



Mental Health and Substance Use Disorders in Teton County

Statistical Review and Community Readiness Assessment

February 2019

Purpose

This document is produced by the Teton County Addictions Task Force. The intent of this report is two-fold:

1. To provide a brief overview of the status of mental health and substance use disorders in Teton County, by representing data collected from various sources including public health, healthcare, law enforcement, and schools. These data will serve as a baseline for future outcome metrics of efforts used to address these issues, and will also allow groups such as the Teton County Addictions Task Force to make data-informed decisions as they move forward to address mental health and substance use disorders.
2. To evaluate community readiness to address mental health and substance use disorders in Teton County using a modified version of the Community Readiness Model developed by the Tri-Ethnic Center for Prevention Research. The results of this assessment will allow groups to draw conclusions regarding the degree to which Teton County is willing and prepared to take action on the issues of mental health and substance use disorders.

Teton County Addictions Task Force

The Teton County Addictions Task Force (TCATF) was started in October of 2017, as a response to priorities established in the 2017 Teton County Community Health Needs Assessment and Improvement Plan – a collaborative project between the Teton County Health Department, Benefis Teton Medical Center, and the Teton County Mental Health Advisory Council. The mission of the TCATF is to confront Teton County's substance use epidemic through comprehensive and evidence-based strategies that focus on prevention, access to treatment, and reducing drug and alcohol related consequences. The TCATF seeks to accomplish 4 goals:

1. Engage a broad spectrum of community partners to best understand the complexities of substance use disorders.
2. Facilitate a cultural shift in how substance abuse disorders are perceived and addressed in Teton County.
3. Use the Strategic Prevention Framework developed by SAMHSA to assess needs, build capacity, plan, implement and evaluate effective interventions that are culturally competent and sustainable to address substance use disorders in Teton County.
4. Implement proven strategies that are evidence-based to address substance use disorders in Teton County through community partnerships.

Funding

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Strategic Prevention Framework



The Strategic Prevention Process (SPF) is a planning process developed by the Substance Abuse and Mental Health Services Administration for prevention substance use and misuse. The five steps and two guiding principles of the SPF offer a comprehensive process for addressing substance misuse and related behavioral health problems facing their communities. The effectiveness of the SPF begins with a clear understanding of community needs and involves community members in all stages of the planning process.

The steps in the SPF include:

Step 1: Assess Needs – What is the problem, and how can we learn more?

Step 2: Build Capacity – What do we have to work with?

Step 3: Plan – What should we do and how should we do it?

Step 4: Implement – How can we put our plan into action?

Step 5: Evaluate – Is our plan succeeding?

The SPF also includes two guiding principles:

Cultural Competence – The ability to interact effectively with members of diverse populations

Sustainability – The process of achieving and maintaining long-term results.

This report contributes to Step 1 (Assess Needs) and Step 2 (Build Capacity) of the SPF. The information available in this report will inform strategies that may be used to address these issues, and a baseline level of comparison for the effectiveness of future efforts.

Statistical Review

Teton County – Community Opinion and Priority

In July of 2017, the Teton County Health Department, Benefis Teton Medical Center, and the Teton County Mental Health Advisory Council collaboratively published a Community Health Needs Assessment and Improvement Plan (CHNA-IP) containing both primary and secondary data sources. From these data, three community priorities were selected, one of which was mental health.

Figure A. The team conducted a survey of “key informants” – members of the county with knowledge of and broad connection to community groups and special populations. One hundred and thirty individuals responded to the survey. The following chart demonstrates top health concerns among respondents to the key informant survey. Addiction and alcohol/drug use and mental health were the two most frequently recognized top health concerns among respondents.

