MONTANA HEALTHCARE FOUNDATION

Building Successful Behavioral Health Crisis Systems

Presentation to the Montana State Legislature Children and Family Sub-Committee

Montana Healthcare Foundation | November 2021

About the Montana Healthcare Foundation

- We are an independent, private foundation.
- We work statewide.
- We are Montana's largest health-focused foundation.
- We are a permanent resource.
  - We manage our trust investments sustainably, making grants and grant-related investments of roughly 5% of the value of our trust each year.
- We do not lobby.

Priority Areas

We work together with dedicated partners from around the state to improve the health and well-being of Montanans.

American Indian Health
Supporting American Indian-led solutions through our strategic initiatives:

Strengthening Health Services

Supporting Governance & Leadership

Reducing Health Disparities

Behavioral Health
Providing leadership to strengthen the system through our strategic initiatives:

Integration

The Meadowlark Initiative

Continuum of Care

Medicaid and Health Policy
Providing research and analysis on proposed health policy changes.

Strengthening Public Health
Supporting local and Tribal public health departments.

School-Based Health Initiative
Improving health and academic outcomes for students.

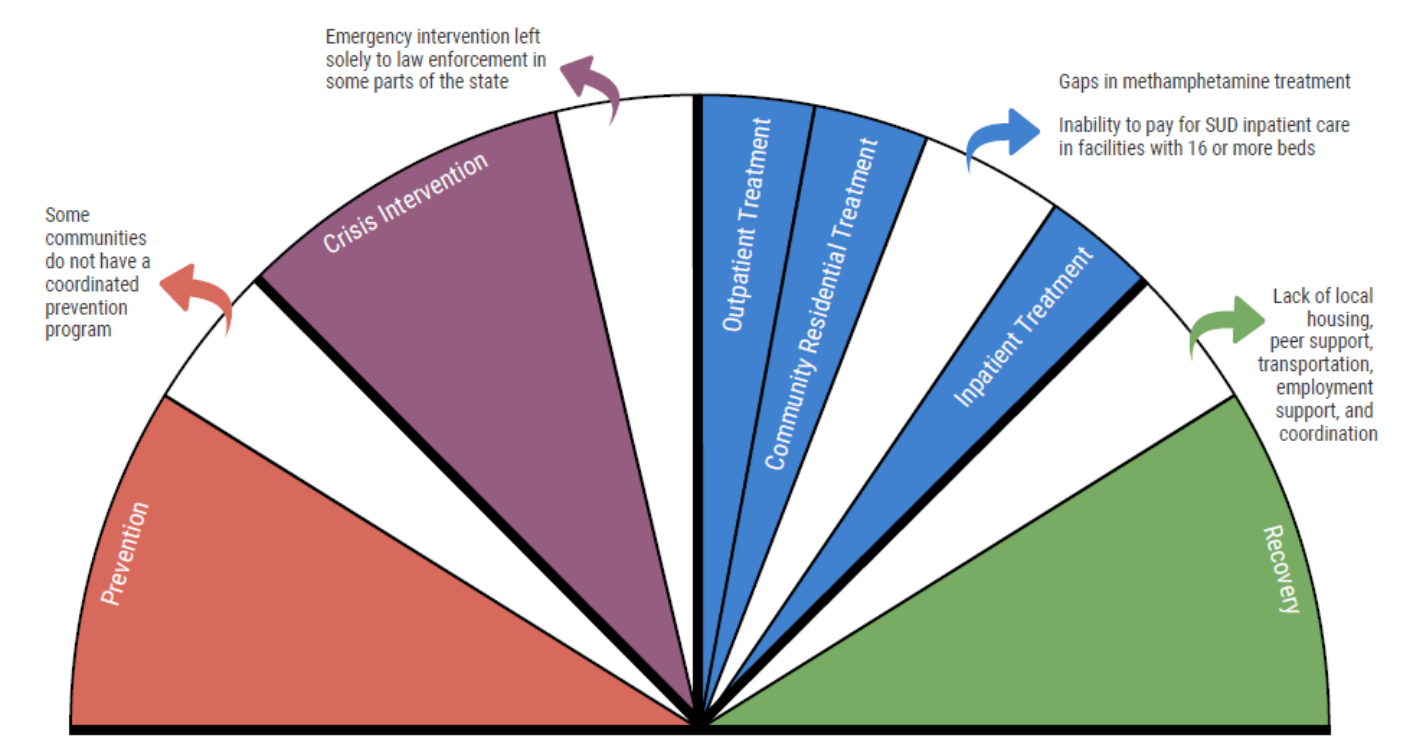
Housing is Health Care
Creating supportive housing projects to improve health outcomes.

Grant Application Assistance
Leveraging our resources to bring in new sources of funding.

Nonprofit Capacity Building
Helping nonprofits develop stable funding sources and new partnerships.

Behavioral Health Crisis in Context

This graphic represents Montana's current model of behavioral healthcare. Gaps in the service continuum are represented by the missing segments in the figure below.

