Prepared For

Bozeman Health Foundation
Child-Centered Mental Health Initiative

Prepared By

Mental Health America of Montana (MHA of MT)

PO Box 88
Bozeman, Montana 59771-0088
(406) 587-7774
http://www.mhaofmt.org

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Executive Summary

Mental Health America of Montana (MHA of MT) executive director, Dan Aune, was approached by Bozeman Health to convene key community stakeholders to participate in a "community conversation" regarding the development of a strategic community based child-centered mental health delivery system. MHA of MT agreed and provided a proposal to do the following:

- Provide a gap analysis of children's mental health and substance use treatment services
- Engage key stakeholders and families
- Research communities who develop a progressive child-center community-based plan
- Provide as a deliverable a child-center service delivery plan to address how best to serve our children and families in the Great Gallatin community

A Lead Informant Group was formed, to include Carol Townsend (Key Community Stakeholder/Gilhousen Family Foundation contact – former Greater Gallatin Area United Way CEO), Michelle Aune (Director of Prevention Services – MHA of MT), Vickie Groeneweg (Chief of Nursing Operations – Bozeman Health), Deborah McAtee (Chair of the Gallatin County Local Advisory Council on Mental Health), and Christina Powell (Executive Director – Bozeman Help Center). Several meetings were held to talk through the challenge and opportunity of addressing a child-center mental health continuum of care.

The Lead Informant Group agreed that we didn't know the answer as to what would be the best solution for the greater Gallatin medical community. The Lead Informant Group did know that community involvement would be critical to a positive outcome benefiting children, youth and families in the greater Gallatin community. A project workplan was developed to keep the effort on track and provide for regular Lead Informant Group meetings and evaluation of the work products (Appendix A – Project Work Plan).

As a pre-initiative process, MHA of MT established a key stakeholder list, identified a convening process and initiated a formal pre-initiative stakeholder meeting to finalize commitments, complete the key stakeholder list, determine desired outcomes and complete the initiative timeline. The key theme of the work was to address how best to serve our children and families in the greater Gallatin community through the following four action components:

Component One: Engage key stakeholders through Focus Group meetings

Component Two: Provide a gap analysis of children's mental health and substance abuse services

Component Three: Research 5 to 10 communities nationally that have a progressive child-centered mental health delivery system

Component Four: Develop a child-center community-based plan

Summary of Component Activities

Component One: Engage Key Stakeholders Through Focus Group Meetings

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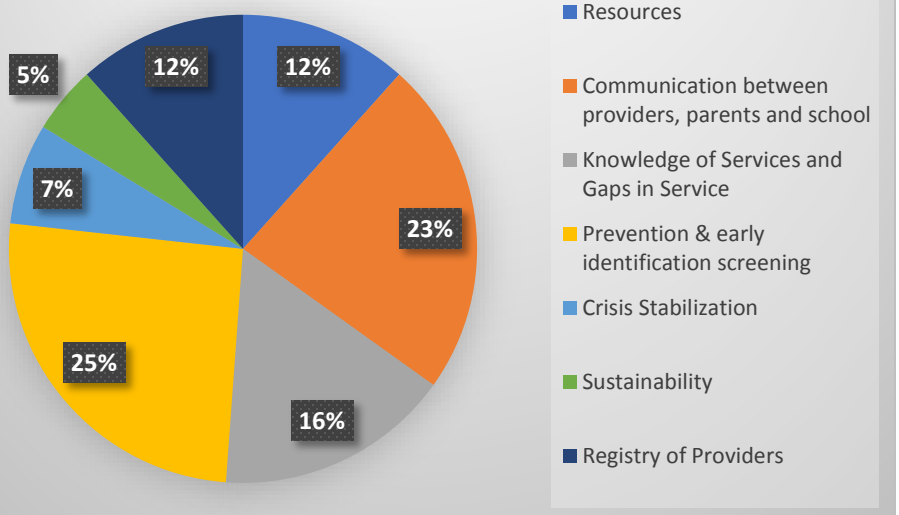
The Lead Informant Group generated a broad list of community stakeholders who either have an interest, provide services or are decision-makers in the current care of children presenting with mental health concerns. The idea and action was to hold focus group with each of these specific stakeholder groups asking each the same set of focus group questions (Appendix – Focus Group Questions). The stakeholder group was divided into six categories to include the following:

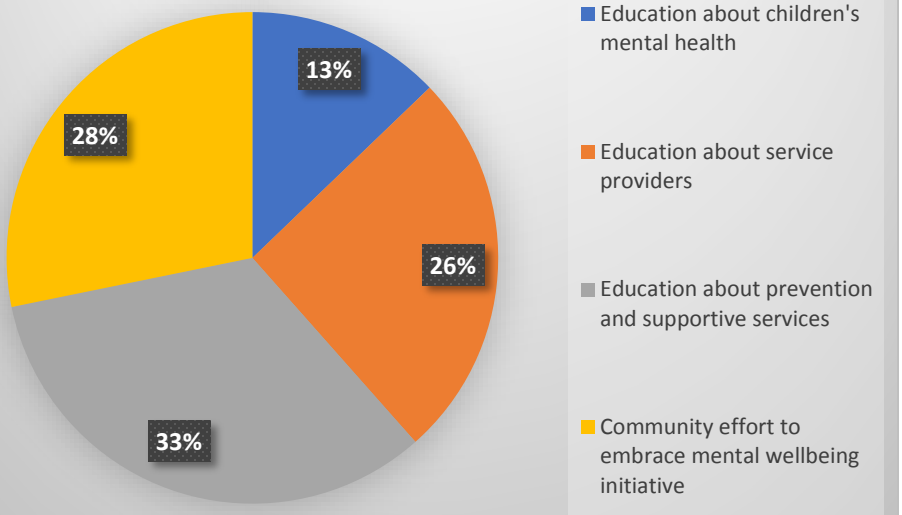
1. Influencers – This group involves decision-makers and those who have the greatest influence on the delivery system
2. Providers – From healthcare to behavioral health to social service providers
3. Consumers – Parents, children and youth accessing mental health care
4. Support Services – Faith-based organizations, service clubs, character building clubs
5. Education – School District staff, teachers, special education and counselors
6. Law Enforcement – Local Police, Sheriff and Youth Probation

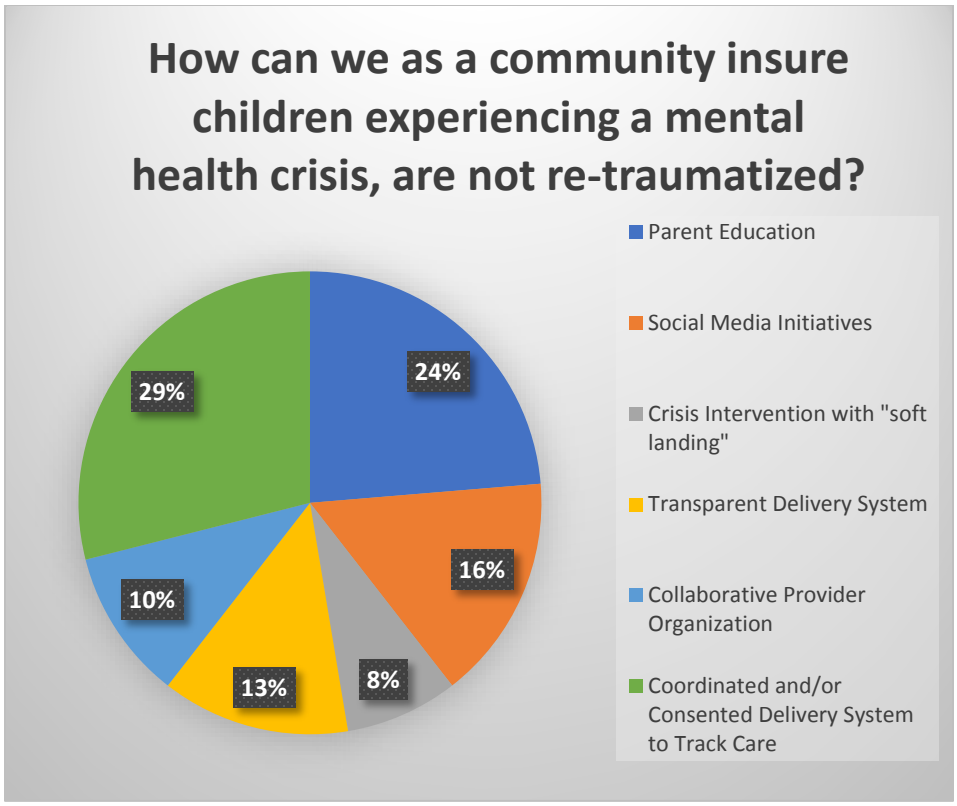
Sixteen stakeholder focus groups were held from Park to Beaverhead Counties. The scope of the project audience expanded quickly from greater Gallatin County communities to include Park, Madison and Beaverhead Counties. Word of the project spread through the Local Advisory Councils on Mental Health (LACs) and MHA of MT soon began to get calls asking for MHA of MT to partner with the county LACs. The contacts were clear that their community sees the greater Gallatin children's medical community as part of their community continuum of care for children. The following tables offer snapshots of the responses by each question.