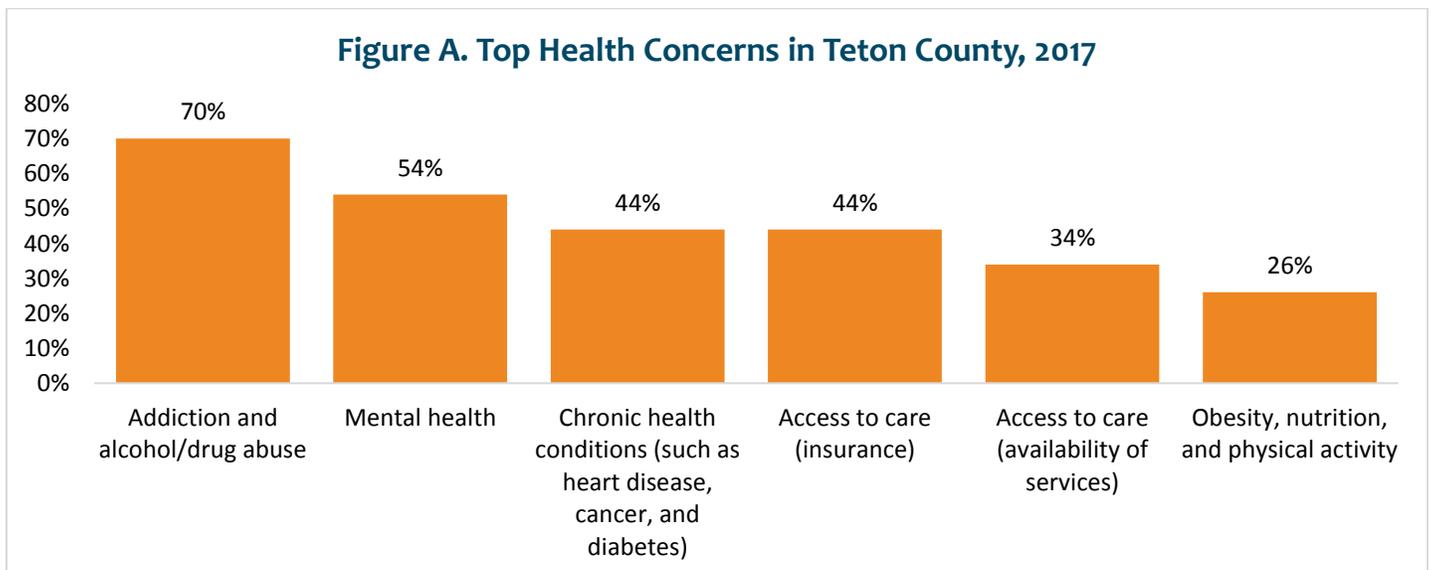


Table B. Major Health-Related Problems in Teton County for Youth, Adults, and Senior Citizens, 2017

Youth	Adults	Senior Citizens
1. Injuries	1. Mental Health	1. Access to care – cost and travel
2. Drugs and Alcohol	2. Drugs and Alcohol	2. Daily activities and isolation
3. Mental Health	3. Obesity and Exercise	3. Transportation
4. Physical Activity and Screen Time	4. Access to care – cost and insurance	4. Exercise

Table B. Additionally as part of the CHNA-IP, 11 focus groups were conducted, representing varying sectors of the population. Focus group participants were asked about major health-related problems for youth, adults, and senior citizens in Teton County. Drugs and alcohol and mental health were major concerns for both youth and adults. Mental

health was also mentioned for seniors in the form of isolation.

State and National Trends

Teton County is not alone in its concern about mental health and substance use disorders. Community Health Assessments by Montana county health departments between 2012-2017 reported that substance abuse is the most frequently listed high-priority health issue. National studies show that the prevalence of mental illness is similar between rural and urban residents. However, rural communities face particular challenges to the provision of mental health services:

- **Accessibility** – Rural residents often travel long distances to receive services, are less likely to be insured for mental health services, and are less likely to recognize an illness.
- **Availability** – Chronic shortages of mental health professionals exist and mental health providers are more likely to practice in urban centers.
- **Acceptability** – The stigma of needing and receiving mental healthcare and fewer choices of trained professionals who work in rural areas create barriers to care.

