

RE: Information for Children and Families Committee meeting, November 15-16, 2021

FROM: Eastern Service Area Authority- ESAA, scheduled to present to committee during 10:15 AM time slot concerning Mental Health Studies- SJR 14, HJR 35, HJR 39

ESAA represents consumers and advocates from the 28 counties of the eastern half of Montana. Other than Billings the region is rural/frontier. Population density and distance are disadvantages to Behavior Health Wellness.

Discussion about priorities lead our 28-county ESAA to present following problems and recommendations.

Problem 1- Behavioral Health Wellness is often discussed in terms of Mental Health or Substance Abuse, both of which are problems of behavior. This separation can prevent the advantages of discussing and addressing all behavior as a whole.

Recommendation: Change references to Mental Health and Substance Use Abuse to **Behavioral Health** in MCA and strategic discussions. Emphasize that Behavioral Health Wellness includes addressing both Mental Health and Substance Abuse issues. MCA Code and funding sources should reflect this change.

1. Mental health issues very often cooccur with substance abuse. Need to treat as one.
2. The term Behavioral Health helps remove the stigma often associated with Mental Health and those afflicted will be much more likely to seek the help they need.
3. SAMHSA, DPHHS, and other state and national entities are already talking Behavioral Health.
4. Goal is to have Behavior Health Wellness to have increased priority.
5. Behavior Health is analogous to using term infrastructure.
6. This term does not harm specific strategies in drug abuse, same as creating specific bridge funding is just a part of overall infrastructure plans.

Problem 2- Often Behavior Health resources and providers in a community are not working as cohesive effort. The reason for scattered effort is usually lack of time to research, communicate, and coordinate. This leads to unnecessary duplication of resources, competition for scarce personnel, lack of communication, contests for sparse available funding and general inefficiency. This leads to missed opportunities to improve Behavioral Health in Montana. Positive reports come from our counties where there is active LAC and public health department leading a coordinated effort.

Recommendation: Consider the Inclusion as MCA 50-2-116 (f) (x) a responsibility for county public health departments a single line to read something like: *Need to help improve Behavior Health in the county.* Our recommendation includes counties having, or sharing, a part or full-time employee whose job description would include responsibility to help coordinate, foster cooperation, and be go-to source for providers and consumers of Behavior Health services. The Behavioral Health Coordinator (BHC) is not a counselor but is knowledgeable of resources available for both consumers and providers and could prevent duplication, competition, and inefficiencies. Increased funding is needed but a BHC will result in more access and capacity for citizens and will show good return on investment.

(suggested job description of BHC has been sent along with this statement)

Problem 3- Funding formulas designated to address Behavior Health issues are most favorable for larger populations and treatment costs. The present formula tends to leave rural and frontier communities lacking in Behavioral Health services. Prevention based programs are not billable and therefore do not take place.

Recommendation- Investigate the possibility of having formula give more weight to Behavioral Health preventative measures and provider services in rural/frontier communities. In addition, consider possibility of increasing overall funding in order to cover those two neglected areas. More funds to rural could relieve pressure on service providers in larger communities and prevention efforts are vital important in efforts to remove stigma.

Eastern Service Area Authority

Bruce Peterson

Board Member

Fort Peck, Montana

34petewp@nemont.net

406-526-7966

Brent Morris

Board Member

Billings, Montana

bam.montana@outlook.com

406-690-3365

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Behavioral Health County Coordinator, County Public Health Department

Working Knowledge of

- Current local, regional, state, and national resources for behavioral health
- County Behavioral Health Local Advisory Council
- MT Eastern Service Area Authority
- MT Behavioral Health Advisory Council
- MT Addictive and Mental Disorders Division
- Other state divisions as they pertain to behavioral health
- Local, regional, and state activities in behavioral health

Ability to

- Plan and coordinates local behavioral health meetings and activities
- Plan, organize, and coordinate with regional and state partners on behavioral health activities
- Plan, organize, direct, and maintain documentation for the county Local Advisory Council
- Manage and maintain program and project budgets
- Establish and maintain effective working relations with local, regional and state partners
- Develops and delivers presentation, outreach materials, websites, manuals or other program contents
- Develops or coordinates special studies to assess current issues for public health education and outreach
- Respond to inquires concerning public health programs
- Communicate clearly and concisely orally and in writing, and before large groups
- Make effective recommendation regarding behavioral health needs
- Assess ongoing program activities to identify education and training needs to address prevention, early intervention, and crisis intervention of behavioral health
- Research and analyze state and national guidelines and the published literature regarding behavioral health to determine appropriate strategies, tools, and systems to develop and implement evidence-based and best practice behavioral health programs
- Develop and recommend evidence-based and best practice behavioral health programs to local, regional, and state partners
- Make recommendations with the development of grant proposals to secure funding in targeted area of need
- Coordinate with local and regional partners on Request for Proposals
- Monitor contracted services and budgets to ensure conformance with terms and conditions of grants and contracts
- Ensure coordination and integration of the county public health response plans, county disaster and emergency response plans, local and regional response plans as they pertain to behavioral health
- Will perform above list with both government and private entities.