"Grief is so deep," Wheeler said. "After the funeral is over, folks think life goes back to normal and it doesn't. The LOSS team lets survivors know there is someone out there who truly cares."

Hegstrom explained there are about 40 LOSS teams nationwide but none in Montana until now. The team can be thought of as existing for survivors by survivors, though it adds a second dimension by incorporating mental health counselors too. She has worked diligently to recruit these professionals by offering them grief training while also helping to pay for a new state licensing requirement that dictates each counselor must complete two hours of suicide prevention training annually. In addition, the team also has secured a grant to pay for two free counseling sessions for any suicide survivor served by the team's volunteers.

Hegstrom suggested that communities looking to start a similar model should first check in with Karl Rosston, the Montana DPHHS suicide prevention coordinator, as he has best practice programs to offer. From there she suggested finding the community stakeholders, and most importantly, the survivors because they have personal missions to prevent what happened to them from happening to others. Finally, make sure to find representatives from at-risk populations like youth, seniors, Indian Country and those who identify as LGBTQ.

The LOSS team is one prevention program within a larger framework that Lewis & Clark Public Health has developed under Hegstrom's leadership. Some others include working with firearms dealers to recognize suicide warning signs in their buyers as well as educating the pharmaceutical industry about risk-reduction strategies in packaging medications like using harder to open blister packs to prevent someone from consuming a whole bottle at once.

"No one wants anyone to die from suicide, but unfortunately suicide is part of the human condition, so we will never get to zero," Hegstrom said. "In public health, we're a convenor, but it takes a village to have a comprehensive suicide prevention program. It's regular people who are going to prevent suicide because it's everybody's business. Everybody."

The Lewis & Clark Public Health's suicide prevention website is: LCSuicidePrevention.org.

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

Healthcare Settings Programming

- Screening/SBIRT (Screening, Brief Intervention, Referral for Treatment) for Mental Health / Substance Use Disorder (MH/SUD) in primary care
- Case Management for Wrap-around Services
- Peer Support Specialists/Programs
- Mental health providers
- Medication Assisted Treatment (MAT) for Substance Use Disorder (SUD)
- Use of Prescription Drug Monitoring Programs

Perinatal Populations

- Screening/SBIRT for MH/SUD in perinatal populations
- Meadowlark Initiative
- Neonatal Abstinence Syndrome (NAS) treatment and support services
- PRISM (Psychiatric Referrals, Intervention, and Support in Montana)
- LIFTS (Linking Infants & Families to Supports) resource guide
- LIFTS Warmline (406) 430-9100
- Maternal Mental Health Hotline
- Postpartum Support International (PSI)

Suicide/Mental Health Trainings

- Question-Persuade-Refer (QPR)
- Mental Health First Aid
- Youth Mental Health First Aid
- Applied Suicide Intervention Skills Training (ASIST)
- SOS Signs of Suicide (SOS)
- Suicide Safer Care (Primary Care Providers)
- Community Available Suicide Prevention Trainings: Schools, Primary Care, Churches

Substance Use Specific Programs / Resources

- Naloxone Training and Distribution
- Fentanyl Test Strip Education and Distribution
- State Opioid Response (SOR)
- Substance Use Disorder Task Force (SUDS)
- SUD & MH Treatment Programs
- State Sponsored SUD Residential Treatment Centers
- SUD Residential Treatment Centers
- SUD Courts
- Drug Disposal Program
- Syringe Service Program (SSP)
- Substance Use Treatment Providers
- Mothers Against Drunk Driving (MADD)
- OENDP & TogetherWeCanMT.com

School Wellness Interventions

- Draw the Line/Respect the Line
- Making Proud Choices
- Native STAND
- Native It's Your Game 2.0
- Respecting the Circle of Life
- Love Notes SRA
- Fourth R
- PAX Good Behavior Game
- Creating Lasting Family Connections (CLFC)
- Prime for Life (PFL)
- Crisis Action School Toolkit on Suicide (CAST-S)
- AlcoholEDU
- American Indian Life Skills
- Mental Health Counseling in schools

Home Visiting Programs

- Healthy Montana Families
- Parents as Teachers
- Safe Care
- Nurse Family Partnership
- Family Spirit

General Public Wellness Programs

- Mental Well-being (Wellness Programs)
- Walk With Ease (Group & Self-Directed)
- Montana Living Life Well
- Arthritis Foundation Exercise Program
- Worksite Montana Living Life Well

Things that we did not include, but may fit into your Behavioral Health planning:

- Specific training for healthcare providers around ACEs, Perinatal Mental Health, Medication Assisted Treatment, Trauma Informed Care, Cultural Safety, etc.
- Housing initiatives, Recovery housing
- Employment training and educational services for people in treatment or recovery from SUD/MH conditions
- Transportation services
- Legal services
- Workforce capacity projects (training behavioral health workers)
- Parenting Classes
- Enhanced and additional services for children in foster or custodial care

Case Example

Project Venture – All Nations Health Center, Missoula (Faith Price, Community Prevention Coordinator)

Building Resiliency and Cultural Connection in Native Youth by Getting Outdoors

After having lived in Missoula for more than 20 years, Jessie Scalpcane, a member of the Blackfeet Nation, and her husband, who is Northern Cheyenne, have felt quite distanced from the cultural aspects of their former reservation life. When she noticed a flyer during a provider visit at All Nations Health Center advertising a new after-school program aimed at engaging middle school youth, Jessie thought it could be a perfect opportunity for her 12-year-old daughter, Asher, a sixth-grader.

"I liked that they get these students from different schools all together," Scalpcane said. "Some knew each other, and some didn't, but the program connected native kids for discussions and activities so they could get to know each other."

The program, Project Venture, currently is hosting its second cohort of 13-15 students that meet once per week within a 27-week curriculum that also includes one outdoor activity each month that could range from disc golf to archery to cross-country skiing. Faith Price, the community prevention coordinator for All Nations Health Center, spearheaded the program in Missoula as a strategy to promote healthy relationships and prevent substance use in middle school aged native kids. The curriculum was developed by a native researcher and is one of the first evidence-based prevention strategies targeting native youth. It has been used in both the US and Canada and has been adapted to non-native kids as well.

"It can be challenging to be away from other tribal members and these kids might be the only native students in their classes," Price explained. "Project Venture allows Native youth to share similar experiences while learning more about their culture and building in some fun as well."

Price and her fellow facilitators plan outdoor activities that connect participants to nature and use games to teach both life and social skills. Learning about indigenous healthy foods, building fires and identifying trees or plants while kids are cross-country skiing through the woods has been successful in keeping kids engaged while emphasizing cultural values such as realizing that no matter what their tribal affiliation may be, they all are connected and must take care of their communities together.

All Nations engaged Missoula area schools and signed memoranda of understanding (MOU) agreements to help build connections to the schools. While the program originally was designed to be implemented within schools, Price said her team liked the after-school model better. After partnering with the schools, Price went into the community and was thrilled by how businesses stepped up to offer gear donations like skis and snowshoes as most of this equipment would be cost-prohibitive to participant families.

Project Venture's curriculum can be tailored to individual communities. Asked if she thought the program could be used successfully in smaller towns or on the reservations, Price said with a bit of creativity and commitment, it most certainly could be. She

encouraged health leaders to consider starting with small things that don't cost a lot and to use resources and experts that already exist nearby.

"Disc golf courses are cheap and tribal lands are perfect for outdoor activities like hiking and discovering nature," Price said. "Our native culture derives everything from the land so doing what we can to get kids excited about it is one of the most important parts of this program."

Price uses the health center to get word out about the program through social media, postcards, open houses and word of mouth. As kids hear about it from their peers, they want to join too. She sees hope spreading among families and her participants gaining confidence in outdoor recreational activities that they also can bring home to engage parents and siblings in healthy pursuits. In a survey of participating families conducted last year, parents mentioned the program offers alternatives to video games and social media and connects kids to real life issues and emotions, while the kids overwhelmingly picked the monthly outings as the best part of the program.

Price vividly recalled two interactions from the last cohort that made her feel the program was achieving success. One occurred after a snowshoe outing and while waiting for parents to pick up their kids, she saw two boys from different schools talking. She overheard one ask the other if he had a best friend at school and the boy replied that he didn't. Then they talked about movies for awhile before giving each other a hug as they left. Price knew they had created a buddy group.

"On that same snowshoe trip, we went up Marshall Mountain and it was tough uphill work and the kids were getting worn out," Price recalled. "But when we finally reached the top and we had this gorgeous view over our valley, one girl turned to me and confided that she was really proud of herself for making it to the top. It reminded me that we are building strength and resilience in these kids which could not be more important."

When asked what Jessie Scalpcone thinks her daughter Asher has gained from Project Venture, she was reflective and noted that middle school is tough for any kid, though being a Native girl can be especially difficult. Having a program that emphasizes both cultural education combined with healthy choices also has brought her closer to her daughter.