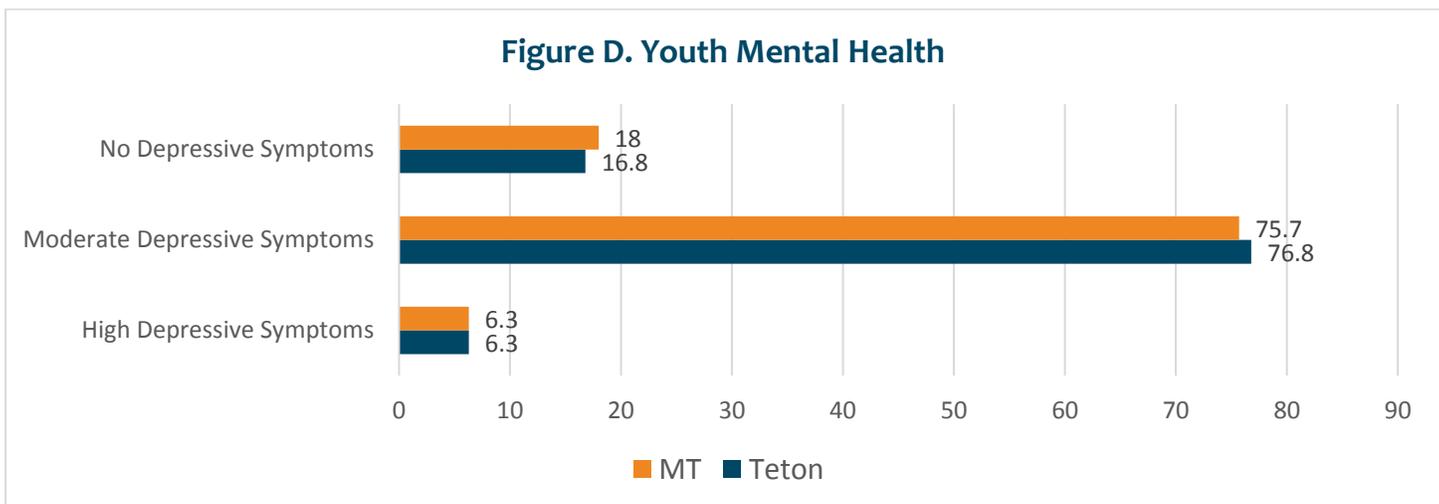
Mental Health

Nationally, 19.1 percent of residents aged 18 or older of nonmetropolitan counties have any mental illness.

Table C. Adults in Teton County report an average of 3.4 poor mental health days in the last month. However, there is a severe shortage of access to mental health providers in our county relative to Montana and the US as a whole.

	Teton	MT	US
Poor mental health days in the last month	3.4	3.4	3.4
Ratio of population to mental health providers	1520:1	399:1	529:1

Figure D. Over three-quarters of Teton County youth report moderate depressive symptoms, similar to youth across the state.

