MONTANA PUBLIC HEALTH INSTITUTE

POLICY BRIEF

November 2023

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

Key Takeaways:

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

Background

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

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

2015). We also seek specific and achievable public policy ideas that could make this work more impactful.

Above all, this work is motivated by a belief that the consequences of our fragmented and underfunded behavioral health system – mental health crisis, overdose, incarceration, and suicide – are not destiny. Montanans throughout the state, and public servants at all levels, are working to invest in and build a better public mental health system. But without attention to wellness and resilience, our ongoing race to react to increasing numbers of crisis calls, overdose deaths, and hospitalizations is more likely to lead to ever-increasing resource needs, and less likely to result in durable change that leads to reduced need for those exigent services.

Value of Prevention: A Resource for Everyone

Too often, emotional health is viewed as a binary state. Someone either has mental illness or they are entirely mentally well. Someone is in crisis, or they are flourishing. Likewise, we too often assume that someone living with a mental illness or addiction is languishing, unable to flourish. These false, binary assumptions set up clear dividing lines, tempting us to categorize people with mental illness on one side of the line and the "healthy" rest of the population on the other. This leads to stigma and drives us to direct attention and resources primarily to addressing the urgent needs of those on the "unhealthy" side of the line.

These ideas miss the well-established understanding that mental health is more complex than the absence of clinical mental illness or psychopathology. Mental health exists on a continuum, which places mentally healthy and mentally disordered states at opposite ends of a spectrum. Every human being fits somewhere on this spectrum and will move around on the spectrum throughout their life. Adding to the complexity, individuals adapt to their place on the spectrum very differently, a fact illustrated by people with serious mental illness who flourish and others who struggle mightily to live with depression or anxiety.

A public health-based approach to behavioral health seeks to serve everyone, regardless of their position on this continuum. It seeks to build protective factors – social supports, equitable access to mental health services, positive coping strategies, a sense of purpose – that are associated with reduced risk for poor mental health outcomes. By serving the entire community, public health seeks to help everyone (regardless of their place on the mental health spectrum) find their path to flourishing. This work can have an impact on more than the individual. It is also tied to the health of a community.

Those who are flourishing learn more effectively, have higher work productivity, have better social relationships, are more likely to contribute to their community, and have improved health and life expectancy (Diener et al., 2009; Kern et al., 2015; Huppert, 2009). High levels of flourishing in a community are also associated with economic benefits due to less absenteeism and under-performance in schools and workplaces, lower healthcare costs, and

less need for expenditure on the effects of social disintegration (Diener & Seligman, 2004; Rothman, et al. 2020).

There are clear benefits to positive mental health during adulthood. Completely mentally healthy adults (i.e., individuals without a mental disorder for 12-months and flourishing) report fewer missed days of work, fewer half-day or work cutbacks, and the healthiest psychosocial functioning (i.e., low helplessness, well-defined life goals, high resilience, and high intimacy). They also are at lower risk for cardiovascular disease, chronic physical diseases and limitations in activities of daily living. However, only 20% of the adult population was considered flourishing (Keyes, 2007).

Reframing behavioral health concerns along the mental health spectrum may also enable individuals and communities widen their focus to consider those factors that promote emotional wellness and enable individuals to flourish, no matter who they are.

The Current Prevention System

To better understand Montana's prevention system, MTPHI worked with a number of partners, including JG Research and Evaluation, a Montana-based firm that specializes in behavioral health research and evaluation; and BMT Consulting, a Bozeman-based consultancy with experience in community health services. MTPHI's research was also informed by ongoing work with Montana's Department of Public Health and Human Services (DPHHS) and Stellar Group, a research-based consulting company engaged by DPHHS to develop a strategic plan for state efforts around behavioral health. MTPHI's research involved an extensive literature review, examination of ongoing work and state contracts, and dozens of interviews with local, regional, and state organizations, including local public health leaders from a diverse array of Montana communities. Here is what we learned:

- Currently, **there is no cohesive or comprehensive statewide system in Montana to lead and manage behavioral health prevention efforts**. Rather, DPHHS staff manage a complex collection of funding streams from different federal agencies, often with varying contract requirements and approaches. These funding silos are projected to the state and onto local communities.
- **Prevention funding and resources in behavioral health are rarely provided directly to local or tribal public health agencies** with experience and expertise in delivering public health services that effectively prevent tobacco use, cancer mortality, childhood diseases or accidents, and adult chronic disease.
- Currently, **federal substance use block grant funding devoted to prevention-based behavioral health work is distributed by DPHHS mostly to five regional organizations** that are charged with providing prevention services in 56 Montana counties. This **regionalized approach** has led to wide variation in effectiveness and community involvement. The large **majority of local public health leaders interviewed reported that the regional approach has not worked for their county**, in part, due to the challenge of regional organizations hiring and managing prevention staff to serve far-flung communities.

- **Federal support** for prevention-based substance use block grant services in Montana has grown to **roughly $4 million per year**, in part due to two supplemental COVID-related funding streams. That has allowed the regional contractors to expand prevention specialists to all 56 counties, sometimes sharing an FTE across two or more sparsely-populated counties. **But DPHHS staff is preparing for significant reductions in block grant dollars**, with a corresponding impact on services, due in part to the expiration of those COVID-related funding streams **in 2024 and 2025**.
- **A collection of other funding streams offer considerable potential for local communities to sustain community-driven prevention work**. These funding sources include alcohol tax distributions to counties, opioid settlement funding, and cannabis taxes. Opportunity may also exist in braiding these funds with federal dollars dedicated to tobacco education or chronic disease prevention. In order to realize this potential, however, local public health leaders say they need help braiding and blending this funding to support new local staff capacity. These local officials plead for reliable funding and more support to pursue locally determined priorities using frameworks such as Substance Abuse and Mental Health Services Agency's (SAMSHA) Strategic Prevention Framework.
- **Existing health and human service organizations** – including health departments and local community-based organizations founded specifically to address local behavioral health needs – **are well-positioned to coordinate community efforts to prevent crisis and support those living with addiction or mental illness. However, these organizations often are not utilized, or funded, in state behavioral health prevention efforts**.

Despite the challenges enumerated above, local and tribal health departments and other community organizations are working in **imaginative and community-driven ways to address behavioral health. But a central challenge is channeling this energy and supporting local organizations that have earned trust and strong relationships with the communities they serve**. Every local health leader interviewed expressed a request for the state to help them blend disparate funding streams and to provide funds directly to local organizations identified by community leaders to lead this work.

> **"There is unlikely to be a one-size fits all approach," said one local official. "The state needs to look to the locals to solve the problems."**

In assessing the current system, **it is also evident that the size and complexity of DPHHS itself presents challenges to unlocking the potential of the public health system to address behavioral health**. One division of DPHHS – the Behavioral Health and Developmental Disabilities Division (BHDD) – oversees block grants and other funds designated for prevention-focused behavioral health work, such as the substance use block grant. A separate division of DPHHS – the Public Health & Safety Division (PHSD) – oversees prevention-focused work around tobacco use and chronic disease prevention and also maintains DPHHS' closest ties to local and tribal health departments and leaders throughout the state. Yet another DPHHS division – the Early Childhood and Family Support

Division (ECFSD) – oversees programs such as public health home visitation and nutrition programs that serve families in need.

Local health departments interact with DPHHS mostly through the Public Health & Safety Division, and to some degree through ECSFD, through contracts that support core local public health programs. BHDD, by contrast, has few if any direct contracts with local public health agencies and connects more closely with mental health treatment providers. **The result: state resources to pursue prevention-focused behavioral health work rarely flow through the state's local public health system. Bridging this disconnect could be important to maximizing the potential of Montana's local and tribal public health agencies to address behavioral health**.

