



Behavioral Health System for Future Generations Commission



Recommendation for
Consideration

The Behavioral Health System for Future Generations (BHSFG) Commission proposes the following recommendation for consideration: **Development and deployment of a Comprehensive Crisis Worker Curriculum and Certification Course.**

Problem Statement

In recent years, the demand for skilled professionals to effectively respond to behavioral health crises has grown significantly, and yet there remains a critical gap in the availability of standardized training and certification programs for crisis workers. This shortage may lead to inadequate crisis intervention services, inconsistent service quality, and missed opportunities for valuable early intervention and support for individuals experiencing crises. As a result, there is a need for the development and deployment of a comprehensive Crisis Worker Curriculum and Certification Course to address this pressing issue.

The lack of a structured curriculum and certification program for crisis workers may give rise to the following critical challenges:

1. **Inconsistent Crisis Response:** Without a standardized training framework, crisis workers often lack the knowledge and skills necessary to provide consistent, evidence-based care. This inconsistency can lead to suboptimal crisis interventions and negatively impact the well-being of individuals in crisis.
2. **Limited Access to Diverse Training:** Many individuals who work in crisis response roles receive ad-hoc, non-standardized training, which may not adequately prepare them for the complex and dynamic nature of crisis situations. This limited access to training hinders the development of a workforce well prepared for diverse crisis situations.
3. **Lack of Standard Processes and Procedures:** There is a lack of clear guidelines describing best practices for crisis workers to follow, which has the potential to result in ineffective de-escalation techniques and missed opportunities for early intervention. These gaps can have severe consequences for individuals in crisis and the community as a whole.
4. **Risk to Individuals and Communities:** Robust crisis services, bolstered by standardized training and certification processes, can contribute to harm reduction for individuals interfacing with the crisis system. This increases positive outcomes for communities affected by crises. A well-trained and certified workforce is crucial to mitigating risks and ensuring the safety of all stakeholders.
5. **Legal and Ethical Concerns:** The absence of standardized training can lead to potential legal and ethical challenges, such as liability issues for agencies and individual crisis workers. A comprehensive curriculum and certification program can help establish clear guidelines for ethical and legal crisis response.



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A Crisis Worker Curriculum and Certification Course would address these issues and ensure the highest quality of care for individuals in behavioral health crises. Such a program would establish a standardized framework for training, equip crisis workers with necessary skills and knowledge, and ensure consistency in crisis response. The curriculum would incorporate well-researched “gold standards” for interacting with various populations at risk of interacting with the crisis system, including but not limited to adults and children with behavioral health conditions and/or developmental disabilities, veterans, and tribal populations. This standardized workforce will provide quality crisis services, improving the wellbeing and safety of individuals in crisis.

Data and Information Sources

A robust crisis response system is necessary to best respond to individuals in crisis and to alleviate the overburdened state-run health care and emergency response systems that are less equipped to respond to behavioral health crises. Montana’s results from the 2023 Mental Health Statistics Improvement Program’s (MHSIP) Adult Client Satisfaction Survey show high satisfaction ratings for crisis services:

- 82% positive – Mobile Crisis Response services;
- 74% positive – Crisis Receiving and Stabilization facilities, which is 22% higher than crisis services received in an ER; and
- 63% positive – 988 call center services, which is 7% higher than crisis response services received through 911 call centers.

These results support the assertion that a specialized crisis care service delivery system is well-received by Montanans. This system requires committed resources to sustain and increase its effectiveness.