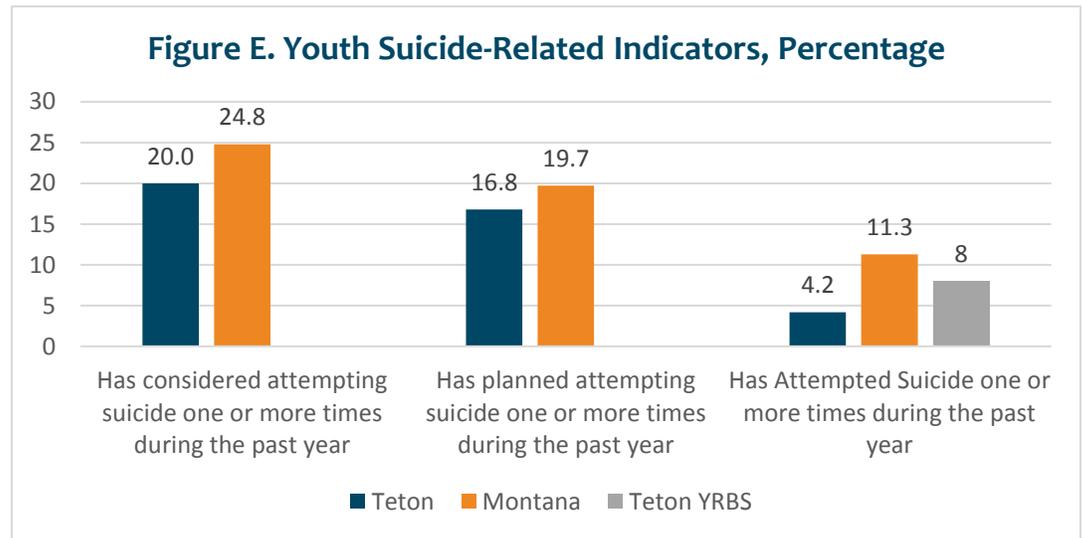


Suicide

Montana has been among the five states with the highest suicide rate in the nation for nearly 40 years. In 2016, the suicide rate in Montana was 25.9 per 100,000 population. This rate is even higher among American Indians and Alaska Natives as well as among males.

Figure E. Similar to youth across the state, Teton County youth report high rates of suicidal ideation, however suicide attempts among Teton County youth are lower than their peers across the state.

Overall, 23.4% of students in Teton County indicated experiencing bullying in the past 12 months (compared to 31.5% at the state level).



Additionally, 88% of Teton County students reported no abuse in the past year. Forms of abuse that were reported included:

- Emotional abuse, insults, name calling (12.0%)
- Physical injury (4.3%)
- Threats (2.2%)

Alcohol

	Teton	MT	US
Excessive drinking (2016)	19%	21%	18%
Alcohol impaired driving deaths (2012-2016)	33%	48%	29%
Reported driving after drinking too much in past 30 days (2012)	N/A	3.4%	1.9%

Table F. Excessive alcohol use is slightly less in Teton County than it is across the state. However, one third of motor vehicle deaths involved alcohol impaired driving.

Alcohol use is also common among youth in Teton County:

- Teton County students are more likely to have tried alcohol (78%) than their Montana peers (60%) or the US (60%) as a whole.
- 20.2% of students used alcohol in the past 30 days (MT overall, 28.3%)
- 7.4% reported binge drinking in the past 30 days (MT overall, 16.5%)
- 18.5% indicated “I got it from someone I know age 21 and older” as their most frequent source for obtaining alcohol.
- 61.7% of students said it would be “sort of easy” or “very easy” to get alcohol.

Substance Abuse

Substance abuse is a major concern in Montana. An estimated 64,000 Montanans have a substance use disorder, and 90% of Montanans with a substance use disorder are not receiving treatment.

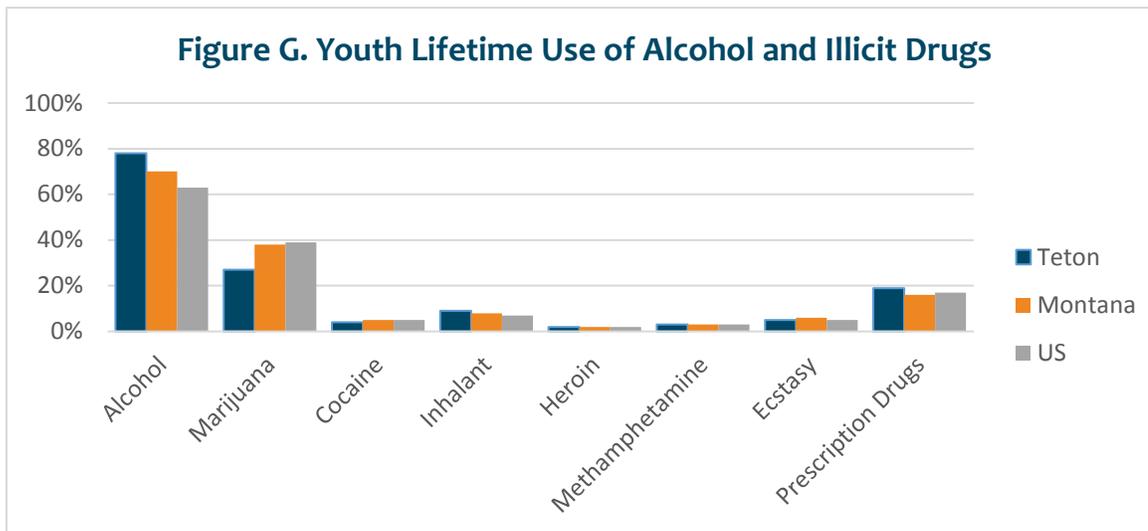


Figure G. Drug use is also a concern among youth in Teton County, in particular alcohol, marijuana, and prescription drugs.