"After their trip to Marshall Mountain, Asher wanted our family to do some of this outdoor stuff and she wanted to show me some cool trees and a special stump," Scalpcone said. "She has learned about some native connections to astrology and I could bond with her telling her about what I knew about the stars from growing up. We both really liked that."

Summary Points:

- Look at what works in one community and determine if, with some tweaking, it could produce similar results in your community.
- Inventory your community for both usual and unusual partners. Sometimes different entities just need to be asked and they will step up – especially for kids.
- Don't feel like the health department has to do it all. Public health can be a coordinator and communicator, but don't be afraid to depend on people with passion. Sometimes, public health's best path is to support, convene and connect.

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:** *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.*	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:** *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.*	0 1 2 3
Additional Crisis Lines	There are many other crisis call and text lines available, such as The Crisis Text Line can be reached by texting "MT" to 741-741, Montana Warm Line: 1-877-688-3377, Montana Crisis Recovery 1-877-503-0833, and more. You can find more information on these additional resources at the websites listed below. **Website:** https://dphhs.mt.gov/BHDD/crisissystemsinformationandresources/CrisisServices, https://www.apa.org/topics/crisis-hotlines **Notes:**	
Mobile Crisis Response Team	Mobile Crisis Response Teams consist of people with mental health training who can respond to a behavioral health emergency with or without first responders to de-escalate situations if possible and divert people from the justice system. **Website:** https://dphhs.mt.gov/BHDD/crisissystemsinformationandresources/CrisisServices **Notes:**	0 1 2 3

LOSS Team	LOSS – Local Outreach to Suicide Survivors – is an active postvention model. This model involves two or more volunteers, called a LOSS Team, proactively going to the scene of a suicide to provide immediate support to those left behind. **Website:** https://losscs.org/launch-a-loss-team/ **Notes:** *Lewis and Clark County has a LOSS Team and could provide guidance in setting this up.*	0 1 2 3
Behavioral Health Emergency Response Plan	The BHERP provides the framework for how local agencies within the region, in collaboration with the State, will respond to a public emergency. This plan provides a framework for organizing the behavioral health response to disasters or large-scale emergency situations. **Website:** https://www.samhsa.gov/dtac/disaster-planners **Notes:**	0 1 2 3
CONNECT Referral System	Supported by the State of MT with regional administrators. CONNECT is a bidirectional referral network that allows client contact information to be sent between service providers. The secure web-based system is available at no cost to approved organizations that make client referrals. **Website:** https://connectmontana.org/ **Notes:**	0 1 2 3
Crisis Centers	Crisis centers provide mental health services and emotional support for their state or local communities. Your local crisis center usually serves your entire community, often 24/7 and free of charge. These centers connect callers to providers, answer calls for the Lifeline, as well as local helplines, and offer other resources such as text, chat, or mobile services. Crisis centers also provide training and educational resources on suicide prevention and mental wellness. They are also a resource for mental health professionals seeking advice on best practices. **Website:** An example of a crisis center is The Hope House and The Help Center, in Bozeman. http://www.gallatinmentalhealth.org/services/crisis-stabilization-hope-house/ https://www.bozemanhelpcenter.org/ **Notes:**	0 1 2 3

Catalog of Law Enforcement Initiatives		
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
CIT	Crisis Intervention Team (CIT) programs are community-based programs that bring together law enforcement, mental health professionals, mental health advocates (people living with mental illness and their families), and other partners to improve community responses to mental health crises. **CIT Montana (Missoula) Website:** https://www.ci.missoula.mt.us/2782/About-CIT **Notes:** *This is not something that our community has considered. Our law enforcement have been interested in being part of the solution. Maybe this would be a good program to ask them about.*	0 1 2 3
Montana Angel Initiative	This initiative allows someone who is struggling with addiction to come into any participating law enforcement office and receive assistance in locating and being connected with treatment, without consequences or questions (subject to certain limitations). Connected to Police Assisted Addiction Recovery Initiative (PAARI). **Website:** https://dphhs.mt.gov/BHDD/angelinitiative/index **Notes:**	0 1 2 3

Catalog of Community Groups / Coalitions		
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
Communities that Care (CTC)	Communities that Care (CTC) is a framework that guides communities through a proven five-phase change process that prevents problems before they develop. CTC promotes healthy youth development, improves youth outcomes, and reduces problem behaviors through prevention science. **Website:** https://dphhs.mt.gov/BHDD/Prevention/SubstanceAbusePrevention/CommunitiesThatCarePLUS and https://www.communitiesthatcare.net/programs/ctc-plus/ **Notes:**	0 1 2 3
Zero Suicide in Indian Country Coalition	This framework focuses on the creation of suicide-safer care in behavioral and health care systems. This is accomplished by adapting western ways and concepts from the Zero Suicide toolkit with Indigenous knowledge to reduce suicide in Indian County. **Website:** https://zerosuicide.edc.org/toolkit/toolkit-adaptations/indian-country **Notes:**	0 1 2 3
Suicide or Behavioral Health Coalitions/ Task Forces	These coalitions/task forces include groups of professionals from various backgrounds who are committed to the mission of decreasing suicide rates and ending mental health stigmas within their county. This is accomplished by engaging with stakeholders and conducting local efforts that may consist of trainings, programs, awareness events, fundraisers, and support groups. See the Montana University System Suicide and Mental Health Task Force Recommendations for students at the website below. **Website:** https://mus.edu/che/arsa/mentalhealth/task_force_recommendations.html **Notes:**	0 1 2 3

Crisis Coalitions/ Task Forces	These coalitions/task forces are geared towards the collaboration and coordination of a community's stakeholders in response to critical issues a community may face. Primary objectives usually include raising awareness, providing information about resources, and undertaking initiatives to combat the issue at hand. **Website:** https://www.mcadsv.com/, https://deq.mt.gov/files/About/Housing/HTF_PhaseI_Final_10142022.pdf, and https://dphhs.mt.gov/assets/publichealth/EMSTS/opioids/MontanaSubstanceUseDisordersTaskForceStrategicPlan.pdf **Notes:**	0 1 2 3
Chronic Disease Coalitions/ Task Forces	These coalitions rely on a network of collaborators that align their efforts to improve the health within their community against chronic diseases caused by tobacco (see the Montana Quit Line) and obesity (see Joy of Healthy Living), for example. **Website:** https://dphhs.mt.gov/publichealth/mtupp/quitline and https://storymaps.arcgis.com/stories/fabf4f259884448e9a41c15d96dbc5fc **Notes:**	0 1 2 3
Best Beginnings Community Councils	These councils are an inclusive effort to bring community-based organizations that serve young children and families together with families and community members so they may collaborate to provide essential early childhood services. **Website:** https://hmhb-mt.org/for-partners/local-early-childhood-coalitions/ **Notes:**	0 1 2 3
Behavioral Health Local Advisory Councils	These are independent, policy-oriented advisory committees that provide advice and recommendations to issues that are impacting local governments. Every county has a Behavioral Health LAC that funnels up to one of three service area authorities, which advise BHDD. **Website:** https://dphhs.mt.gov/BHDD/mentalhealthservices/LOCALADVISORY **Notes:**	0 1 2 3

Catalog of Community Messaging or Campaigns		
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
Let's Face It	This initiative provides parents the opportunity to learn about the dangers of underage substance abuse. Their primary goal is to prevent underage drinking by targeting an underage individual's risk and increasing factors that help protect them from alcohol use. **Website:** https://www.letsfaceitmt.com/index.php **Notes:**	0 1 2 3
Parenting-Montana.org	This program provides Montana parents with the tools necessary to engage, build relationships with, and strengthen communication with their children. Their website provides several helpful links on Montana resources for parents, schools, and health professionals to engage with those in parenting roles. **Website:** https://parentingmontana.org/ **Notes:**	0 1 2 3
The Real Cost	This campaign is aimed at tobacco users by helping them find out what cigarettes, vapes, and dip are costing them and provides education material on the negative consequences of smoking through increased engagement with digital marketing tactics and creative advertising. **Website:** https://therealcost.betobaccofree.hhs.gov **Notes:**	0 1 2 3
Montana Ag Producer Stress Resource Clearinghouse	This is Montana's first statewide stress management resource, designed specifically for agriculture producers like farmers, ranchers, and their families. This resource seeks to provide these producers with the tools and resources necessary to help manage stress and mental health support. **Website:** https://www.montana.edu/extension/wellness/stress-management/mt_farm_stress_clearing_house/ **Notes:**	0 1 2 3
Suicide Prevention Interventions / Campaigns	Community messaging or campaigns for suicide prevention interventions are materials aimed at reaching individuals at risk. See the link below for Montana resources for suicide prevention. **Website:** https://dphhs.mt.gov/suicideprevention/suicideresources, https://dphhs.mt.gov/suicideprevention/, https://dphhs.mt.gov/assets/ **Notes:**	0 1 2 3

