Presentation
ORH/AHEC Advisory Board Meeting

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Introduction

Aaron Wernham, Chief Executive Officer

Ted Madden, Chief Operating Officer

Scott Malloy, Senior Program Officer

Melinda Buchheit, Communications Coordinator & Administrative Assistant

Kayla Talbert, Grants Administrator & Administrative Assistant
About MHCF

http://www.mthcf.org/who-we-are/about-us/

• Strategic investments to improve the health and well-being of all Montanans
• Focus on at-risk populations and health disparities
• The largest Montana-based foundation focused on health
• Independent, private foundation
• Permanent resource for Montana: manages the trust investments sustainably, making grants and grant-related investments of roughly 5% of the value of our trust each year
• Created from the sale of Blue Cross & Blue Shield of MT
We plan to give more than $3 million in 1-2 year grants

Three focus areas:

- Behavioral Health (mental illness, drug & alcohol use)
  - Integrated behavioral health initiative
- American Indian Health
- Partnerships for Better Health

2 types of grants:

- **Rapid Response**: $10,000 - $50,000; 1 step application
- **Large Grants**: $50,000 - $150,000; 2 step application

One organization may submit up to two distinct proposals
Focus Areas

- Behavioral Health (mental illness and drug & alcohol use)
  - Integrated Behavioral Health Initiative
- American Indian Health
- Partnerships for Better Health

- Website - map and description of prior grantees
  [http://www.mthcf.org/grant-opportunities/grantee-map/](http://www.mthcf.org/grant-opportunities/grantee-map/)
There are approximately 629 Licensed Clinical Professional Counselors (LCPCs) in the state. 13 counties have zero LCPCs.
There are 599 Licensed Addiction Counselors (LACs) in the state. 18 counties have no LACs.
There are 708 Licensed Clinical Social Workers (LCSWs) in the state, but 15 have zero LCSWs.
There are 214 Licensed Clinical Psychologists in the state. Most counties have zero. Most Licensed Clinical Psychologists are located in Missoula, Gallatin (Bozeman), and Yellowstone counties (Billings).
Integrated behavioral health (IBH): An evidenced-based method to improve outcomes and reduce costs

- Behavioral Health and Primary care
- Team-based
- Patient-Centered
- Appointment Scheduling
- Integrated assessments
- Treatment meetings and planning
- Quality and cost outcomes
- Population Health impact
IBH 101

- Screen and identify
- Resources to coordinate and treat
- Scope of care clear
- Team-based care (not co-location)
- Consultation with Psychiatry formally available
- Referral mechanisms formally available
- Feedback on individuals and population improvement
IBH landscape in MT

Self-reported level of behavioral health integration at Montana Healthcare Sites, 2015

- Full, systematic Integration: 31%
- Integration coordinated with outside agencies: 28%
- Co-Location of behavioral and primary care services: 12%
- Minimal: 29%
IBH in MT

- Don’t take the “easy path” on workforce shortage
- Opportunities
  - Medicaid expansion and other payment options
  - Governor’s Council
  - Many states are doing this- we have learned a lot
  - Address the “design” problem