Data Sources

Teton County Community Health Needs Assessment and Improvement Plan, 2017 <https://tetoncomt.org/wp-content/uploads/2017/08/Teton-County-CHNA-IP.pdf>

Rural Health Information Hub, Rural Mental Health, November 2018 <https://www.ruralhealthinfo.org/topics/mental-health>

Rural Health Information Hub, Substance Abuse in Rural Areas, February 2018 <https://www.ruralhealthinfo.org/topics/substance-abuse>

Youth Risk Behavior Surveys (YRBS), Choteau High School and Power High School, 2015

2018 Montana Prevention Needs Assessment Survey, Teton County Profile Report

Behavioral Risk Factor Surveillance Survey (BRFSS), 2016

County Health Rankings, 2018

Montana Budget & Policy Center, Medicaid Expansion is Part of the Solution to the Mental Health and Substance Use Crisis, December 2018 <http://montanabudget.org/report/medicaid-expansion-is-part-of-the-solution-to-the-mental-health-and-substance-use-crisis>

Community Readiness Assessment

Summary: Community Readiness Scores for Teton County

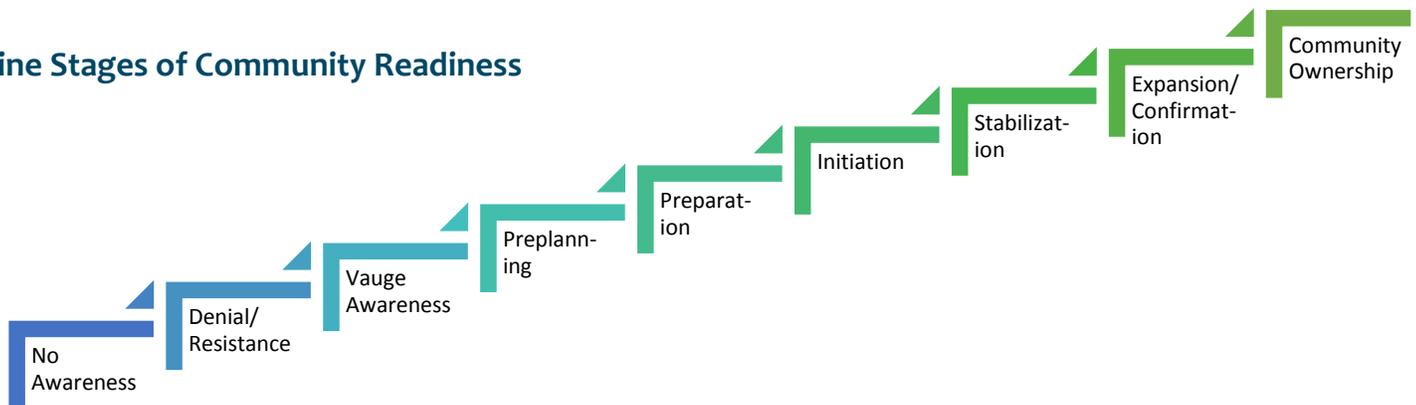
Dimension	Readiness Level	Readiness Stage	Description
Community Knowledge of Efforts	2.5	Denial/Resistance	Only a few community members have any knowledge about local efforts addressing the issue. Community members may have misconceptions or incorrect knowledge about local efforts.
Leadership	4	Preplanning	At least some of the leadership believes that this issue is a concern in the community and that some type of effort is needed to address it. Although some may be at least passively supportive of current efforts, only a few may be participating in developing, improving or implementing efforts.
Community Climate	5	Preparation	At least some community members are participating in developing, improving, or implementing efforts, possibly attending group meetings that are working toward these efforts.
Community Knowledge of the Issue	3.5	Vague Awareness	At least some community members have heard of the issue, but little else. Among some community members, there may be misconceptions about the issue. Community members may be somewhat aware that the issue occurs locally.
Resources	4	Preplanning	There are some resources identified that could be used for further efforts. Some community members or leaders have looked into or are looking into using these resources to address the issue.

