

# BEHAVIORAL HEALTH

## DESCRIPTION

Behavioral Health is recognized as a critical component of overall health. The concept of integrated behavioral health, meaning behavioral health is incorporated into a care team in a primary care setting or primary care providers are incorporated into the care team in a behavioral healthcare setting, has taken a high priority as healthcare transformation efforts move forward across the nation and in Montana. Integrated Behavioral health systems have several key characteristics:

- Patient centered team based care (both Primary Care and Behavioral Health).
- Systems of care are integrated at every level—appointment scheduling, shared waiting rooms, integrated assessment and diagnostic tools.
- Utilization of case managers, CHWs and even pharmacists as part of the healthcare team.
- Data is used to track patient populations for follow-up and prevention of relapse.
- Evidence based tools are utilized for assessment diagnosis and treatment.
- Consultation for complex behaviors—providers do not operate outside of their scope of care.

## OVERVIEW FOR MT

The recent MT Healthcare Foundation report, “Integrated Behavioral Health in Montana: A Baseline Assessment of Benefits, Challenges, and Opportunities,” identifies significant behavioral health concerns for Montana citizens. One in five MT adults reports having a depressive disorder, 20.8% report binge drinking (compared to 16.8% US overall), and 7.7% classified as “heavy drinkers” (compared to 6.2% US overall). MT youth also report depression, alcohol use, binge drinking and illicit drug use.

Suicide rates in MT have consistently been highest in the nation: in 2013, MT had 23.72 suicides per 100,000 compared to 12.6 per 100,000 for the US as a whole. MT also has the second highest rate of alcohol related deaths in the US (National Vital Statistics Report, 2013).

Nearly all of MT is considered a Health Professions Shortage Area for Mental Health Professions—Yellowstone County being the only exception. Access to behavioral health service in rural and frontier settings is impeded by limited availability of resources, stigma, economic issues, caregiver stress and isolation, and overlapping relationships in small communities. Additionally, lack of transportation, and the need to travel long distances to receive care are also issues.

## WORKFORCE DATA

TYPE OF PROVIDER	TOTAL NUMBER IN MONTANA	COUNTIES WITH NONE PRACTICING
Licensed Addiction Counselors	599	18
Licensed Clinical Professional Counselors	1074	13
Licensed Clinical Social Workers	708	15
Licensed Marriage and Family Therapists	124	33
Dual Licensed (LAC plus Mental Health)	194	31
Licensed Clinical Psychologists	214	31
Psychiatric Nurse Practitioners	58	40
Psychiatrists	88	40

## BEHAVIORAL HEALTH

### EDUCATION AND TRAINING

Educational opportunities exist at the University of Montana (BA programs: Psychology, Social Work; MA programs: School or Mental Health Counseling, Clinical, Experimental or School Psychology, Social Work; Doctoral Programs: School or Mental Health Counseling, Clinical, Experimental or School Psychology); MSU Bozeman: (BA programs: psychology, addiction counseling certification; MA programs: Health and Human Development with a counseling option; Doctoral programs: Psychological Science); MSU—Billings (MS program: Rehabilitation and Mental Health Counseling); University of Great Falls (AA programs: addictions counseling, counseling and human services; BA programs: Social science; MA options: counseling); University of Walla Walla also has two satellite campuses in Billings and Missoula that offer an MSW program. Chemical Dependency Counseling is offered as an associate degree program at four locations around the state. Various community and tribal colleges offer addictions counseling programs.

MSU College of Nursing offers a graduate level, distance based program for family psychiatric mental health nurse practitioners—advanced practice nurses who provide a full range of services, especially for families and individuals living in rural communities. The Family Medical Residency Program in Billings has incorporated behavioral health rotations into the overall residency program. Chemical Dependency Counseling is offered as an associate degree program at four locations around the state.

The Rural Behavioral Health—Primary Care Collaborative is a program that integrates a prelicensed clinical social worker and a postdoctorate psychology graduate into primary care rural health clinics. The collaborative was funded through a Health Resources and Services Administration (HRSA) Rural Health Care Services grant, and was created in response to the overwhelming need for mental health services in rural Montana. Through a partnership with rural critical access hospitals and UM, these professionals work full time while receiving distance UM faculty supervision as they work toward licensure. After licensure is obtained, these professionals will remain full-time employees of the rural facilities. A total of four rural Critical Access Hospitals have been involved to date. Federal project funding has now ended.

### BEHAVIORAL HEALTH STRATEGIES

To increase the rural behavioral health workforce, support and develop rural training opportunities for physicians, nurses and other behavioral health professionals.

1. Develop Psychiatry training track (residency) in collaboration with WWAMI residency network, Billings Clinic, Boise, ID program and others.
2. Expand and energize MSU DNP Program.

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Utilize telemedicine practices to the maximum extent. Ensure telemedicine services are reimbursed.

Utilize Project ECHO to maximize physician presence.

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To create better access to behavioral health providers, develop integrated behavioral health teams.

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Support the post-graduate behavioral health teams' practicum experience in western Montana.

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Improve the analysis of the behavioral health workforce to better project needs. Target education programs for areas of highest need, i.e. programs for adolescents.