Healthcare Settings Programming		
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
Screening/ SBIRT for MH/SUD in Primary Care	Screening, brief intervention, and referral to treatment (SBIRT) universally screens all patients regardless of identified disorders. This allows healthcare professionals to address the spectrum of behavioral health problems when the patient is not actively seeking an intervention or treatment for mental health (MH) or substance use disorders (SUD). See Substance Abuse and Mental Health Services Administration (SAMHSA) for more information. **Website:** https://www.samhsa.gov/sbirt **Notes:**	0 1 2 3
Case Management for Wraparound Services	Wraparound is a case management process that is a strengths-based, needs-driven approach to improve the wellbeing of youth and their families in response to experiencing serious mental health or behavioral challenges. **Website:** https://nwi.pdx.edu/wraparound-basics/#whatisWraparound and https://www.nwic.org/ **Notes:**	0 1 2 3
Peer Support Specialists / Programs	A Peer Support Specialist (PSS) is a person with lived experience who has been trained to support those who struggle with mental health, psychological trauma, or substance use. PSSs can offer services individually or through programs. PSSs/Programs provide individuals with the tools necessary to create and maintain an individualized wellness plan and allows participants to create a strong support network of people and resources to encourage and maintain personal goals. Montana's Peer Network is a non-profit organization working to expand behavioral health services in Montana. They provide resources for those in recovery, peer supporters, parents/caregivers, and providers. They also offer Certified Behavioral Health Peer Support Specialist certification training and continuing education **Website:** https://mtpeernetwork.org/ **Notes:**	0 1 2 3
Mental Health Providers	Individuals in Montana seeking a mental healthcare provider can follow the link below or call the Help Center at (406) 586-3333. The following is a list of other mental health provider resources in Montana. **Website:** https://www.bozemanhelpcenter.org/bright_app_page_one.html **Notes:**	0 1 2 3

Medication Assisted Treatment (MAT) for SUD	Medication assisted treatment (MAT) is the use of medications in combination with counseling and behavioral therapies as an effective treatment for substance use disorders (SUDs) such as opioid use disorder (OUD) and alcohol use disorder (AUD). Also known as Medications for Opioid Use Disorder (MOUD). **Website:** https://www.samhsa.gov/medications-substance-use-disorders, https://www.samhsa.gov/medication-assisted-treatment/find-treatment/treatment-practitioner-locator?field_bup_state_value=31, and https://drugrehabus.org/search/?geodir_search=1&stype=gd_place&spost_category%5B%5D=470&s=+&snear=&sgeo_lat=&sgeo_lon=&region=montana **Notes:**	0 1 2 3
Use of Prescription Drug Monitoring Programs	Prescription drug monitoring programs (PDMPs) are federal databases that provide a state-level intervention to improve opioid prescribing and protect patients at risk. These can be used by physicians and pharmacists prescribing and dispensing controlled substances. **Website:** https://boards.bsd.dli.mt.gov/pharmacy/mpdr/ **Notes:**	0 1 2 3

Perinatal Populations		
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
Screening/ SBIRT for MH/SUD in Perinatal Populations	Screening, brief intervention, and referral to treatment (SBIRT) universally screens all patients regardless of identified disorders. This allows healthcare professionals to address the spectrum of behavioral health problems when the patient is not actively seeking an intervention or treatment. This type of screening for substance use during perinatal health care visits provides an opportunity for positive intervention with women who use substances. **Website:** https://amchp.org/wp-content/uploads/2022/01/AMCHP-NASADAD-SBIRT-Issue-Brief-October-2020.pdf **Notes:**	0 1 2 3
Meadowlark Initiative	This initiative provides care for birthing people and their families, improves health outcomes for mothers and babies, and reduces the number of children in foster care by keeping families together. **Website:** https://mthcf.org/priority/behavioral-health/the-meadowlark-initiative/ **Notes:**	0 1 2 3
Neonatal Abstinence Syndrome (NAS) Treatment and Support Services	These services provide treatment and support to children born with Neonatal Abstinence Syndrome (NAS), a group of conditions caused when a baby withdraws from certain drugs they were exposed to in the womb before birth. See the links below for a list of resources. **Website:** https://ncsacw.acf.hhs.gov/topics/neonatal-abstinence-syndrome.aspx#:~:text=Infants%20with%20NAS%20and%20NOWS,methods%20(medication)%20when%20warranted **Notes:**	0 1 2 3
PRISM	Psychiatric Referrals, Intervention, and Support in Montana (PRISM) is a psychiatric referral line for those providing care to people who are pregnant or in the postpartum period in Montana. Any perinatal provider can call 1-833-837-7476 or fill out a form online to schedule a consultation. **Website:** https://prismconsult.org/ **Notes:**	0 1 2 3

LIFTS Resource Guide	LIFTS, or Linking Infants & Families to Supports, was created to link Montana families who are expecting or raising young ones to supports, resources, and other families. The website provides detailed information on services, including relevant contact information and locations, as well as family friendly events in your area. **Website:** https://hmhb-lifts.org/ **Notes:**	0 1 2 3
LIFTS Warmline	The LIFTS anonymous warmline is available at (406) 320 - 9100 if you need help finding what services or resources you are looking for. Healthy Mothers, Healthy Babies staff will answer calls between 9 am to 5 pm, Monday to Friday. **Notes:**	0 1 2 3
Maternal Mental Health Hotline	The National Maternal Mental Health Hotline provides 24/7, free, confidential support before, during, and after pregnancy at 1-833-943-5746. **Website:** https://mchb.hrsa.gov/national-maternal-mental-health-hotline **Notes:**	0 1 2 3
Postpartum Support International (PSI)	PSI disseminates information and resources through its volunteer coordinators, website and annual conference. Its goal is to provide current information, resources, education, and to advocate for further research and legislation to support perinatal mental health. **Website:** https://www.postpartum.net/ **Notes:**	0 1 2 3

Catalog of Suicide / Mental Health Trainings		
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
Question-Persuade-Refer (QPR)	Question, Persuade, Refer (QPR) is a suicide prevention training for participants to be able to recognize the warning signs of suicide and question, persuade, and refer people at risk for suicide to help. **Website:** https://www.samhsa.gov/resource/dbhis/qpr-question-persuade-refer-suicide-prevention-training, QPR Institute **Notes:**	0 1 2 3
Mental Health First Aid	Mental Health First Aid is an evidence-based training course available to anyone, and teaches participants about mental health and substance-use issues. **Website:** https://www.mentalhealthfirstaid.org/about/ **Notes:**	0 1 2 3
Youth Mental Health First Aid	Youth Mental Health First Aid is a course that is designed to teach parents, family members, teachers, and other youth caregivers how to help an adolescent (ages 12-18) who is experiencing a mental health or addiction challenge or is in crisis. Topics covered include anxiety, depression, substance use, disorders in which psychosis may occur, disruptive behavior disorders (including ADHD), and eating disorders. **Website:** https://www.mentalhealthfirstaid.org/population-focused-modules/youth/ **Notes:**	0 1 2 3
Applied Suicide Intervention Skills Training (ASIST)	Applied suicide intervention skills training (ASIST) is a two-day workshop, designed for members who are 16 years or older and who hold any form of caregiving capacity, to assist those at risk for suicide. This is a paid workshop, cost varies by training site. **Website:** https://sprc.org/online-library/applied-suicide-intervention-skills-training-asist/ and https://www.livingworks.net/asist **Notes:**	0 1 2 3
SOS Signs of Suicide (SOS)	SOS Signs of Suicide is an evidence-based youth suicide prevention program that is designed for grades 6-12 and teaches students how to identify signs of suicide in themselves and their peers. Cost varies by training site. **Website:** https://learn.mindwise.org/sos-signs-of-suicide **Notes:**	0 1 2 3

Suicide Safer Care (Primary Care Providers)	This curriculum trains primary care providers and their teams on skills for suicide risk assessment, evidence-based interventions, referral and transition when needed, and changing the culture of addressing suicide risk within clinical practice. The website offers recorded webinars and additional resources, as well as contact information to request training. **Website:** https://clinicians.org/programs/suicide-safer-care/ **Notes:**	0 1 2 3
Community Available Suicide Prevention Trainings: Schools, Primary Care, Churches	Suicide training availability at schools, churches, and in primary care is an important way to reach community members and make suicide prevention more accessible. Several local business, schools, local governments, and law enforcement agencies have partnered with Project Tomorrow Montana to reduce the number of suicide deaths. American Foundation for Suicide Prevention also has a website with upcoming community events. **Website:** https://projecttomorrowmt.org/ and https://supporting.afsp.org/index.cfm?fuseaction=donorDrive.eventList&eventGroupID=9AA117B3-F522-BB6D-359D1AA2D75A7958&state=MT **Notes:**	0 1 2 3

