



Missoula County Behavioral Health System: Charting a Path Forward

A Comprehensive Analysis of Five Years of Needs Assessments

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Table of Contents

Executive Summary.....	2
Acknowledgments.....	3
Introduction	4
Report Summaries	5
Jail Diversion Master Plan, 2016.....	5
Missoula City-County Health Department Community Health Assessment, 2017	6
MCCHD Community Health Improvement Plan, 2018-2023	7
CHIP Behavioral Health Survey, 2018	8
Strategic Alliance for Improved Behavioral Health Gap Analysis, 2019	9
Sequential Intercept Mapping Workshop Report, 2019.....	10
Providence St. Patrick Hospital CHNA, 2020.....	11
Analysis of the Missoula County Behavioral Health Crisis System, 2021	12
Needs Assessment of the Missoula County Substance Use Care System, 2021.....	13
Analysis of Reviewed Behavioral Health Reports	14
Major Themes	14
Access to Services	14
SUD Treatment	14
Detoxification Services.....	14
Data.....	15
Housing	15
Additional Themes	15
Progress Addressing Needs and Gaps.....	17
Recommendations	19
Considerations Moving Forward.....	21
Conclusion.....	24
References	25

Executive Summary

The Strategic Alliance for Improved Behavioral Health (Strategic Alliance) requested a summary and thematic analysis of Missoula County behavioral health gap research from 2016 to 2021.

Missoula County Behavioral Health System: Charting a Path Forward summarizes findings from nine reports, identifies themes and proposes recommendations for the Strategic Alliance and the community's consideration when prioritizing behavioral health system changes in the County.

Five prominent themes were identified in at least six of the nine reports (classified as "major" themes), and nine additional themes were identified across at least four of the reports (classified as "additional" themes).

Major Themes:

- Access to Services
- Housing
- Detoxification Services
- SUD Treatment
- Data

Additional Themes:

- Crisis Stabilization
- Transition Services
- Communication and Coordination
- Alternative Crisis Response
- Funding
- Case Management
- Peer Support
- Culturally Appropriate Services

Charting a Path Forward

While this summary was prepared for the Strategic Alliance, it also provides recommendations and focus areas to help guide community organizations and local governments as they strive to develop a quality continuum of behavioral healthcare including prevention, early intervention, crisis care and recovery. The recommendations include:

- Address specific behavioral health service accessibility issues
- Increase the availability of all levels of evidence-based SUD treatment programs
- Improve data collection, tracking, and analysis efforts across criminal justice and behavioral health services
- Identify and implement initiatives to improve coordination between service providers, public health, and collaborative groups
- Advocate for increased funding for the behavioral health system at local, state, and federal level
- Increase the availability of peer support across the behavioral health service system
- Expand the availability of culturally appropriate care
- Analyze the behavioral health system from the perspective of people with lived experience
- Strengthen and expand anti-stigma efforts
- Assess and address quality of care as well as quantity of care
- Identify and address the gaps in the continuum of care for youth services
- Increase focus on prevention and early intervention
- Develop a nuanced understanding of the factors that contribute to the identified needs and gaps

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Introduction

The Strategic Alliance for Improved Behavioral Health (Strategic Alliance) requested a summary and thematic analysis of Missoula County behavioral health gap research from the last five years, 2016-2021.

The Strategic Alliance operates at the systems level to address unmet behavioral health care needs of Missoula County residents who experience barriers to accessing care, specifically people with limited economic means, youth, unsheltered individuals and those with a co-occurring substance use disorder (SUD). Strategic Alliance members include: Providence St. Patrick Hospital, Community Medical Center, Western Montana Mental Health Center, Partnership Health Center, All Nations Health Center, University of Montana's Curry Center Behavioral Health, the Mayor's office, County Commission and representatives from other City and County agencies.

Missoula County Behavioral Health System: Charting a Path Forward summarizes findings from relevant reports, identifies themes across those reports, and proposes recommendations for the Strategic Alliance's consideration when prioritizing behavioral health system changes in the County.

Reports reviewed include:

- 2016 Jail Diversion Master Plan
- 2017 Missoula City-County Health Department Community Health Assessment (CHA)
- 2018-2023 Missoula City-County Health Department Community Health Improvement Plan (CHIP)
- 2018 CHIP Behavioral Health Survey
- 2019 Strategic Alliance for Improved Behavioral Health Gap Analysis
- 2019 Sequential Intercept Mapping Workshop Report
- 2020 Providence St. Patrick Hospital Community Health Needs Assessment (CHNA)
- 2021 JG Research's Analysis of the Missoula County Behavioral Health Crisis System
- 2021 JG Research's Needs Assessment of the Missoula County Substance Use Care System

Reports that only include behavioral health data or statistics and do not document system gaps or needs are not included in this review. For example, the Montana Prevention Needs Assessment includes data on behavioral health (i.e. number of youth who have tried illicit drugs), but it does not extrapolate from that data to identify specific system needs, and therefore is not included in this assessment.