Methods

Community readiness is the degree to which a community is willing and prepared to take action on an issue. The Community Readiness Model was developed by researchers at the Tri-Ethnic Center for Prevention Research (Oetting, Donnermeyer, Plested, Edwards, Kelly, and Beauvais, 1995) to help communities be more successful in their efforts to address a variety of issues, such as drug and alcohol use and HIV/AIDs prevention. A modified version of this tool was used to assess community readiness with 47 community members on January 29, 2019, following a community roundtable on mental health and substance use disorders in Teton County.

An understanding of community readiness will allow the Teton County Addictions Task Force (TCATF) to tailor an intervention or strategy to what the community is willing to accept and support. Readiness levels for an issue can increase and decrease.

Nine Stages of Community Readiness



Dimensions of Community Readiness

Community readiness is composed of five dimensions or aspects that can help guide the community in moving their readiness levels forward. These dimensions are:

- **Community Knowledge of Efforts** - How much does the community know about the current programs/activities?
- **Leadership** - What is leadership’s attitude toward addressing the issue?
- **Community Climate** - What is the community’s attitude toward addressing the issue?
- **Community Knowledge of the Issue** - How much does the community know about the issue?
- **Resources** - What are the resources that are being used or could be used to address the issue?

Dimension 1: Community Knowledge of Efforts

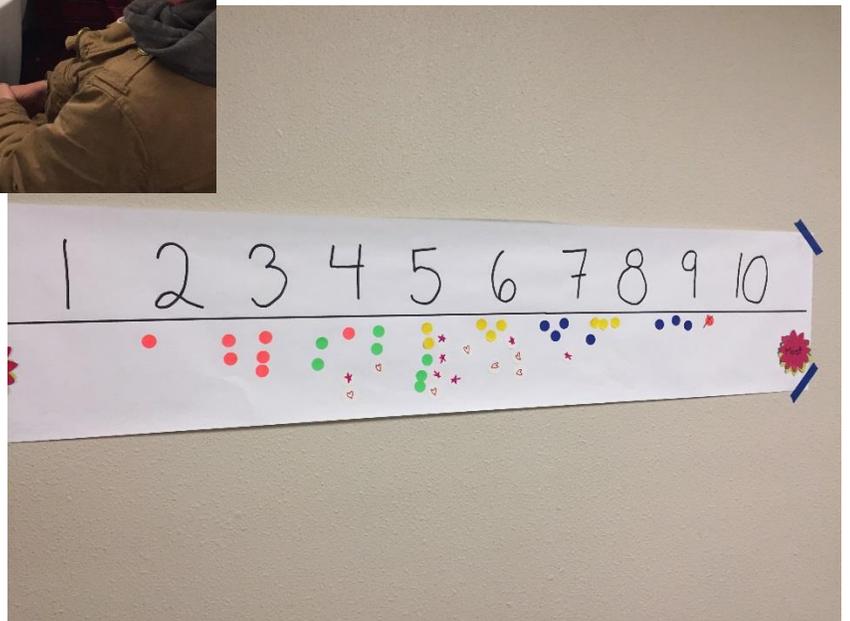
Score: 2.5	Denial/ Resistance	Only a few community members have any knowledge about local efforts addressing the issue. Community members may have misconceptions or incorrect knowledge about local efforts.
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Table H. Participants were asked to identify current efforts in the community that address mental health and substance use disorders, then rate community awareness of each of the efforts that you brainstorm from a scale 1 to 5, with 1 being “No Community Members are Aware of this Effort”, and 5 being “Most or All Community Members are Aware of this Effort”.