Substance Use Specific Programs / 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
Naloxone Training and Distribution	Naloxone training is about how to recognize an overdose, administer treatment, and communicate with others to reduce the stigma surrounding the use of Naloxone. In Montana, those eligible to order Naloxone include: an individual at risk of an opioid-related overdose, family, friends, or other person in proximity to a person at risk of opioid-related overdose, and others listed in the Standing Order that is linked below. **Website:** https://dphhs.mt.gov/BHDD/naloxone/Organizations and https://dphhs.mt.gov/assets/publichealth/EMSTS/opioids/MontanaStandingOrderforNaloxoneOpioidAntagonists.pdf **Notes:**	0 1 2 3
Fentanyl Test Strip Education and Distribution	Fentanyl test strips (FTS) are a low-cost method of helping prevent drug overdoses by detecting the presence of fentanyl in different kinds of drugs. In 2023, the MT Legislature passed HB437, allowing for FTS to be distributed to individuals and organizations. **Website:** https://dphhs.mt.gov/BHDD/naloxone/Organizations and https://www.cdc.gov/stopoverdose/fentanyl/fentanyl-test-strips.html **Notes:**	0 1 2 3
Substance Use Prevention Specialists	The state has various substance use prevention specialists available to each county. **Website:** https://dphhs.mt.gov/assets/BHDD/Prevention/PreventionSpecialistRegionLocationsandContact.pdf **Notes:**	
SUD & MH Treatment Programs	The Center for Substance Abuse Treatment under SAMHSA works with States and community-based groups to improve and expand existing substance abuse treatment services under the Substance Use Prevention, Treatment, and Recovery Services Block Grant Program. SAMHSA's treatment center locator website, linked below, lists treatment facilities for mental and substance use disorders. There are 164 such facilities listed in Montana. **Website:** FindTreatment.gov **Notes:**	0 1 2 3

State Sponsored SUD Residential Treatment Centers	The Montana Department of Corrections contracts with three nonprofit organizations to provide seven residential inpatient substance use disorder facilities: Connections Corrections Program (Butte, males), Connections Corrections Program (Warm Springs, males), Elkhorn Treatment Center (Boulder, females), NEXUS (Lewistown, males), Passages Addictions Recovery Center (Billings, females) Passages Alcohol and Drug Treatment (Billings, females), WATCh West (Warm Springs, males). **Website:** https://cor.mt.gov/Facilities/ResidentialSubstanceUseDisorderTreatmentCenters **Notes:**	0 1 2 3
SUD Residential Treatment Centers	In addition to the state sponsored inpatient SUD facilities, there are several independent facilities as well, such as Rimrock Foundation in Billings, Rocky Mountain Treatment Center in Great Falls, and Florence Crittenton Family Services in Missoula. **Website:** https://recovery.org/drug-alcohol-rehab/montana/?service=Inpatient+Services **Notes:**	0 1 2 3
SUD Courts	Drug courts help people with SUDs to recover and reduce future criminal activity. This allows for non-violent offenders with substance abuse problems to be diverted from incarceration and into supervised treatment programs. **Website:** https://courts.mt.gov/courts/treatment/ **Notes:**	0 1 2 3
Drug Disposal Programs	These programs allow for individuals to properly dispose of unused prescription and over-the-counter drugs. For more information on drug take-back events, contact the city or county government's household trash and recycling service. If this option is unavailable, then follow the household disposal tips or find the nearest drug dropbox. **Website:** https://www.montana.edu/extension/health/opioid_prevention_treatment_recovery/how_to_dispose_of_medicines_properly.html and https://dphhs.mt.gov/BHDD/SubstanceAbuse/dropboxlocations s **Notes:**	0 1 2 3

Syringe Services Programs (SSP)	Syringe services programs (SSPs) are community-based prevention programs that can provide a range of services, including access to and disposal of sterile syringes and injection equipment, linkage to SUD treatment, testing, and care and treatment for infectious diseases. Years of research shows that SSPs are safe, effective, cost-saving, and do not increase illegal drug use or crime, and play an important role in reducing the transmission of viral hepatitis, HIV, and other infections. See Open Aid Alliance for information on testing appointments and safer injection supplies. **Website:** https://www.cdc.gov/ssp/index.html and https://www.openaidalliance.org/ **Notes:**	0 1 2 3
Substance Use Treatment Providers	Below is a list of Montana state approved substance use treatment providers by county provided by the Montana Department of Health and Human Services. **Website:** https://dphhs.mt.gov/assets/BHDD/SubstanceAbuse/WebsiteProviderlistupdate6-6-23.pdf For more information on state approved SUD resources and providers, visit https://dphhs.mt.gov/bhdd/SubstanceAbuse/index **Notes:**	0 1 2 3
Mothers Against Drunk Driving (MADD)	Mothers Against Drunk Driving (MADD) focuses on ending drunk and drugged driving, supports victims, and works to prevent underage drinking. MADD has one office in Montana. **Website:** https://madd.org/montana/ **Notes:**	0 1 2 3
Opioid Education & Naloxone Distribution Program (OENDP) & Together-WeCanMT.com	The Montana Public Health Institute is funding six partner organizations to pilot regional OENDPs across Montana to increase equitable access to naloxone, harm reduction strategies, Medication for Opioid Use Disorder (MOUD), and recovery support services. The OENDP hubs will conduct targeted outreach to identified touchpoints, and prevent opioid overdoses through community education, engagement, and effective use of life-saving medications. Learn more about these hubs below. **Website:** https://www.mtphi.org/opioid-prevention **Notes:**	0 1 2 3

School Wellness Interventions		
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
Draw the Line/ Respect the Line	This is a three-year curriculum that focuses on changing the knowledge, attitudes, beliefs, social norms, skills, and parent-child communication of youth in grades 6-8 about sexually transmitted infections (STIs) and teen pregnancy. **Website:** https://www.etr.org/store/curricula/draw-the-line-respect-the-line/ **Notes:**	0 1 2 3
Making Proud Choices!	This module is an evidence-based curriculum for a safer-sex approach to teen pregnancy. It provides adolescents (age 12-18) with the knowledge and skills necessary to reduce their risk for STIs, HIV, and pregnancy. **Website:** https://www.etr.org/ebi/programs/making-proud-choices/ **Notes:**	0 1 2 3
Native STAND	Native STAND is a comprehensive sexual health curriculum for Native high school students that focuses on sexually transmitted infections, HIV/AIDS, and teen pregnancy prevention. This program also covers drug and alcohol use, suicide, and dating violence. **Website:** https://www.healthynativeyouth.org/curricula/native-stand/ **Notes:**	0 1 2 3
Native It's Your Game 2.0	Native It's Your Game (N-IYG) is a web-based HIV, STI, and pregnancy prevention curriculum for American Indian and Alaska Native (AI/AN) youth ages 12-14. It teaches about healthy relationships, life skills, communication and refusal skills using interactive activities, videos, and games using medically accurate information. **Website:** https://www.healthynativeyouth.org/curricula/native-its-your-game-2-0/ **Notes:**	0 1 2 3
Respecting the Circle of Life	Respecting the Circle of Life (RCL) is an evidence-based STI, HIV and pregnancy prevention program for American Indian/Alaska Native youth ages 11 to 19 and their parents or other trusted adults. The Blackfeet Tribe is currently using the RCL curriculum in 7th and 8th grades. **Website:** https://www.etr.org/rcl/?gclid=CjwKCAjwoqGnBhAcEiwAwK-OkYspSarB62ZjEiS-wvne9EbrBj5hRACbBcaIlttlvSkFLn9TqYWjTBoCMWoQAvD_BwE **Notes:**	0 1 2 3