Recommendations

- **Fund the work:** Sustain and grow funding to support prevention-focused behavioral health work based on SAMSHA Strategic Prevention Framework or other well-established community engagement and prevention frameworks, such as Communities That Care. In 2022, DPHHS officials said they expected reduced federal COVID funding to result in an annual shortfall of up to $2 million or more for substance abuse prevention services by 2024, imperiling recent gains for this work. This funding must be increased and sustained in order to meaningfully pursue this work on a statewide basis.
- **Empower Local Health Departments and Let Locals Lead:** In making this investment, insist that these funding opportunities are available directly to prepared local health departments and community-based organizations. Focus on funding organizations that are prepared and experienced in coordinating action in the community they serve. Allow local public health agencies to engage the community to lead this work and to define the geographic region they serve. Focus state and regional organizations on technical assistance, training, evaluation, and serving very rural populations where capacity does not yet exist to take on the work locally. **DPHHS could relatively easily fund local health departments to pursue this work through task orders provided under existing master contracts that DPHHS holds with every local public health agency in the state.**
- **Build Community Readiness.** Recognize that community readiness for this work varies widely throughout Montana. For some communities, this work will start nearly from scratch and require significant training, technical assistance, and support. But many communities have been pursuing this work for years and need resources to sustain and strengthen identified community priorities. State and regional organizations must be ready to support communities at all levels of readiness.
- **Blend Funding and Cut Red Tape.** Empower and encourage DPHHS staff to streamline contracts, administrative processes, and oversight in ways that make it easier for local organizations to braid and blend funding to achieve greater impact. This should include:
  - Contracts focused less on pre-determined tactics and activities and more on setting rigorous but flexible frameworks through which local communities are able to engage the community, set priorities, and execute initiatives;

- Encourage and assist local agencies to blend and braid available funding streams – state contracts, alcohol or cannabis taxes, opioid settlement funds – in ways that allow communities to hire qualified and trusted staff to lead this work. This could be especially powerful in smaller counties where these funding streams individually are insufficient to support even part-time staff;
- Encourage cross-division cooperation within DPHHS to link behavioral health funding and contracts with other prevention-focused programs, such as tobacco use education and prevention.

- **Maximize impact through established and effective public health programs being provided by local health departments.** By encouraging collaboration across its divisions, DPHHS could more readily utilize limited funding and resources to empower local communities. In some cases this is already happening. For instance, tobacco prevention specialists in some local health departments are assisting and partnering with prevention work in behavioral health. This sort of collaboration, at the state and local levels, holds potential to magnify impact through existing programs and local public health staff who are working and trusted in their communities. One possible goal could be to fund behavioral health-focused prevention specialists within local and tribal health departments, working beside colleagues focused on preventing chronic diseases, commercial tobacco use, and cancer mortality. These clustered prevention specialists could be used for community health assessment, engagement of existing organizations working in the space, and coordination/support of community coalitions such as DUI Task Force, Mental Health Local Advisory Committees, and other grass roots coalitions. Under this sort of arrangement, DPHHS would gain direct access to prevention specialists hired, managed, and supported by local public health agencies responsible for responding to the state's most pressing public health challenges.

Conclusion

The complexity of this work and the challenges described above defy easy solutions. Some needed and valuable work is already underway. BHDD has initiated an effort to engage stakeholders to develop a strategic plan for substance use prevention services. This work seeks to more effectively manage and utilize prevention resources that are expected to shrink in coming years.

In recent years, DPHHS has also joined efforts with the Montana Healthcare Foundation to fund and support prevention interventions and frameworks, such as the Pax Good Behavior Game and Communities That Care. These efforts provide communities with opportunities to implement evidence-based interventions with significant technical support and communities of practice. Likewise, local community leaders – elected officials, health and human services agencies, law enforcement, and regular citizens – are increasingly focused and invested in addressing high suicide rates, rising numbers of overdoses, and youth substance abuse.

There is widespread agreement that achieving broad, sustained success in this work will require significant and sustained funding, streamlined requirements

tied to that funding, and support from state agencies that focuses on technical assistance to empower communities to pursue this work within frameworks demonstrated to be effective. Local and tribal public health agencies can and should be an important partner to achieve these goals.

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