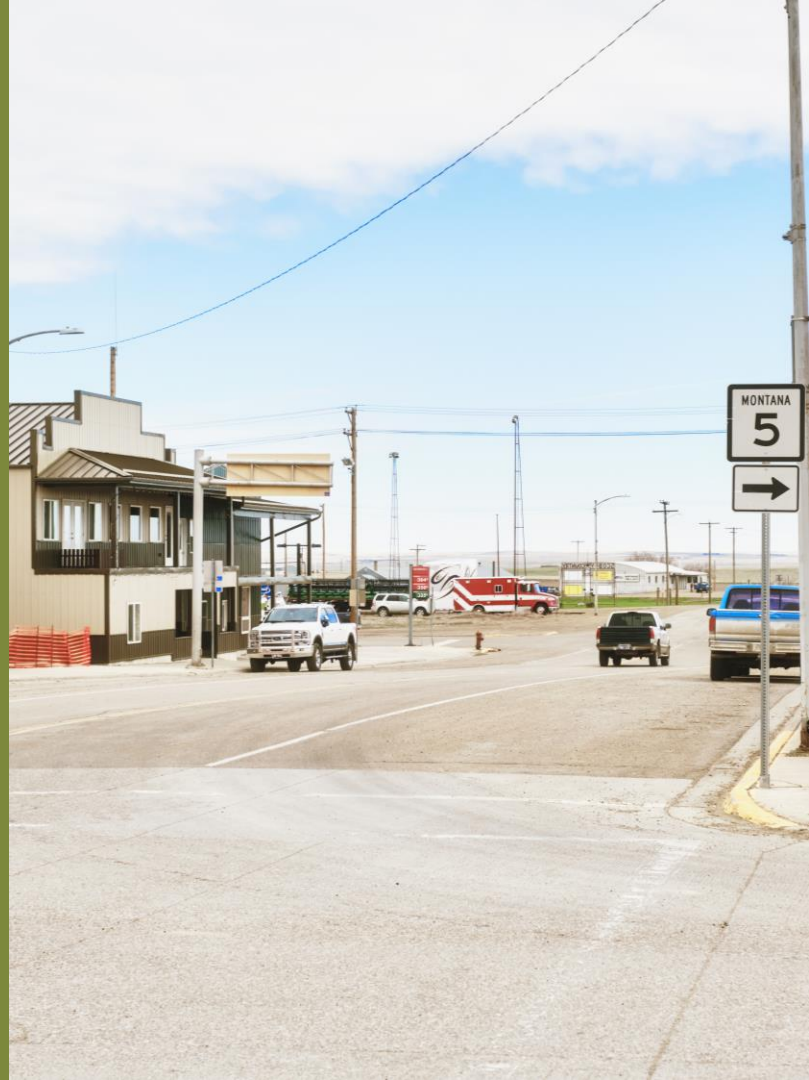


Source: DPHHS HEART Initiative

Behavioral Health Crisis Systems: Initiative Goals

Communities & tribes:

- Develop or strengthen coalitions
- Map services, data, and funding
- Implement strategies to respond to behavioral health crisis more effectively
- Decrease justice involvement, decreased emergency department, and hospitalizations
- Develop sustainable funding



Behavioral Health Crisis Systems: Approach

- Training & technical assistance
  - MHCF, DPHHS, Montana Public Health Institute
- Planning & implementation grants
  - MHCF investments: $765,803 (2018-2021)
- County Tribal Matching Grant
  - DPHHS

Local Crisis System Development: Foundational Elements

Step 1

Establish a Crisis Coalition

- Array of crisis system stakeholders, including local leadership.
- Options:
  - Utilize existing Local Advisory Councils
  - Develop regional coalitions with neighboring counties

Step 2

Identify a Crisis Coalition Coordinator

- One person dedicated to coordinating and leading crisis system development efforts.
- A point person for other counties, the State, and service providers to contact.

Step 3

Map Your Resources

- Formal process to identify your existing resources and gaps and map your ideal state.
- Example: The Sequential Intercept Model (SIM) | SAMHSA

Step 4

Develop a Strategic Plan

- Utilize results of mapping process to identify primary goals and action steps.
- Have an agreed upon plan in place when funding opportunities arise.

Crisis Now: Anyone Anywhere Anytime

FOUR CORE ELEMENTS FOR TRANSFORMING CRISIS SERVICES

CRISIS CALL CENTERS

Technology for real-time support and coordination.

24/7 MOBILE CRISIS

Mobile crisis offers outreach and support where people in crisis are.

CRISIS STABILIZATION PROGRAMS

Short-term and community-based stabilization.

ESSENTIAL PRINCIPLES & PRACTICES

Recovery orientation, trauma-informed care, peers, and safety.

The Crisis Now Difference

In 2016, metro area Phoenix law enforcement engaged 22,000 and transferred them *directly* to crisis facilities and mobile crisis without visiting a hospital ED.