Love Notes Sexual Risk Avoidance (SRA)	This online curriculum includes content on sex trafficking prevention, technology in relationships, navigating relationships in the digital age, online porn, sexual assault, and consent. It uses a modern, strengths-based approach and is aimed at older teens and young adults. **Website:** https://www.dibbleinstitute.org/our-programs/love-notes-4-sra/ **Notes:**	0 1 2 3
Fourth R	This program is a classroom-based curriculum on adolescent risk behaviors about violence and bullying, unsafe sexual behavior, and substance use. This program is designed to include students, teachers, parents, and the community in reducing violence and risk behaviors. **Website:** https://youthrelationships.org/ **Notes:**	0 1 2 3
PAX Good Behavior Game	This is a school-based preventive intervention used to teach self-regulation, self-management, and self-control in children in the context of collaborating with others. **Website:** https://www.umt.edu/ccfwd/research/pax/default.php **Notes:**	0 1 2 3
Creating Lasting Family Connections (CLFC)	This is a structured curriculum for youth (ages 9-17) and their caretakers to improve their ability to provide a nurturing environment for each other. It teaches participants social skills, refusal skills, and knowledge and healthy beliefs about alcohol and drugs. **Website:** https://copes.org/topics-of-interest/the-original-creating-lasting-family-connections-clfc-program/ **Notes:**	0 1 2 3
Prime for Life (PFL)	The Prevention Research Institute introduced the Prime for Life (PFL) curriculum as a way to prevent alcohol and drug-related problems. It is geared towards individuals who are at high risk or who experience alcohol and/or drug related problems, like impaired driving offenders. **Website:** https://www.primeforlife.org/programs/prime_for_life_prevention#what **Notes:**	0 1 2 3
Crisis Action School Toolkit on Suicide (CAST-S)	This is a school-based toolkit that assists school personnel in Montana to implement the required legislation and the realities of the real-world challenges behind that legislation. It outlines recommendations for training and crisis-action protocols for responding to suicidal students. **Website:** https://dphhs.mt.gov/assets/suicideprevention/cast-s2022.pdf **Notes:**	0 1 2 3

AlcoholEDU	This is an interactive online course for college students to prevent misuse and reduce harm due to alcohol use. It educates students on how alcohol affects the body, mind, perceptions, and behaviors. **Website:** https://www.vectorsolutions.com/solutions/vector-lms/higher-education/alcoholedu-course/ There is also a course available for high school students: https://everfi.com/courses/k-12/alcoholedu-awareness-prevention-high-school/ **Notes:**	0 1 2 3
American Indian Life Skills Development	This curriculum is a culturally grounded, school-based suicide prevention curriculum designed to address the problem by reducing suicide risk and improving protective factors among American Indian adolescents (14-19 years). Lessons are delivered by teachers working with community resource leaders and representatives of local social services agencies. **Website:** https://www.humanserviceagency.org/NEPrevention/neprcamericanindianlifeskills **Notes:**	0 1 2 3
Mental Health Counseling in Schools	School-based mental health services may be provided by school district staff or outside agencies. Implementing these services requires the development of programs that provide early intervention, treatment, and referrals for the mental health needs of students. **Website:** https://youth.gov/youth-topics/youth-mental-health/school-based and https://opi.mt.gov/Educators/School-Climate-Student-Wellness/School-Mental-Health#10678410849-school-mental-health-resources- **Notes:**	0 1 2 3

Home Visiting Programs		
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
Healthy Montana Families	Healthy Montana Families is a state run maternal and early childhood home visiting program for pregnant and newly parenting women and families/caregivers with infants and young children (under 5 years of age) and is available to those with low income, pregnant people under 21, history of child abuse, history of substance use, tobacco users, low student achievement (parent or child), children with developmental delays or disabilities, families that include current or former members of the armed services. **Website:** pregnant and newly parenting women and families/caregivers with infants and young children (under 5 years of age) **Notes:**	0 1 2 3
Parents as Teachers	Parents as Teachers is a community-based program that partners with families to increase parent knowledge of early childhood development, improve parenting practices, provide early detection of developmental delays and health issues, and prevent child abuse and neglect. **Website:** https://parentsasteachers.org/ **Notes:**	0 1 2 3
SafeCare	This in-home behavioral parenting curriculum is designed for parents and caregivers of children (ages 0-5). It promotes positive parent-child interactions, informed caregiver response to childhood illness and injury, and a safe home environment. **Website:** https://preventionservices.acf.hhs.gov/programs/221/show **Notes:**	0 1 2 3
Nurse Family Partnership	This community health program is for first-time moms and succeeds in helping children be healthy and safe by improving the lives of moms and babies. Through the partnership the nurse provides new moms with the tools, confidence, and resources they need from pregnancy until the child's second birthday. **Website:** https://www.nursefamilypartnership.org/about/ **Notes:**	0 1 2 3

Family Spirit	Family spirit is an evidence-based, culturally tailored home visiting program for families of Native American heritage and are expectant caregivers or caregivers 24 years old and under. Services are provided from prenatal until the child is 3 years old. **Website:** https://www.jhsph.edu/research/affiliated-programs/family-spirit/ **Notes:**	0 1 2 3

General Public Wellness Programs		
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
Mental Well-being (Employee Assistance Program)	Employee Assistance Program (EAP_ is a mental health program that gives employees free assistance in resolving personal problems that may be adversely affecting their performance. Employees can get counseling in an array of virtual and face-to-face formats. **Website:** https://hr.mt.gov/Programs/Workforce-Wellness **Notes:**	0 1 2 3
Walk With Ease (Group & Self-Directed)	This program promotes physical activity through a 6-week walking program that can be integrated into an employer's wellness program. It provides an online walking tool where participants can record their progress with Walk With Ease. **Website:** https://www.arthritis.org/health-wellness/healthy-living/physical-activity/walking/walk-with-ease **Notes:**	0 1 2 3
Worksite Montana	Worksite wellness programs are workplace-based programs that are designed to promote the health of employees. These may include programs for mental health, smoking cessation, nutrition, diabetes prevention, cancer screenings, and more. **Website:** https://dphhs.mt.gov/publichealth/worksitewellness/index **Notes:**	0 1 2 3

Section 3: Identify & Prioritize Behavioral Health Program and Resource Gaps

Ready to start making some decisions now that you've gathered all of that information? This process is best done with a group of community leaders and members who can commit to implementing these projects within their organization as part of the larger community effort to improve the behavioral health of the community.

As the Health Department Director/Point Person, **your primary role is to organize these leaders**. This role is vital - and harder than it looks at first. You do not need to carry out all (or any) of this programming directly through the Health Department. Ideally, the Health Department can facilitate a collaborative process with multiple partners who each take responsibility for completing tasks. Facilitating open discussions is important to ensure stakeholders feel heard and recognized.

Case Example

Behavioral Health Coalition – Teton County (Melissa Moyer, MPH, Health Officer)

Build It and They Will Come

In six years as health officer of rural Teton County, Melissa Moyer has had to wear many hats. With a staff of just seven to manage all the essential public health functions, there is not much disposable time or dollars for taking on additional work. However, when data from the community health needs assessment (CHNA) and community health improvement plan (CHIP) in 2017 pointed to substance use and behavioral health as major local concerns, Moyer knew her department had to act even though it had relatively little experience in either of those areas.

"When I started at the Health Department, the attitude at the time was that mental health did not belong in public health and there was more local appetite to discuss substance use because it was less scary than anxiety, depression and suicide," Moyer said. "But it made sense for the Health Department to step in and lead on this because public health is a good fit for that role. Like any other illness, behavioral health is a public health issue because it impacts many people in very broad ways. It impacts everyone."

Moyer's plan was to gather partners to talk about what could be done in their county of 6,000 people. In its infancy, the Teton County Behavioral Health Coalition had few members and no money. A local resident had offered a $5,000 seed gift but it was tied

to his very specific ideas about how to combat substance use. Moyer knew that one of her largest challenges would be to convince community members that any interventions would have to be evidence-based and not just feel-good Band-Aids. To draw diversity into the coalition's membership, Moyer cast a wide net into the community looking for partnership in EMS, faith-based, law enforcement and school organizations to name a few, and she was thrilled when they all showed up to the table.

"Being a part of this coalition, I see now how partner organizations view the Health Department," Moyer said. "Behavioral health was important to the community and we showed up. It made me realize that we have social capital and that is important to gather partners to the table."

Being in a small community, Moyer realized that having multiple task forces or coalitions working on similar issues, often using the same partners, did not make sense. She worked with the Local Advisory Council on Mental Health (LAC) to merge efforts so that all programs and their funding requests could funnel through the same organization. Using this approach, the Teton County Behavioral Health Coalition has brought multiple new interventions to the community including the PAX Good Behavior Games as well as both Youth and Teen Mental Health First Aid in several schools. In addition, the coalition has helped to bring QPR and CIT training to first responders and Love and Logic parenting classes in a hybrid model using a Health Department nurse and school counselor. And because there was demand in the community, the coalition listened and has embarked on a Mothers and Babies postpartum depression class as well.

Six years into its formation, the Coalition meets twice per month and all member organizations were asked to sign memoranda of understanding (MOUs) agreements to solidify their participation and partnership. Moyer said it has helped to demonstrate their commitment to the cause.

"Local health departments have the flexibility to work on a variety of community-minded efforts," Moyer explained when asked why her health department has been successful in being the convener of the Behavioral Health Coalition. "Our EMS and Sheriff's Office came to us recently and said there was no adequate crisis response system in the county and asked if the Health Department could help with this challenging problem. In the past, I'm not sure that would have happened."