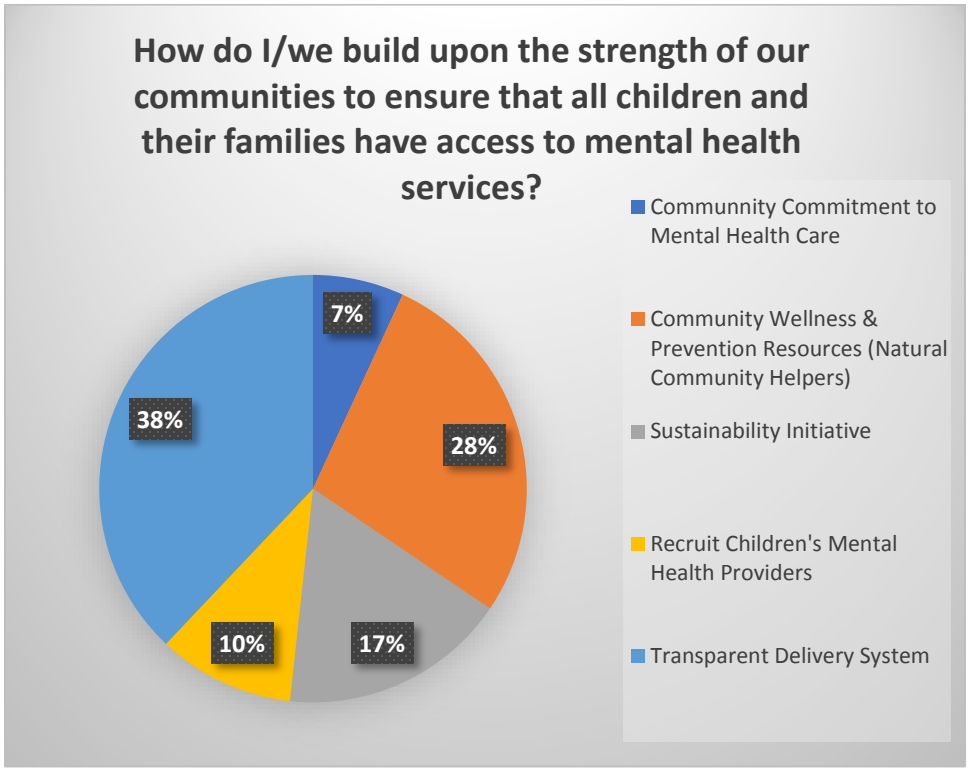
How can I/we work together as a community to better serve children in need of mental health services?