While this summary was prepared for the Strategic Alliance at its request, it is also intended to guide community organizations and local governments as they strive to develop a quality continuum of behavioral healthcare including prevention, early intervention, crisis care and recovery.

The term "behavioral health" as used in this document includes mental illness, mental health needs, substance use and substance use disorder, across the spectrum from prevention to recovery (National Council for Behavioral Health, 2021).

Report Summaries

Jail Diversion Master Plan, 2016

(Wolken, Ziegler, & Mayrer, 2016)

The “Missoula City-County Jail Diversion Master Plan (JDMP) represents Sheriff TJ McDermott’s recommendations to the Missoula Board of County Commissioners and the Missoula City Council for adoption by those bodies and implementation by respective agencies and stakeholders...

The JDMP proposes short- and long-term policy and procedure changes to reduce the number of nonviolent arrestees and offenders in the Missoula County Detention Facility (MCDF).” (Wolken, Ziegler, & Mayrer, 2016). The JDMP was adopted in 2016, and an update was published in 2018 (Rowley & Cares, 2018).

The Missoula County Sheriff’s Office worked with local stakeholders, elected officials, justice system experts, City and County officials, mental health and other service providers, justice system representatives and four individuals with experience as justice-involved persons in the jail to identify needs and formulate recommendations for system change (Wolken, Ziegler, & Mayrer, 2016).

JDMP Recommendations

Included here are some of the recommendations from the JDMP that were specific to the behavioral health system:

- Include cultural sensitivity training in Crisis Intervention Team (CIT) training
- Increase the number of Emergency Detention Beds
- Build Social Detox Beds
- Build/Fund a Drop-in Center and Permanent Supportive Housing
- Several recommendations included increasing available behavioral health and other services and programming at the jail

“Two other significant gaps in services in Missoula are the lack of ambulatory detox, also known as social detox facilities, or a drop-in center for those under the influence of alcohol or drugs. These services are necessary to provide a continuum of care, while preventing arrests and criminality stemming from addictions.”

(Wolken, Ziegler, & Mayrer, 2016)

Missoula City–County Health Department Community Health Assessment, 2017

(Missoula City-County Health Department, 2017)

The Missoula City-County Health Department (MCCHD), together with local stakeholders and community members, published a community health assessment (CHA) in 2017. A CHA is an evaluation identifying key health needs and issues in a community through systematic data collection and analysis and is conducted every five years (Centers for Disease Control and Prevention, 2018).

MCCHD CHA Findings

The 2017 MCCHD CHA identified behavioral health as a primary area of concern for Missoula County. Through working groups and key informant interviews, the following gaps and needs in the system were identified (Missoula City-County Health Department, 2017):

- General lack of available and affordable housing, including available transitional housing;
 - Long wait lists for subsidized and public housing, especially for specific populations including those with a history of substance use or mental health issues
- Availability and accessibility of mental health and substance use services generally, as well as significant gaps in services for certain age groups
- Providers as well as the public may not know about all available services
- Collected data isn't always shared, no system exists for sharing data, more time often spent collecting data than using it, and there are gaps in the data that is collected
- Low-paying jobs/lack of employment at a living wage/poverty/high cost of living, especially for specific populations including those with a history of substance abuse and/or mental health issues
- Lack of access to case management services
- Lack of access to medical detox

“The lack of mental health care and services, along with the lack of treatment options for co-occurring problems including substance abuse and health care issues, regularly comes up in community surveys and forums as a main area of concern...It is noteworthy that Missoula County’s ratio of mental health care providers for the population is actually very good at 270:1, compared to 410:1 for Montana and 360:1 in the top 1% of counties in the US — a reminder that having sufficient numbers of providers does not automatically improve access to services.” (Missoula City–County Health Department, 2017)

MCCHD Community Health Improvement Plan, 2018–2023

(Missoula City-County Health Department, 2018)

After conducting the CHA, the MCCHD and over 30 community agencies created the Missoula County Community Health Improvement Plan (CHIP). In conjunction with the CHA, the MCCHD goes through the CHIP process every five years. “A community health improvement plan (CHIP) is a long-term, systematic effort to address public health problems on the basis of the results of community health assessment activities and the community health improvement process. This plan is used by health and other governmental, education and human service agencies, in collaboration with community partners, to set priorities and coordinate and target resources” (Centers for Disease Control and Prevention, 2018).

CHIP Findings/Recommendations:

Using data from the 2017 CHA, community input, and group discussion, stakeholders identified five priority areas for improvement, including behavioral health and community data coordination (Missoula City-County Health Department, 2018).

The CHIP identified two behavioral health priority area goals:

- Determine gaps and barriers in systems that provide behavioral health services
- Strengthen community connectivity to improve mental health and resilience

Several strategies were identified to meet those goals:

- Improve access to timely and affordable acute and ambulatory mental health treatment for community members, as in, somewhere to take people in crisis besides the emergency room or jail
- Develop events or programs to connect behavioral health and other community service providers to share information and build relationships.
- Identify gaps and barriers to accessing behavioral health services.
- Develop programs to decrease opioid misuse among pregnant women
- Work with existing providers and community collaborative groups on programs to decrease social isolation.