Keith Van Setten has been sheriff in Teton County for 15 years and knows that calls for service to his department that have a behavioral health component are challenging for his deputies and everyone involved. He explained that a recent call involving a suicidal individual with a gun in his hand was the closest his deputies have come to having to use lethal force. Luckily this person surrendered the weapon and voluntarily agreed to evaluation by behavioral health professionals.

"Our county, like all counties, has a mental health issue," Van Setten said. "But thanks to our coalition, what we have now is wonderful. It has brought much-needed public awareness to the issue and now everyone is very aware. We had a training recently on opioids and three times as many people showed up as I would have expected."

More than ever before, especially post COVID-19, school districts across Montana and the country are having to lean on their community partners to help deliver programming to both staff and students in order to address many new complexities that kids today are facing. Ann Verploegen, a psychologist that works in the Teton County Schools, notes that eating disorders, anxiety, depression, cutting and suicidal ideation now are commonplace

among students in schools of all sizes. Having access to evidence-based programming, like Love & Logic parenting classes and Youth Mental Health First Aid, thanks to the work of the Coalition, has been life-saving.

Moyer notes that every community in Montana, regardless of size, has resources even if they might not be traditional partners with public health. Community members want action around issues, especially when there may be a high-profile event, and sometimes they might perceive a leadership vacuum. In Teton County, all roads lead to the Behavioral Health Coalition because the proof has been in the pudding that the organization has the credibility to bring in programs that both work and provide funding to match.

"It can be hard to leverage to get the ball rolling," Moyer said, "and it can be intimidating thinking that this issue may not be important to everyone or there may be resistance. That has not been our experience. People want to talk about this stuff."

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

Additionally, the steps below assume that you will use the evidence-based practices that are outlined in the Catalog of Community Wide Interventions/Resources in Section 2 above. You do not need to limit yourself to only those practices, but if you decide to create a new program or adapt an existing one, be sure to take deliberate steps to implement based on best practices.

Identify an existing coalition or create your own Behavioral Health Group. (You should come up with a good name for your group!) These are people who are in positions that can commit to implementing the programs that you learned about while cataloging what is available in your community. Use the following table for ideas of who to invite, but feel free to change, add, or subtract lines! You know your community best. Old fashioned phone calls and in-person visits are highly effective when trying to get people to add another thing to their already busy schedule.

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			
Private Practice Mental Health Therapists			
Substance Use Program Director			
District Court Judge			
Public Health Nurses			
County Commissioner(s)			

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

Take what you've done in the first two sections of this Toolkit *(1. Assessing Behavioral Health Data; 2. Cataloging Behavioral Health Resources)* and ask the community leaders identified in Step 1 to add additional comments about what you might have missed.

In your first meetings with this group, come to a consensus that you've accurately identified and cataloged all of the existing behavioral health resources and programming in your community.

Make this Behavioral Health Assessment publicly available either on its own or as part of your CHA.

Step 3: Prioritize behavioral health programming.

You'll do some detailed program planning in the next section. At this juncture, your fellow community leaders will begin committing to programming based on what programs already exist, and what you agree as a team should be implemented first based on need and feasibility. It is recommended that you do all of Step 3 in the same meeting, but if that is not doable, Step 3 can be split into multiple meetings.

Let's start with a list of those programs or resources that are already in place in your community in some shape or form. Sometimes the easiest place to start is by improving existing programs. (But, also, do not be afraid to stop programming that is not a good fit for any reason.)

Existing Programs – Suggested Facilitation:
With your Behavioral Health Team in a room or via video conference,

1. Go around the room and ask each person if they know of any programs from the Catalog that are already in place in the community. Write the programs that exist into the table below. *(Or, to save time, you might fill out the programs ahead of time from what was identified in the Cataloging activity in Section 2.)*
2. Allow the Lead Agency(ies) to identify the needs of the program. Note them in the chart below.
    a. Prompts for Program Needs: Funding, Staff, Volunteers, Equipment, Recruitment, Advertising, Administrative Support, Outside Organization Collaboration, Patient Access
3. Depending on how many of these programs you need to review, you may need to put a time limit on discussing each.

Existing Programs		
Program or Resource	**Lead Agency (ies)**	**Program Needs**
Crisis Coalition	*Health Department (Many Members)*	*-Consistent source of funding* *-Website* *-Involvement from ER*

Using the Catalog of Community Wide Interventions/Resources that you completed in Section 2, review and gather ideas from your behavioral health community leaders to find out what **new programs or resources** they might be able to commit to their organizations. As a group, consider what type of priority the program would be (1 = low; 5 = high) and how feasible it would be to implement (1 = low; 5 = high).

New Programs – Suggested Facilitation:
Prior to meeting with your team, ask everyone to review the data about trends and the patterns of behavioral health issues in the community. This will consist of the data you collected in Section 1: Assessing Behavioral Health Data.

With your Behavioral Health Team in a room or via video conference,

1. Ask each person to choose a program or resource that they think might be a good/best option for the community *that their organization could play a leadership role in implementing. Write each potential new program in the table below. (Remind them: They are not committing to the program at this point, we are still brainstorming.)*
    a. Ask the person to provide what they think the priority and feasibility of the program would be for their organization.
    b. Give them 1 minute to provide reasons why they chose this option, and why they gave the priority and feasibility rating they gave.
    c. Write the priority and feasibility of each in the table below and some notes based on the 1 minute explanation.

2. Once you've gone around the room and heard from everyone, you can open up the floor to see if there are any programs that people feel are essential for the community, but the leadership / organization that would need to commit isn't present or didn't mention. (*For example, if the team feels strongly that there should be PAX Good Behavior Game in the schools, but no one from the school is present in the meeting, note the program in the table.)*

3. It is ok for a program to be listed knowing that it cannot be implemented until there is funding, staff, etc., secured, but be sure to be realistic in noting that these potential barriers exist.

4. Now, start back at the top of the list and ask the whole group for their thoughts on each program. Allow people to provide reasons why they think the programs listed by organizations other than their own should be prioritized. The group might change the priority and feasibility scores that were originally suggested after some consideration. (Consider a timer for each program discussion based on how many need to be reviewed and how much time you have.)

5. This process will likely illuminate some clear favorites and others that the group might agree should wait. **(Remember: If most are clearly feasible, it is alright to have 1-2 that are "stretch" goals, or that the group wants to only commit to learning more about.)**

Remind everyone that they still have not necessarily committed to anything yet. That will come next.

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

Getting Commitments - Suggested Facilitation:
With your Behavioral Health Team in a room or via video conference,

1. Ask everyone to review the data about trends and the patterns of behavioral health issues in the community. This will consist of the data you collected in Section 1: Assessing Behavioral Health Data.
2. Ask everyone to consider both existing programming and new program ideas that were just discussed.
3. Based on your Team's conversations and the data provided, fill out the following chart with their commitments to improve existing programming or implement new programming. With further conversation, some programs might be removed or added, this can be reflected in the table below. Remember to consider the capacity of each organization. It is often better to take on a few improvements at a time rather than commit to too many.

In the next section, you will start creating strategic plans for each of these commitments. Here, you will have a clean, simple list of the behavioral health programming your team is committing to working on in some way over the next couple of years.

Lead Organization (Supporting Organizations)	Program / Resource	Existing / New
Health Department	Behavioral Health Strategic Plan and Quarterly Follow Up	New
Middle School Health Ed	*Power Up Speak Out*	*New*
Law Enforcement (EMS, Fire Dept, Hospital Mental Health Department)	*CIT*	*Existing*

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
Opioid Settlement Trust / Abatement Trust Advisory Committee **Website:** https://www.mtcounties.org/resources-data/national-opioid-settlement/	**6 MT Metropolitan Areas & 5 Health Planning Regions & Each County or Tribe that has applied** / $ Varies **Contact:** Rusty Gackle at info@montanaopioid.org	Each county will receive funds based on Region or Metropolitan structures, priorities, distribution decisions. Montana is set to receive $80-120M over 18 years (70% going into Statewide Opioid Abatement Trust; 15% to local governments; 15% to state governments). **Funds:** Most behavioral health initiatives across the entire continuum
Marijuana Excise Tax (County level) / County Government	**County Governments** / Up to 3% of Adult and Medical Marijuana Sales **Contact:** County Commissioners, County Treasurer	Each county has different regulations governing the sale of adult use marijuana and whether a tax of up to 3% is placed on marijuana sales. This website provides additional information and shows which counties have this local tax: https://mtrevenue.gov/taxes/miscellaneous-taxes-and-fees/cannabis/#LocalOptionTax **Funds:** Unrestricted