The crisis response system needs to be properly prepared to serve the unique populations they encounter and should have resources to help standardize care. Represented below is a breakdown of the number of separate providers or programs that currently provide Crisis Now services in Montana:

Crisis Service Type	Number of Separate Providers/Programs
988 Call Center	3
Mobile Crisis Response Program	8
Crisis Receiving and Stabilization	4
Total:	15

Each of Montana’s 15 crisis service providers have varying training standards and requirements which leads to inconsistent training curricula across the crisis system



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continuum and an inability (on the part of DPHHS) to track training efficacy across service types and regions. It should be noted that:

- Certain trainings, such as the academy offered through Crisis Intervention Team programs that some crisis service providers utilize, are not readily available in each community and occur infrequently.
- There are no established means to provide a consistent education across crisis service provider types and no platform to guide service collaboration.
- Other states, such as Utah, have seen positive impacts to their crisis workforce through the implementation of a crisis certification program.

Recommendation

It is recommended that the Department contract with a vendor experienced in curriculum development, to develop and host a Crisis Worker Certification Course that will be available for providers delivering crisis services. The certification course will ensure trainees understand specific knowledge areas such as basic suicidology, intervention strategies, and community resources. The selected vendor will collaborate with crisis provider stakeholders and the Department throughout the project term. The project will include:

- Curriculum identification, development, and continuous improvements:
 - Identification: There are numerous local and national best practice trainings available to crisis workers. The contractor will identify existing trainings that will be used to meet the certification standards, to be built on evidence-based practices.
 - Development: Montana-specific information will not be available through existing trainings or educational resources and will need to be developed by the contractor.
 - Continuous Improvement: As new research emerges and information becomes outdated, the contractor will update course curriculum.
- Course platform development, deployment, and maintenance:
 - Development and Deployment: To best serve the rural and frontier areas of the state, the certification course will be hosted on a virtual platform. The contractor will build the course curriculum on this virtual platform to ensure user-friendliness and scalability.
 - Maintenance: The virtual platform will require ongoing operational and technical support.



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Place in Continuum	BHSFG Priority Alignment	Projected Cost
Adult BH Crisis DD Crisis Forensic Crisis Children BH Crisis	Comprehensive statewide crisis system	Maximum of \$1.5M

Impact	
Outcomes and Outputs	Implementation Activities and Milestones
<p>Target outputs include:</p> <ol style="list-style-type: none"> 1. All MT MCR staff are trained in this curriculum within one year of curriculum launch. 2. People receiving crisis support report 10% higher satisfaction with services as evidenced by MHSIP. 3. Crisis workforce possesses increased worker knowledge and ability to respond to crises, as measured via survey comparing trained crisis workers against those who have not yet received training. 	<ol style="list-style-type: none"> 1. Funding issued through applicable procurement vehicle. 2. Grant issued. 3. In collaboration with the Department, contractor develops course and publishes for public use. 4. The Department facilitates a tiered wave of enrollment from providers, prioritizing staff currently employed by 988 call centers, mobile crisis response programs, and crisis receiving and stabilization facilities before making it available to others interested. 5. Collect progress updates.

Supporting Material: <i>Example Program Budget*</i>			
	Potential Number of Contracts	Funding Distribution	Project Budget
Curriculum development costs	1	One-time	\$1,000,000
Curriculum platform maintenance costs	1	Ongoing and rolling	\$500,000
Total			\$1,500,000

*For **example** purposes only.



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Supporting Material: *Example Grant Criteria**

The contracted entity must provide a project proposal that includes, but is not limited to, the following:

- Project scope and deliverables;
- Budget;
- Timeline; and
- Plan for outreach and collaboration with subject matter experts.

*For **example** purposes only.

Oversight and Grant Management

BHDD staff will oversee the grant management and monitoring of grant deliverables.

DPHHS will verify that the grantee collaborates with subject matter experts within DPHHS and from the greater stakeholder community to best develop an effective curriculum. DPHHS will ensure that the grantee leverages existing national best practice materials and other existing crisis trainings and resources to meet the unique needs of crisis workers in Montana.

DPHHS will monitor grant usage to ensure the provider organization only expends the funds on allowable uses. Provider organizations will be required to provide data on program work plan details, program metrics, and additional ad hoc reporting (including reporting related to outcomes and outputs) as needed.