“Surveys and key informant interviews during the 2017 CHA process suggested the need to understand more about the landscape and experience of behavioral health services from the perspective of community members who use the services, as well as those who work to get clients and patients into behavioral health services.” (Missoula City-County Health Department, 2018)

CHIP Behavioral Health Survey, 2018

(Bishop, Lanier, Callis, & Teimessen, 2018)

University of Montana School of Public and Community Health Sciences graduate students worked with the MCCHD CHIP Behavioral Health Work Group to design and conduct a survey of behavioral health providers in Missoula County to collect data about barriers low-income adults face when attempting to access services (Bishop, Lanier, Callis, & Teimessen, 2018). The survey was conducted in the fall of 2018. This was a one-time survey, with the hope that it could be followed up with a survey of patients/people with lived experience.

Behavioral Health Survey Findings/Recommendations

Researchers analyzed participant responses identifying themes around barriers to accessing behavioral health services, and needs and gaps in the behavioral health system:

- Access to services: Including ability to receive appropriate and timely behavioral health care
 - Long waiting lists, lack of transportation, lack of available services for certain age groups and those with co-occurring disorders, and stigma were some of the main barriers to accessing services
- Affordability: Particularly the ability to meet the cost requirements to obtain services
- Case Management: Significant need for services provided by case managers including assessment, monitoring, planning, advocacy and linking of patients with rehabilitation and support services
- Crisis Services: Services that meet the needs of those experiencing mental and or/physical state of instability requiring immediate attention, like a crisis stabilization center
- Community and Social Support: Having friends, family and peers to turn to in times of need or crisis that enhance quality of life and provide a buffer against adverse life events
- System reform: Establish a behavioral health care system that includes primary, specialty, emergency and rehabilitative care while addressing social needs such as housing, employment, and transportation

“Missoula County has an abundance of behavioral health professionals and programs, yet public documents consistently rank lack of access as a dire community need.”
(Bishop, Lanier, Callis, & Teimessen, 2018)

The report authors also suggest conducting additional research with patients to better understand the barriers to accessing behavioral healthcare in Missoula County.

Strategic Alliance for Improved Behavioral Health Gap Analysis, 2019

(Kendrick, 2019)

In 2019, Terry Kendrick, Strategic Alliance for Improved Behavioral Health project facilitator, conducted a qualitative gap analysis of the behavioral health crisis care continuum to identify gaps and issues in Missoula County's healthcare system by comparing the current system to a best-practice system (SAMHSA, 2020). Thirty-two stakeholders representing 16 different health providers, agencies and community programs were interviewed, including several people with lived experience who have navigated the system. The stakeholders identified successes within the behavioral health system, opportunities for growth, obstacles to change and data needs for the county.

Strategic Alliance Gap Analysis Findings/Recommendations

Ms. Kendrick analyzed overarching themes and presented findings and recommendations to the Strategic Alliance. Those suggestions included:

- Improve coordination of services and efforts of working groups to decrease duplication of efforts
- Address the significant need for behavioral health services for youth
- Identify other first responders for behavioral health besides law enforcement
- Provide more treatment services for people with co-occurring mental illness and substance use disorder
- Provide additional crisis stabilization services
- Share data among health providers
- Change Medicaid funding structure to allow payment for comprehensive services
- Offer more culturally appropriate care
- Focus on providing easy access to services for populations with high levels of barriers
- Aim for transparency and cooperation between providers
- Establish better transition planning for patients when they leave a crisis care setting and increase warm hand-offs and care coordination across providers and clinics

**"People in crisis don't need a referral, they need a person to help them navigate the transition from crisis to stability and to assist them before they get to the crisis stage."
(Kendrick, 2019)**

Sequential Intercept Mapping Workshop Report, 2019

(Krider & Huerter, 2019)

In 2019, Policy Research Associates, Inc. led 40 Missoula County behavioral health and criminal justice stakeholders through a Sequential Intercept Model (SIM) mapping workshop, and then published a report based on the workshop findings.

A SIM workshop develops a map that illustrates how people with behavioral health needs come into contact with and flow through the criminal justice system along six distinct intercept points. The SIM workshop also identifies gaps, resources and opportunities at each intercept, and develops priorities for system and service level improvements for individuals in the target population (Krider & Huerter, 2019).