Funding Name / Funding Organization	**Eligible Recipients** / Approximate Amount	**Description**
Marijuana Excise Tax (State level) / HEART Initiative **Website:** https://dphhs.mt.gov/heartinitiative/	**State Distribution** / Varies **Contact:** Jon Ebelt at jebelt@mt.gov	The state tax on marijuana (20% on adult use sales and 4% on medical) is distributed so that a portion of this revenue funds the Healing and Ending Addiction through Recovery and Treatment (HEART) Initiative. **Potentially Funds:** Continuity of Care in County Jails (therapists and case workers) Tribal Nations for substance use disorder prevention, mental health promotion and mental health crisis, treatment, and recovery services PAX Good Behavior Game County Prevention Specialists Medicaid Reimbursement for services such as: Mobile Crisis Response, SUD Treatment Programs
MT DPHHS Grants		
Crisis Diversion Grants / DPHHS Behavioral Health and Developmental Disabilities Division (BHDD)	**County and Tribal Governments** / Limited to what applicant is able to match, match rates in RFP **Contact:** Violet Bolstridge at Violet.Bolstridge@mt.gov	Competitive grant every 2 years. Requires matching funds or in-kind support. **Funds:** CIT, Coalition Coordinator, Mobile Crisis Response, Stabilization Centers
Substance Use Prevention Treatment Recovery Services Block Grant (SUPTRS) / DPHHS Behavioral Health and Developmental Disabilities Division (BHDD)	**Currently 5 Regional Providers** (Distributed through RFP process only) **Contact:** Jami Hansen at Jami.Hansen@mt.gov	Formerly known as the Substance Abuse Block Grant (SABG) **Funds:** County Prevention Specialists PAX Good Behavior Game Community Health and Prevention Messaging Implementation of Communities That Care (CTC) Plans SBIRT Training Peer-led Recovery Programs
Mental Health Block Grant / DPHHS Behavioral Health and Developmental Disabilities Division (BHDD)	**Regional Awardees** (Distributed through RFP process only) **Contact:** Dan Laughlin at DLaughlin@mt.gov	The MHBG program's objective is to support the grantees in carrying out plans for providing comprehensive community mental health services. https://www.samhsa.gov/grants/block-grants/mhbg

Funding Name / Funding Organization	**Eligible Recipients** / Approximate Amount	**Description**
Partnership for Success DPHHS Behavioral Health and Developmental Disabilities Division (BHDD)	**Non-profit Orgs Serving Youth** **Contact:** Ellen Huttle at Ellen.Huttle@mt.gov or (406) 444-6981	This funding comes to BHDD through SAMHSA's Partnership for Success (PFS) grant and focuses on preventing youth ages from 9 to 20 years old from underage use of alcohol, marijuana, and methamphetamine. MT's PFS contracts with approximately 10 non-profit organizations to carry out this work. **Website:** https://dphhs.mt.gov/BHDD/Prevention/SubstanceAbusePrevention/PartnershipsforSuccess
Improve Local 988 Capacity / DPHHS Behavioral Health and Developmental Disabilities, Suicide Prevention	**TBD** **Contact**: Karl Rosston at krosston@mt.gov or (406) 444-3349	Montana was recently awarded this funding. Reach out for more information. **Funds:** TBD
Communities that Care / DPHHS Public Health and Safety Division's Injury Prevention Program	**County and Tribal Governments** / $5,000 **Contact:** Lonni Starcevich at Lonni.Starcevich@mt.gov or (406) 497-6639	These are mini-grants for each CTC site up to $5,000 to be used to organize their coalitions. **Website:** https://dphhs.mt.gov/BHDD/Prevention/SubstanceAbusePrevention/CommunitiesThatCarePLUS
MIECHV Home Visitation / DPHHS Family and Community Health Bureau	**County and Tribal Governments** **Contact:** Leslie Lee at llee2@mt.gov or (406) 444-6940	This federal funding is distributed by the State of Montana to counties and eligible organizations to provide home visiting services. **Website:** https://dphhs.mt.gov/ecfsd/homevisiting/index
Suicide Prevention / DPHHS Suicide Prevention	**County and Tribal Governments** (Available through RFP process opened every 2 years) **Contact:** Karl Rosston at krosston@mt.gov or (406) 444-3349	**Website:** https://leg.mt.gov/bills/2017/billhtml/HB0118.htm
Meadowlark Initiative / Montana Healthcare Foundation and DPHHS Medicaid Member Health Management Bureau	**Birthing Facilities** **Contact:** Siri Eliasen at Siri.Eliasen@mthcf.org	This funding supports birthing facilities across Montana implementing integrated behavioral health services for perinatal people. Includes SBIRT, wrap around care coordination, and counseling services. **Website:** https://mthcf.org/priority/behavioral-health/the-meadowlark-initiative/

Funding Name / Funding Organization	**Eligible Recipients** / Approximate Amount	**Description**
Montana-Based Foundation Grants		
Crisis Diversion Grants / Montana Healthcare Foundation	**County and Tribal Governments, Nonprofits** / Approx $50-75k / yr Contact: Siri Eliasen at Siri.Eliasen@mthcf.org	Grants are awarded on a rolling basis for 24-36 months. **Funds:** Crisis Coordinator, Data Support for Crisis Coalitions **Website:** https://mthcf.org/
The Montana Mental Health Access Fund / Montana Community Fund	**Programs Serving Tribal Communities** **Contact:** Elisa Fiaschetti at elisa@mtcf.org	The fund supports innovative ideas for improving mental health and well-being on Reservations in Montana, including leveraging technology and other resources to provide mental health services in even the hardest to reach areas and populations. Website: https://mtcf.org/grants/apply-for-a-grant/the-montana-mental-health-access-fund
Federal Grants **Substance Abuse and Mental Health Administration (SAMHSA)** SAMHSA frequently has grant opportunities that local communities or regions could be awarded. Listed below are some of the more common grant opportunities that are recurring or expected to provide funding awards into the foreseeable future. See the **SAMHSA Grant Dashboard** for all upcoming opportunities: https://www.samhsa.gov/grants/grants-dashboard		
Tribal Opioid Response Grant (TOR)	**Tribal Governments, Tribal Organizations** / 2 Year Grants **Contact:** Each Tribal Nation in MT and Rocky Mountain Tribal Leaders Council	TOR seeks to reduce unmet treatment needs and opioid overdose-related deaths through prevention, treatment, and/or recovery support activities for Opioid Use Disorder (OUD) and for stimulant misuse and use disorders. **Website:** https://www.samhsa.gov/tribal-affairs/tribal-opioid-response-grants
Bureau of Justice Assistance (BJA)	Missing info?? Funds can be applied for at the local level. – means county??	BJA grants are an important source of funding, particularly at the later intercepts of Sequential Intercept Mapping (SIM). These funds also support MCRT programs. See the website below for a list of past programs. **Website:** https://bja.ojp.gov/funding/expired

Still need some additional ideas for funding?

Some of these sources could work for your community:

- County General Funds
- Local Mill Levy Dollars
- Community Benefit Dollars
  - Nonprofit Hospitals
  - Local Banks
- Third Party Billing
  - For example, SBIRT or Mobile Crisis Response provided by qualified healthcare providers in specific settings might be a billable service to private and public health insurance plans.
- Tribal-specific Funding
  - Native Connections (SAMHSA)
  - Zero Suicide Initiative (IHS)

Section 5: Strategic Plan to Implement Behavioral Health Programs

This section provides guidance, templates, and examples for creating your community's Behavioral Health Strategic Plan. To put the necessary detail into this plan, you will need to convene your Behavioral Health Team again!

Your Behavioral Health Strategic Plan should include:

- **Title page:**
  - **Timeline of Plan:** Choose a 2-3 year time span
  - **Acknowledgments:** List all of the organizations and departments that participated in the creation of this Plan
  - **Funding:** If you were provided funding to put this Plan together, acknowledge the funders
- **Methods:** Explain how you developed the Plan
- **Introduction:** Write a few paragraphs about why addressing behavioral health is important to your community
- **List the Goals:** Provide the goals at the beginning of the document so that people can quickly understand the general work encompassed in the Plan
- **Provide the Goals, Objectives, and Activities:** This is the primary content of the plan and can be presented in tables. *See examples below.*

Goals, Objectives, and Activities

- **Goals** - These don't need to be measurable. They should provide a general explanation of the type of programming they encompass. You will probably have 2-3 goals.
- **Explanation** - Use the data from your assessment and any other notes that might be relevant to write a short paragraph about why the goal is important.
- **Objectives** - These should be SMART (Specific, Measurable, Achievable, Relevant, Time-bound). Create at least one objective for each of the programs for which your Behavioral Health Team is committed. You will probably have 1-4 objectives under each goal.
- **Activities** - These are major "to do" items that you can line out with a responsible person, timeline, resources needed, etc. You will probably have 3-5 activities under each objective.
- **(Optional) Strategic Measures** - You may choose to have specific measurements for a goal aside from the measurable objectives. Usually, these are larger outcome measures.