Aetna/Mercy Maricopa 2017 report

What difference did it make?

Improved Crisis Clinical Fit to Need (CCFN) by 6x

Reduced potential state inpatient spend by $260m

Saved hospital EDs $37m in avoided costs/losses

Reduced total psychiatric boarding by 45 years

Calculated from "Impact of psychiatric patient boarding in EDs" (2012) (Nicks and Manthey)

Calculated from Arizona data, 2017

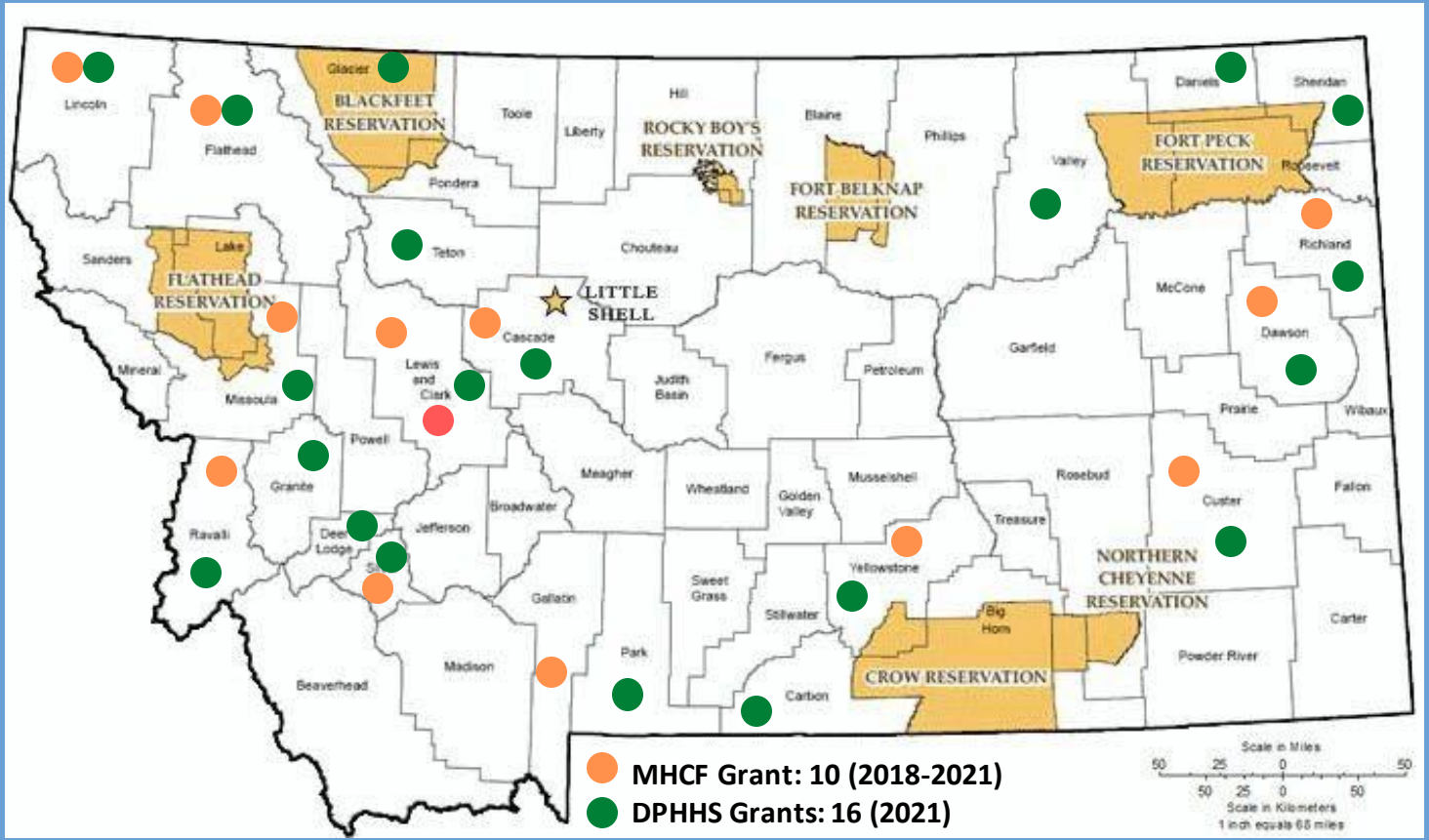
Saved the equivalent of 37 FTE Police Officers

Fire savings just starting.

BJA presentation at ISMICC (2017), Madison, Wisconsin data

Source: Crisis Now

MT Behavioral Health Crisis System Grants



Behavioral Health Crisis Systems

NEXT STEPS

- Ensure every region and tribe has access to planning and development support.
- Support and adapt best practice models for rural and frontier communities.
- Strategic leveraging of funding sources to ensure crisis services are adequately funded.
- Outcomes are early for communities implementing strategies and we hope to see similar outcomes from Crisis Now.

Thank You.

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