SIM Findings/Recommendations

Participants in the 2019 SIM workshop identified a long list of gaps and needs in the behavioral health and criminal justice system. Those gaps included:

- Access to detox is limited (requires prior authorization) or unavailable
- Long waitlist for services like SUD treatment or mental health competency evaluations
- Lack of services available in real time, and a lack of services for early crisis intervention, and daytime treatment intervention for DUIs
- Barriers to accessing Dakota Place
- More coordination and collaboration [among providers, coalitions, etc.]
- No mobile crisis response services that are able to respond anywhere
- Accessing behavioral health services, and housing, is difficult for individuals convicted of sex offenses
- Data - there is a lack of data tracking around CIT calls, and a data gap around potential diversion to detox, instead of jail

The SIM Report made the following recommendations:

- Establish standardized metrics and data sharing across agencies to improve data-informed decision making
- Increase continuity of health care between the emergency room and jail
- Develop homeless and housing intervention strategies
- Create a comprehensive behavioral health screening strategy to improve jail population screening and identification
- Improve intensity and availability of care; develop a coordinated crisis and crisis service delivery continuum
- Maximize, and increase county-wide diversion strategies, like increasing coordination and access to crisis services, especially psychiatric beds, initiating clinical co-response strategies and building a crisis stabilization unit and/or crisis stabilization beds
- Identify “familiar face” high utilizer populations to help manage costs, reducing unnecessary utilization of services while increasing individual stabilization

Providence St. Patrick Hospital CHNA, 2020

(Providence St. Patrick Hospital, 2020)

Providence St. Patrick Hospital (PSPH), with input from community stakeholders, conducts a community health needs assessment (CHNA) every three years as a part of their accreditation. PSPH uses CHNAs to identify and prioritize health needs and opportunities in the community.

CHNA Findings/Recommendations

The PSPH CHNA identified the following behavioral health priority areas:

- Access to mental health services
 - Access to mental and behavioral health services, including for children and adolescents, regardless of payer source or ability to pay for services, as well as rapid access to appropriate services for people experiencing a mental health crisis
- Access to SUD treatment services
 - Access to both outpatient and inpatient alcohol and drug treatment and detox, regardless of payer source or ability to pay, as well as expanded treatment models, such as medication-assisted treatment and peer support programs

The PSPH CHNA also identified behavioral health system challenges including issues when accessing behavioral healthcare. Some of those challenges and access issues include:

- A need for more mental health services with easier access points and peer support
- Crisis services for people needing immediate, short-term support
- Accessing appropriate SUD treatment services is a challenge – need wraparound, low-barrier, transitional SUD treatment facility and more harm reduction services
- Stigma and a lack of education and comfort talking about behavioral health are barriers. Also, negative experiences of being shamed and turned away for their behavior may deter people with behavioral health needs from seeking support
- Lack of insurance and the criminalization of substance use are barriers to addressing behavioral health needs
- Accessing affordable and responsive services is challenging for people with co-occurring behavioral health and medical needs, Native American communities, young people, people identifying as LGBTQ+ and veterans
- A lack of culturally responsive care for Native American communities who may not trust non-Native systems due to racism and historical trauma (Providence St. Patrick Hospital, 2020)

The need for available, affordable housing was also addressed in the PSPH CHNA.

Access to mental health services and access to substance abuse treatment services are prioritized needs in PSPH's 2021-2023 CHIP (Providence St. Patrick Hospital, 2021).

“Stakeholders spoke to...a need for... a wraparound, low-barrier, transitional SUD treatment facility...people often cannot be admitted to the hospital because they do not meet detox criteria, but they also do not meet the criteria for a sober house.” (Providence St. Patrick Hospital, 2020)

Analysis of the Missoula County Behavioral Health Crisis System, 2021

(Green, Salemo, & Jones, 2021)

The Montana Department of Health and Human Services (DPHHS) commissioned an analysis of the Missoula County behavioral health crisis system from JG Research and Evaluation in 2020. The Strategic Alliance assisted staff from Missoula County in gathering data for the report and in reviewing content. The report, published in 2021, analyzed the behavioral health crisis continuum of care to develop an understanding of the volume of demand put on the Missoula County crisis system, and to depict the burden of response placed on organizations that provide behavioral health crisis services (Green, Salemo, & Jones, 2021).

Crisis System Analysis Findings/Recommendations

JG Research and Evaluation collected data from a wide variety of behavioral health providers, organizations, and stakeholders, and identified a number of needs and gaps in the system.

Recommendations were also provided based on their research and findings, and include the following:

- Examine the financing of crisis services, workforce capacity, behavioral health treatment capacity, and referral practices including client flow within the crisis system
- Improve data integration and coordination across crisis service organizations
- Review coordination mechanisms across crisis call lines. Consider if a centralized call center could decrease reliance on 911 and law enforcement for behavioral health crisis calls
- Ensure that non-emergency crisis response resources are available during peak times of need to help divert individuals in crisis from the emergency department
- Consider the possibility of adding a crisis stabilization organization in the county that could provide detoxification services and stabilization for mental health conditions
- Monitor the impact that the expansion of the Mobile Response Team (implemented in 2020) has on dispatch responses and emergency department transports
- Consider the financial implications and demand for expanded substance use care, including medical or social detoxification and treatment services for alcohol use disorder
- Examine the effectiveness of care coordination and case management among heavy utilizers of the emergency department
- Additional analysis or discussion about the barriers and successes of care at transition points for those who have been institutionalized could be valuable
- Transitional and supportive housing are lacking and could be expanded
- Review and assure that all assessment tools, interview protocols, and practices reflect cultural responsiveness and are evidence-based (Green, Salemo, & Jones, 2021)