NOTE: This is a very simplistic strategic planning template. Feel free to add or change any aspect of this plan to better align with your Community Health Improvement Plan or other plans templates that meet your needs.

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
Train Lion Elementary Staff in PAX	Lion Principal	Jan 2024	Funding for training, Approval for additional training time
Train Tiger Elementary Staff in PAX	Tiger Principal	Jan 2024	Funding for training, Approval for additional training time
Begin PAX in Classrooms	Teachers, Principals	Feb 2024	PAX Curriculum, supplies

Goal 1 - Objective 2: Implement the Power Up, Speak Out curriculum in the Bobcat Middle School health class in the 2023-2024 academic year.			
Activity	**Responsible Person**	**Timeline**	**Resources Needed**
School board to approve curriculum	Superintendent	Sept 2023	Presentation with data about benefits of Power Up, Speak Out
Secure funding for Power Up, Speak Out	Superintendent	Oct 2023	Time for grant writing
Train Health Education Teacher in Power Up Speak Out	Health Education Teacher, Bobcat Principal	Jan 2024	Funding for training, Approval for additional training time
Begin Power Up Speak Out curriculum	Health Education Teacher	Feb 2024	Power Up, Speak Out Curriculum, supplies

Goal 2: INSERT HERE.
Explain why you chose Goal 2. Use all that great data you collected in Section 1!

Strategic Measures:
What can you measure to know that you are creating a healthier community with the work you do in Goal 2?

Goal 2 - Objective 1:			
Activity	**Responsible Person**	**Timeline**	**Resources Needed**

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

This section provides guidance, templates, and examples for creating your community's Behavioral Health Evaluation Plan. The evaluation plan will help you to monitor and track the implementation of your behavioral health activities as outlined in the strategic plan. You will likely want to individually monitor each of the interventions/programs that you choose to implement. For example, if you are implementing two programs according to your Strategic Plan, such as CIT and PAX Good Behavior, then you might set up two different evaluation plans, one for each program like the evaluation plan described below. Additionally, you can use this to track the progress of the entire Behavioral Health Strategic Plan. This is helpful to ensure you are moving consistently in the right direction, and to provide checks that can allow for corrections if implementation gets off course. To put the necessary detail into this plan, you may need to convene your Behavioral Health Team again.

Your Behavioral Health Evaluation Plan should include:

- **Title:** What is the evaluation plan for?
- **Time Period:** Should match the time span chosen for your strategic plan
- **Key Personnel:** Who are the main people responsible for the maintenance of the evaluation plan?
- **Overall Goal:** What is the overall goal of this work?
- **Short-Term Outcome(s):** What are some more immediate (think 1-3 years) positive outcomes that you would expect to see in the community if the work outlined in the strategic plan was achieved?
- **Long-Term Outcome(s):** What community-wide positive changes would you like to see at the end of the time period (3+ years).
- **Evaluation Question(s):** Evaluation questions can be related to outcomes, or additional higher-level concepts you want to ensure are considered throughout program implementation. Think of them as questions that help bring the more detailed information of the evaluation measures together. Evaluation questions are also often helpful for making sure qualitative information is collected alongside traditional qualitative data.

Evaluation Measures & Associated Details:

- **Objective/Activity** - These should be pulled directly from the strategic plan. Not all activities need to be or even should be measured - too many measurements lead to an overwhelming evaluation plan that can add too much additional work. If an objective or activity was deemed important enough to have a strategic measure, or if measuring it would be key to helping your team identify if implementation is going according to plan, you can select it as an activity to measure in the evaluation plan.
- **Evaluation Measure** - What information do you need to show / track this activity is going according to plan?
- **Target** - What is your goal for this activity? In other words, what does realistic success look like? Targets are very helpful for seeing if your work is going as you expected.
- **Data Source** - Where will you get the information for your measure? There may be a public data source that already exists that you can pull from (like the sources listed in Section 1: Assessing Behavioral Health Data), you may already be collecting data (ex. Meeting minutes, attendance logs) that you can use, or you may have to establish a new data source to get the information you need. Be careful of initiating too many new data sources, as this creates more additional work.
- **Data Analysis** - What will you do with the data to make it useful? Example, calculating percentages, counting attendees, reporting numbers as they are in a secondary data source. This section is especially important for establishing consistency between users. If the person responsible for the evaluation plan changes, you want to ensure that the data is being analyzed / used in the same way as before to make it consistent throughout the evaluation time period.
- **Person(s) Responsible** - Who will be needed to make sure this data is collected, analyzed, and reported?
- **Communications / Reporting Plan** - How will this information be shared - both internally among your team and externally to the wider community. Evaluation data should be useful for both those implementing programs and those that will benefit from the programs.
- **Status** - How is this activity & measuring it going? The status could use a stoplight color scheme (green (good), yellow (marginal), red (bad)) or simple verbiage like “on track”, “falling behind”, and “off track”.

NOTE: Evaluation can feel overwhelming if it is not something you are used to doing. There are a lot of evaluation resources out there. If you have chosen to implement an evidence-based program or intervention, there may be existing evaluation resources to evaluate that program or intervention. There are also general evaluation resources such as the CDC’s Program Evaluation webpage, the American Evaluation Association (they even offer eval 101 trainings), or a public health go-to: University of Kansas’ Community Toolbox. If your efforts are grant funded, some grants require an evaluator. For contact information for evaluation contractors, reach out to ??.

A few examples are provided in blue in the evaluation template below.

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!
Begin Power Up, Speak Out in classrooms	Number of sessions taught	5/5	Fall 2023 - Ongoing / Yearly	Session tracking log	Count number of sessions taught, record in data dashboard	Health Education Teachers, Principal, Evaluator	Annual report on school-based behavioral health interventions shared at PTA meetings, local newspaper, online	On Track!

Activity	Evaluation Measure	Target	Timeframe/ Frequency	Data Source	Data Analysis	Person(s) Responsible	Communications/ Reporting Plan	Status
Continue implementing Power Up, Speak Out - with improvements as needed	Student perceptions of the PUSO curriculum	Collect feedback from students	Winter 2023 - Ongoing / After each PUSO ends	Student feedback form	For close-ended / quantitative questions: calculate average score For open-ended / qualitative questions: analyze responses for major themes	Health Education Teachers, Evaluators	Annual report on school-based behavioral health interventions shared at PTA meetings, local newspaper, online	On Track!
Goal 1 Strategic Measure	% 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	Decrease by 5%	2023 - Ongoing / Odd years	2025 YRBS	Report & Cite YRBS data in data dashboard	Evaluator	Annual report on school-based behavioral health interventions shared at PTA meetings, local newspaper, online	On Track!

References

1. American Medical Association. What is behavioral health? *American Medical Association* https://www.ama-assn.org/delivering-care/public-health/what-behavioral-health (2022).
2. BRFSS Prevalence & Trends Data. https://www.cdc.gov/brfss/brfssprevalence/index.html (2023).
3. Montana Department of Public Health and Human Services Public Health and Safety Division. *Montana Vital Statistics: 2021*. https://dphhs.mt.gov/assets/publichealth/Epidemiology/VSU/VSU2021AnnualReport.pdf (2023).
4. Montana EMS & Trauma Systems (EMSTS) Data: 2021. https://dphhs.mt.gov/publichealth/EMSTS/InjuryandOverdoseIndicators-Fatal.
5. Substance Abuse and Mental Health Services Administration. *National Survey on Drug Use and Health: Model-Based Prevalence Estimates (50 States and the District of Columbia)*. https://www.samhsa.gov/data/sites/default/files/reports/rpt39465/2021NSDUHPercents_ExcelTabsCSVs110322/2021NSDUHsaePercentsTabs110322.pdf (2023).
6. YRBS 2021 Results: United States. https://nccd.cdc.gov/Youthonline/App/Results.aspx?LID=XX.
7. YRBS 2021 Results: Montana. https://nccd.cdc.gov/Youthonline/App/Results.aspx?LID=MT.
8. Montana PNA survey results. https://montana.pridesurveys.com/.
9. Results from the Pregnancy Risk Assessment Monitoring System. *Maternal Tobacco Use in Montana, 2017-2020*. https://dphhs.mt.gov/assets/ecfsd/PRAMS/PRAMSTobaccoUseDataBrief.pdf (2022).
10. Gosdin, L. K., Deputy, N. P., Kim, S. Y., Dang, E. P. & Denny, C. H. Alcohol Consumption and Binge Drinking During Pregnancy Among Adults Aged 18-49 Years - United States, 2018-2020. *MMWR Morb. Mortal. Wkly. Rep.* 71, 10–13 (2022).
11. SAMHSA, Center for Behavioral Health Statistics & Quality. Section 8 PE Tables – results from the 2021 National Survey on Drug Use and Health: Detailed Tables, SAMHSA, CBHSQ. https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetTabsSect8pe2021.htm.