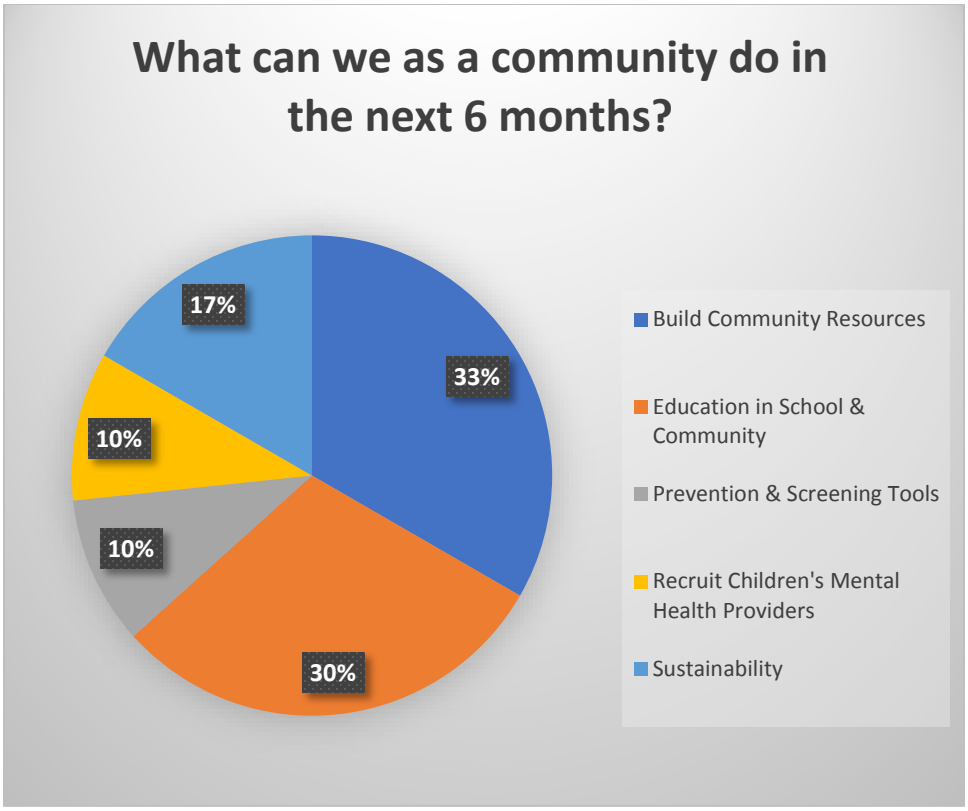


How can I/we better engage families in our community to provide education, support and services around children's mental health?




How can we as a community insure children experiencing a mental health crisis, are not re-traumatized?
24%
16%
8%
13%
10%
29%
Parent Education
Social Media Initiatives
Crisis Intervention with "soft landing"
Transparent Delivery System
Collaborative Provider Organization
Coordinated and/or Consented Delivery System to Track Care


How do I/we build upon the strength of our communities to ensure that all children and their families have access to mental health services?
7%
28%
17%
10%
38%
Communnity Commitment to Mental Health Care
Community Wellness & Prevention Resources (Natural Community Helpers)
Sustainability Initiative
Recruit Children's Mental Health Providers
Transparent Delivery System



Component Two: Provide a Gap Analysis of Children's Mental Health and Substance Abuse Services

The greater Gallatin community is blessed with many providers of children's services from Pediatricians to Psychiatrists to Mental Health and Substance Use providers. Significant gaps exist in the following areas:

- Access to a child psychiatry and/or consultation to child psychiatry
- Child Psychiatry accepting Medicaid as a payment source
- Crisis stabilization solutions
  - Mobile crisis
  - Organized crisis intervention and referral with law enforcement
- Registry of providers by skill and expertise
- Transparent front door or one-stop point of entry
- Coordinated/Consented referral follow through by parent or provider or third-party entity
- Timely access to Pediatrician and/or Primary Care providers
- Provider collaboration
- Training to fill expertise gaps

Component Three:Research 5 to 10 Communities Nationally that have a Progressive Child-Centered Mental Health Delivery System

MHA of MT reached out across the country to seek innovative community-based approaches to better serve children and families seeking mental health and substance use services. Eight communities nationally were identified through research and contacts with behavioral health colleagues across the country to include:

1. Fargo, North Dakota
2. State of Connecticut
3. State of Hawaii
4. Cincinnati, Ohio
5. Cleveland, Ohio
6. Bend, Oregon
7. St. Cloud, Minnesota
8. Burlington, Vermont

The solutions ranged from community specific to state approaches. The delivery system models included:

- School-based – All health and behavioral health services were based in the school setting
- Village model – All collaborative partners were housed in a strip mall making easy access to multiple levels of care
- Virtual model – One organization acted as the front door or one-stop shop to assist parents and children to access care
- Mobile crisis – In the states of Connecticut, Minnesota and Georgia when a child is in a mental health crisis a team goes to them
- School and community-based provider collaborative - Developed by the local hospital implemented on-site screening tools in the school setting and a quick access of entry to mental health and substance use providers in the community

Component Four: Develop a Child-Center Community-Based Plan

Common elements threaded throughout all the children's mental health delivery models researched and information gathered in the focus groups point toward the development of a greater Gallatin medical community child-centered mental health delivery model with these characteristics:

1. Transparency in how to get access to care
2. Access to a prescriber

3. Coordinating organization to insure the following:
   a. Use of a coordinated or consented electronic referral system
   b. Training to decrease gaps in the provider expertise
4. Registry of providers, their expertise and a vetting process
5. Crisis intervention or stabilization service that is trauma informed and minimizes the use of the emergency department as a front door to services, instead offering a "soft" landing environment that does not add to the stigma of a mental health crisis
6. Sustainability through development of a diverse funding model
7. Collaborative partnerships with providers who have a shared-risk in the success of the delivery system and outcomes measures for the well-being of children

While each of the above characteristics provide a clear path that insures children and their families have access to a trauma informed mental health and substance use services, each is a broad statement needing to be defined as they relate to our community. Central to the common elements is a need for a coordinating organization to develop, guide and manage the delivery system acting as the "glue" to the hold the system to its mission of a child-centered mental health delivery system.

> *An example of a coordinated model currently happens, on a small scale, in Gallatin County targeting children experiencing trauma with the Child Advocacy Center (CAC). The newly formed CAC is a multidisciplinary approach to the investigation, prosecution and treatment of child abuse, particularly sexual abuse (children who are sexually abused are at much higher risk of social, physical, and behavioral problems later in life). The CAC is a collaborative Project of Gallatin County: Sexual Assault Response Team (SART), Multidisciplinary Team (MDT) and the program of Help Center, Inc.*

MHA of MT offers this as an example of how a determined and invested stakeholder group can develop and manage an integral service model. The current child-centered mental health initiative has demonstrated to the MHA of MT project team that a model such as that of the CAC, on a much broader scope, can be accomplished serving the greater Gallatin community. The model will require a core organization to lead the effort and sustain the viability through collaboration of providers, development of a sustainable funding source and building the trust of families and children accessing the delivery system.

Initial Recommendations

Recommendation #1

The MHA of MT team recommends a three-year initial planning and implementation project to launch the Child-Centered Mental Health Delivery System.

Recommendation #2
MHA of MT believes, given the team's involvement in the initial assessment that MHA of MT is in the most knowledgable position to lead the three-year pilot project and take on the role of the Coordinating Organization.

- Year one focus on infrastructure development
- Year two on development of a crisis stabilization "soft" landing site
- Year Three on eliminating service and training gaps

Recommendation #3
Establish a guiding Advisory Group of key stakeholders.

Recommendation #4
Initiate discussions and actions to establish a Mental Health Foundation for the greater Gallatin community (potential parties of interest include Bozeman Health Foundation, Montana Healthcare Foundation, Gilhousen Family Foundation, Taylor Foundation, etc.)

Recommendation #5
Develop Memo of Understanding/Agreement (MOU/MOAs) with key stakeholders (Law Enforcement – Police & Sheriff, School Districts, Healthcare Providers, Bozeman Health, the Help Center, Mental Health & Substance Use Providers, Parent Groups).

Recommendation #6
Initiate a marketing plan to establish community definitions regarding prevention, wellness, natural supports, mental health and substance use providers, and crisis services. Provide children's mental health talking points for community members, schools, and collaborative partners. Engage multi-modal social media tools for both an on-line presence and an active messaging effort.

Recommendation #7
Establish a collaborative provider network to include credential vetting and provider gaps analysis.

Recommendation #8
Implement a coordinated/consented electronic referral solution and train collaborative provider network members.

Recommendation #9
Initiate partnerships with Project Launch, the Help Center, Bozeman Health Pediatric IBH Project, United Way, and Montana Department of Public Health & Human Services – Children's Mental Health Bureau

Respectfully,

Dan M. Aune
Executive Director
Mental Health America of Montana