“Improving coordination within crisis system organizations is a perpetual goal...One direct way that coordination could be enhanced is through creative strategies for sharing data, which can improve understanding about heavy utilizers.”
(Green, Salemo, & Jones, 2021)

Needs Assessment of the Missoula County Substance Use Care System, 2021

(Green & Kim, 2021)

Missoula Substance Use Disorder Connect contracted with JG Research & Evaluation to conduct a needs assessment of the substance use care system in Missoula County. “The Needs Assessment is intended to provide understanding about the burden of substance use in Missoula County, explore root causes of addiction, identify promotion, prevention, treatment, and recovery support capacity, and offer strategies for how Substance Abuse Connect can support collaborative efforts within the county to improve outcomes” (Green & Kim, 2021).

Needs Assessment of the SUD Care System Findings/Recommendations

Based on data collected from a wide variety of secondary data sources, behavioral health providers, organizations, and stakeholders, the authors identified “key takeaways” about substance use in Missoula County, some of which are gaps/needs in the system, and some of which are statistics about things like substance use prevalence. Some of the identified gaps and needs are summarized here and include:

- There is a likely need for illicit drug use treatment for about 2,300 residents
- The most significant gap in SUD prevention is for health promotion and education campaigns aimed at community members in the county
- Missoula County’s most significant gaps are in Detoxification, Partial Day Treatment/Hospitalization, Recovery Residences, and Certified Peer Support Specialists
- When including additional demand on the system from out-of-county residents, there are more significant capacity needs in the treatment system. Across inpatient and outpatient treatment, all but psychiatrists and waived buprenorphine providers are shown to be unable to meet potential demand
- Housing supports are limited throughout all of Montana, and affordable housing is a challenge in Missoula County
- There is a risk of coalition proliferation, which can create inefficiencies for organizations and staff who find themselves attending several different meetings, with the same people, to discuss the same social problems in lieu of having the time and space needed to enact the interventions intended to address the social problem
- Alcohol is the substance of greatest impact on the care system in the county
- There is a lack of peer support workforce capacity (Green & Kim, 2021)

“There is an estimated need for additional peer support groups, either those which are fully peer directed or those with licensed staff engagement. Peer support workforce capacity was also estimated...and there is a general lack of capacity.”

(Green & Kim, 2021)

Analysis of Reviewed Behavioral Health Reports

The goal of this report is to identify the most significant needs and gaps in the behavioral health system in Missoula County, as understood by the organizations and stakeholders, in the analyzed reports.

Five themes were identified across at least six of the nine reports (classified as “major” themes), and nine themes were identified across at least four of the reports (classified as “additional” themes). A brief description of Major and Additional Themes follows, listed by prominence.

Major Themes



Access to Services

Access to Services was a need identified in all nine of the reviewed reports. Most of the reports mentioned access to services as a general need, but many of them broke down access into different components. Considerations related to accessing services include:

- Timely access – can a person access the service they need when they need it, without being put on a waitlist, and regardless of time of day?
- Affordable access – can a person access services regardless of income or insured status?
- Appropriate access – can a person access the specific, appropriate type of care that they need?
- Access for people with co-occurring mental illness and SUD – people with co-occurring disorders are often unable to access treatment, because mental health providers deny services until the SUD is treated, and SUD providers deny treatment until the mental illness is treated, creating an impossible catch-22 for many patients.



SUD Treatment

The need for more SUD treatment was mentioned in six of nine reports. Access to inpatient SUD treatment is limited in Missoula County specifically, and in Montana more broadly. The need for more outpatient treatment was also mentioned. The lack of sufficient beds for SUD treatment is an access issue, but it was mentioned so often as a distinct need that it is included as a separate theme.



Detoxification Services

Seven of the nine reports mention limited or unavailable detoxification services in Missoula County. As of this writing, the only detoxification services available in Missoula County are through the emergency departments at Providence St. Patrick Hospital and Community Medical Center, and for incoming patients at The Recovery Center at Western Montana Mental Health Center.



Data

This theme is broken into two distinct issues: Missoula County struggles with data tracking and analysis (3/9 reports), and there is a need to share data between providers and between groups working on similar projects (4/9 reports).



Housing

The need for more available and affordable housing is well-known in Missoula County (7/9 reports). Stable, affordable housing is an essential part of recovery for mental illness and substance use disorder, and people with precarious housing are at greater risk for mental health problems and substance use (Polcin, 2016, SAMHSA, 2021).

In addition to the general need for more affordable housing, several reports (5/9 reports) mentioned a need for more transitional and supportive housing, as well as housing that is easily accessible by persons with a history of mental illness and/or substance use disorder.

Additional Themes



Crisis Stabilization Services

Five reports noted that Missoula County lacks crisis stabilization services. Often, there is nowhere to take a person experiencing a behavioral health crisis except the emergency room. WMMHC's Dakota Place offers crisis stabilization, with five voluntary beds and two involuntary beds, but admission requirements can be a barrier. Admission requirements include medical clearance for non-WMMHC clients and sobriety at patient in-take, among others. Both law enforcement and the Mobile Support Team report that they are often unable to utilize the service.

The need for crisis stabilization can also be seen as an access issue, a prominent theme across all reports, because crisis stabilization is a more appropriate type of care for a person experiencing a behavioral health crisis than an emergency room visit or jail detention.



Care Coordination

Missoula County struggles with care coordination, from discharge planning to patient transitions between agencies. Five reports mention needing better coordinated transition planning. Patients often need more than a referral: they need assistance navigating the health care and social service system as well as assistance completing forms for needed services such as applications for Medicaid.



Communication and Coordination

Improved communication and coordination between agencies, individual providers, and the various collaborative groups in Missoula County is recognized as a need in five reports. This is also reflected in the need for improved data sharing, a major theme discussed above. Some of the reports noted that there is a lot of good work happening, but many people are not aware of what other agencies or groups are doing. Reports noted that improved communication and coordination is important to decrease duplication of effort.



Alternative Crisis Response

Five reports documented the need for an alternative, non-law enforcement response for people experiencing a behavioral health crisis. Since these reports were published, the Missoula Mobile Support Team was formed and has been co-responding with law enforcement to behavioral health crisis calls as of November 2020.



Funding

The lack of adequate funding was mentioned in five reports. It is worth noting that the lack of funding is a significant driver of many of the other system needs identified across all reports, which cited issues with how Medicaid funding is structured and how it provides (or doesn't provide) funding for services.



Case Management

Four reports stated the need to expand and/or reinstate case management services in Montana. Funding and reimbursement rates for case management were cut by the Montana Legislature in 2017, resulting in significant negative effects to the already struggling behavioral health and criminal justice systems in Missoula County. Had all of the reports summarized in this document been written after 2017, it is likely that the need for more case management would have been a major theme.



Peer Support

The need for additional peer support services was cited in four reports. Peer support services are minimally available across the system in Missoula. "Peer support workers are people who have been successful in the recovery process who help others experiencing similar situations. Through shared understanding, respect, and mutual empowerment, peer support workers help people become and stay engaged in the recovery process and reduce the likelihood of relapse" (SAMHSA, 2021).



Culturally Appropriate Services

Missoula County does not provide enough culturally appropriate services, according to four reports. “Culturally and linguistically appropriate services are respectful of and responsive to the health beliefs, practices, and needs of diverse consumers” (SAMHSA, 2020). There is also a need to include more cultural content in local law enforcement and behavioral health provider training.

Progress Addressing Needs and Gaps

In the last five years, Missoula County has made considerable progress toward addressing the recommendations provided in the reviewed reports. Some highlights of that progress are presented here. This is not a comprehensive list of all of the work that has been done to address behavioral health needs in Missoula County, but it addresses some of the specific findings and recommendations of the reports included in this document.

- Missoula is making strides in providing supportive housing and housing assistance for people with significant behavioral health concerns. Initiated in 2018, the Frequent Users of Systems Engagement (FUSE) project focuses on providing supportive services for people who frequently access emergency services in order to help them gain and retain stable housing. Cornerstone is completed, which added 12 units of supportive housing. Missoula will soon have an additional 30 units of supportive housing with wrap-around services available on site when the Trinity project is completed.
- In 2018, Missoula County received a MacArthur Foundation Safety and Justice Challenge grant to create data-driven solutions to address the over-incarceration of certain populations and formed the Criminal Justice Coordinating Council. The county also hosted a Sequential Intercept Mapping workshop in April 2019.
- A group of high-level stakeholders, led by five local healthcare leaders, formed the Strategic Alliance for Improved Behavioral Health and Wellbeing in 2019 to revamp the way Missoula County responds to behavioral health crises from a systems-level perspective. The Montana Healthcare Foundation funded a two-year grant to support this work.



Cornerstone Supportive Housing

- In 2020, Missoula County hired a Mental Health Coordinator (housed at Partnership Health Center) to improve communication, collaboration, and coordination between behavioral health service providers, law enforcement, and other stakeholders in Missoula County.
- In the fall of 2020, the Mobile Support Team started responding with area first-responders to behavioral health crises within a 15-mile radius of Missoula. The MST operates 7 days a week for 10 hours a day and plans to expand hours of operation.
- In 2021, the Hope Health Alliance started the Dignity Center, a daytime, come-as-you-are drop-in center for people with behavioral health needs and/or experiencing homelessness.
- In 2021, the City of Missoula hired a full-time CIT program manager, who is working to expand the program to include all CIT core elements (Dupont, Cochran, & Pillsbury, 2007).
- Missoula has social workers in Office of Public Defenders, the SMART (Strategies in Maintaining Addiction Recovery and Treatment) court, and the DUI court.



Members of Missoula's Mobile Support Team



Members of CIT Montana at the CIT International Conference

- Coalitions are increasingly sharing information to avoid duplication and support each other's work.
- The Strategic Alliance initiated data sharing for its health provider members to improve continuity of behavioral health care, however, not all providers are using the platform.
- Current County Tribal Matching Grant funding from MT DPHHS has increased the funding level for services related to housing, CIT expansion, and the development of a crisis receiving site.
- The Strategic Alliance is coordinating the effort to develop a regional crisis receiving/stabilization site.
- Missoula County government, along with the Strategic Alliance and other organizations are researching the feasibility of an additional residential substance use treatment facility.
- In 2022, Montana will have access to 988 crisis line services which will assist in the coordination of crisis response.

Recommendations

The following recommendations take into consideration the thematic analysis of needs, gaps, and strategies in the reviewed reports. These recommendations are provided to the Strategic Alliance for consideration when addressing behavioral health care system needs. Following most recommendations are proposed action steps, with suggestions for which group or groups could take responsibility.

Implementing all of these recommendations will require community collaboration and coordination to achieve results and avoid unnecessary duplication of effort. While the Strategic Alliance is listed as a responsible party under each section, the group will not be taking the lead on every suggested action. The Strategic Alliance commits to prioritizing actions within the scope of these recommendations, and commits to elevating these recommendations to other community groups and organizations.



Address specific accessibility issues

Access to behavioral health services is a significant issue in Missoula, and accessibility has many different components. Addressing specific access issues will include meeting the need for additional SUD treatment options, detoxification services, crisis stabilization, transition services, Intensive Outpatient Treatment, residential treatment, case management and peer support.

- Identify one or two barriers to access, explore the “why” behind those barriers and develop a plan to address them. For example, if there is a waiting list for inpatient treatment beds, identify the reason(s) (not enough beds, inadequate insurance reimbursement rates, etc.).
- Suggested Responsible Parties: Strategic Alliance and other collaborations working on improving behavioral health in Missoula County



Increase the availability of all levels of evidence-based SUD treatment programs

Given the widespread agreement on the need for SUD treatment and detoxification services, look for ways additional evidence-based treatment programs can be added to the community.

- The plans for the proposed crisis receiving center include sobering beds. Explore whether sobering beds will meet the needs of the community, or if additional detoxification services are needed. It’s important to understand why additional detoxification and SUD treatment services are not currently available. Are the services not financially sustainable if Medicaid is the primary form of payment? What are the treatment options that could be put in place while a person waits for residential treatment?
- Suggested Responsible Parties: Strategic Alliance working with other organizations such as Substance Use Disorder Connect as well as city and county government



Improve data collection, tracking, and analysis efforts across criminal justice and behavioral health services

Data sharing, tracking and analysis are recognized as significant needs in Missoula County, and yet there are substantial barriers to implementing solutions. The Strategic Alliance implemented a data sharing agreement among four of its six health care providers, facilitated by the software platform Collective Medical, and that effort took a substantial amount of time to onboard.

- To improve collection, tracking and analysis efforts, identify what data is not being collected/tracked that is needed, identify the barriers to tracking that data, and then develop a plan to overcome those barriers.
- Conversely, assess whether additional data analysis would lead to new knowledge or changes in the quality or quantity of services.
- In the effort to gather and share data, be aware of and protect patients' right to privacy.
- Suggested Responsible Parties: Strategic Alliance, Criminal Justice Coordinating Council, Crisis Intervention Team, working with the Missoula City and County government



Identify and implement initiatives to improve coordination between service providers, public health and collaborative groups to create a seamless continuum of care

Improved coordination between providers will help to address the need for better transition care, avoid duplication of effort and increase communication between stakeholders.

- Work to initiate 3-5 strategies in the next two years that would increase coordination, decrease duplication, and improve quality of care.
- Suggested Responsible Parties: Missoula County Mental Health Coordinator, with the Strategic Alliance, Crisis Intervention Team and other providers.



Actively advocate for increased funding for the behavioral health system

The lack of adequate funding contributes to most of the gaps and needs in Missoula County. Funding impacts access – services need to be funded adequately to be available. Funding also impacts the quality of services and programs, in part because sufficient funding is needed to pay people enough to provide high quality services (salary/workforce issues).

- Engage in one or more of the following examples of funding advocacy: promoting Medicaid expansion, changing laws that exclude inmates from Medicaid and social security, increasing the Missoula County mental health mill levy to fund services, and/or continue to commit a portion of the city and county budget to behavioral health services.
- Suggested Responsible Parties: Strategic Alliance working with other behavioral health collaborations and city and county government



Increase the availability of peer support across the behavioral health system

As the Strategic Alliance works on planning new services, or improving existing ones, consider places where peers can be incorporated into the planning and delivery of services. For peer support services to be successful and sustainable, the role of peer support staff must be clearly defined and peers must receive adequate training and supervision.

- Identify areas where peer support services would be beneficial
- Develop peer service protocol that can be used across agencies
- Suggested Responsible Parties: Strategic Alliance working with community organizations with support from MT Peer Network



Expand the availability of culturally appropriate care

“Culturally and linguistically appropriate services are respectful of and responsive to the health beliefs, practices, and needs of diverse consumers” (SAMHSA, 2020). Culturally appropriate care takes into account the impact of historical trauma, racism, and poverty on marginalized populations, and is necessary to decrease the resulting health disparities.

- Work with All Nations and other stakeholders in Indigenous healthcare, as well as with the refugee community to identify ways to expand availability of care that is inclusive of Indigenous healing methodologies. This expansion would include provider and first responder training and an audit of services that may already exist.
- Suggested Responsible Parties: Strategic Alliance and member organizations

Considerations Moving Forward

Although certain needs and gaps are identified here as themes across multiple reports, that doesn’t mean that these themes are the only important gaps/needs to address. The following recommendations are based on other needs identified in the community, and the limitations of the analyzed reports:



Analyze the behavioral health system from the perspective of people with lived experience

Behavioral health organizations and providers have an excellent understanding of the care system. However, an important voice is missing from most of these reports – that of the patient navigating the system. Some of the reports included in this analysis did seek feedback from people with lived experience, but in most cases, only one or two people were included. The gaps that have been identified reflect the perspective of the people contacted and that can result in incomplete

data. There may be gaps and needs in the system that people with lived experience would prioritize over those identified here.

- Partner with the University of Montana to conduct a needs assessment for people with lived experience of Missoula County's behavioral health system
- Suggested Responsible Parties: Missoula County Mental Health Coordinator, Strategic Alliance, Missoula CHIP Behavioral Health Committee and other behavioral health collaborations



Strengthen and expand anti-stigma efforts

Stigma is only mentioned in two of the reports, and yet is recognized in the behavioral health field as a significant barrier to accessing care, housing, employment, and other services. Conversation with stakeholders and community members who use behavioral health services in Missoula County indicate that stigma is a significant barrier to care. Addressing stigma is preventive and may decrease crisis service use, as well as improve access to care and quality of care.

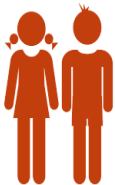
- Identify and implement an anti-stigma campaign for providers
- Suggested Responsible Parties: Strategic Alliance member organizations, Missoula City-County Health Department, and other behavioral health collaborations



Assess and address quality of care as well as quantity of care

Focusing only on closing gaps in the system ignores the need to improve the quality of existing services to reduce trauma, stigma, and to provide person-centered, culturally appropriate care. Low quality care that fills a gap is but traumatizes the patient, and/or creates arbitrary barriers to accessing care, decreases the likelihood patients will continue or re-engage with care, and makes them more likely to need additional services.

- Audit existing behavioral health services for quality, including collecting feedback from the patients using the services, and commit to quality improvement initiatives based on findings
- Suggested Responsible Parties: Strategic Alliance member organizations



Identify and address gaps in the continuum of care for youth services

Youth services are only mentioned in three reports, but the youth behavioral health system in the county is also underfunded, riddled with barriers to accessing care, and stretched beyond capacity. That youth services did not rise to the level of a theme in this analysis is again an issue of which stakeholders were included in the reviewed reports, where data were collected, etc. Additionally, many of the reports focus only on the adult system.

- Research best practices for youth services in other communities, and convene stakeholders to develop a seamless continuum of care.
- Suggested Responsible Parties: Missoula County Mental Health Coordinator, Youth Prevention Services and providers, youth-specific collaborative groups, and Strategic Alliance



Increase focus on prevention and early intervention

Many of the reports (and many of our community efforts) focus on people who have already entered the system. To reduce the number of people experiencing chronic behavioral health needs, more resources need to be put into prevention and early intervention. Importantly, prevention efforts should focus on addressing the social determinants of health known to impact behavioral health. Prevention efforts will also need to include a focus on harm reduction.

- Continue to develop a continuum of care for prevention and early intervention for community stakeholders to review.
- Suggested Responsible Parties: Strategic Alliance, Missoula City-County Health Department, other prevention professionals and behavioral health collaborations



Develop a nuanced understanding of the factors that contribute to the identified needs and gaps

Missoula has an abundance of research related to understanding and improving the adult behavioral health care system in Missoula. Rather than conduct another systems assessment, the community would benefit from a deeper and nuanced understanding of the factors contributing to the current gaps, as well as the best options available to meet those needs.

- Work with the University of Montana to take a deeper dive into one or two of the needs identified in this report.
- Suggested Responsible Parties: Missoula County Mental Health Coordinator and the Strategic Alliance working with other behavioral health collaborations and city and county government

Conclusion

The goal of this report was to identify the most significant needs and gaps in the behavioral health system in Missoula County, as understood by the organizations and stakeholders represented in the analyzed reports. Based on the common themes across reports, recommendations are provided for the Strategic Alliance for Improved Behavioral Health. While this summary and analysis was prepared for the Strategic Alliance, it is also intended to guide community organizations and local governments as they strive to develop a high quality continuum of behavioral health care including prevention, early intervention, crisis care, and recovery.

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