Efforts	Average Awareness Level
EBAT	1.50
YAM	2.00
Thrive	1.25
TCATF	2.00
Alcoholic Anonymous	3.17
Narcotics Anonymous	1.00
Al-Anon	1.00
Local Mental Health Providers	2.80
Center for Mental Health	2.00
Churches	2.00
Schools	3.50



Photos from the Community Readiness Assessment Activity on January 29, 2019



Dimension 2: Leadership

Score: 4	Preplanning	At least some of the leadership believes that this issue is a concern in the community and that some type of effort is needed to address it. Although some may be at least passively supportive of current efforts, only a few may be participating in developing, improving or implementing efforts.
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Figure I. Participants were asked to identify:

- Level concern for mental health and substance use disorders among leadership in Teton County from “not at all concerned” to “a very great concern”
- Level of priority for addressing mental health and substance use disorders among leaders in Teton County from “not a priority at all” to “a very high priority”
- Number of leaders who would support expanding efforts in the community to address mental health and substance use disorders from “none” to “most”

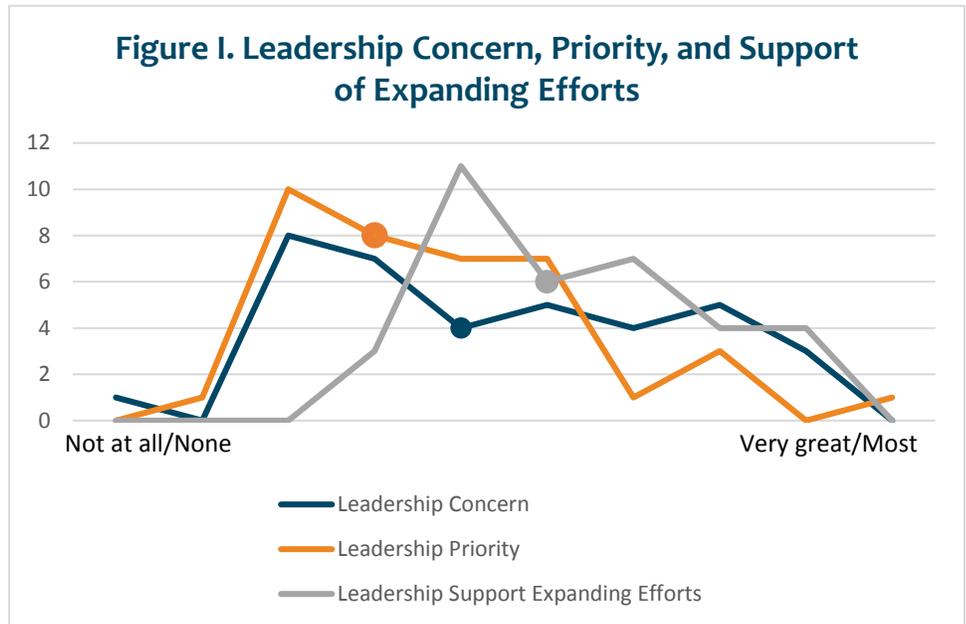


Figure J. Participants were asked to identify whether none, a few, many, or most leaders would or do show their support regarding mental health and substance use disorders in the following ways.



Table K. Participants were then asked to identify key community organizations and groups that are currently addressing mental health and substance use disorders, and to identify the level of support that these groups/organizations are demonstrating. Several groups/organizations were classified into multiple support levels.

Table K. Key Community Organizations and Their Level of Support			
	Passively Supporting	Involved in Developing Efforts	Driving Force of Key Player in Expanding Efforts
Benefis Teton Medical Center		X	X
Chamber of Commerce	X		
Choteau Acantha	X		X
City Government, Mayor, City Council	X		
Civic Organizations, i.e. Lions Club, Soroptimists	X	X	
County Government/Commissioners	X	X	
Fairfield Sun Times	X		
Fire Departments		X	
Health Care Providers	X	X	X
Individuals with Lived Experience			X
Judicial System			X
Mental Health Professionals		X	X
MSU Extension		X	X
Parents	X		
Parents, Let's Unite for Kids (PLUK)	X		
Pharmacies		X	
Preschools and Daycares	X		X
Religious Community/Churches/Clergy	X	X	X
Schools, including Counselors, Teachers, Coaches, Administration	X	X	X
Support Groups, including AA, NA, and Al-Anon		X	X
Teton County Addictions Task Force		X	
Teton County EMS		X	X
Teton County Health Department		X	X
Teton County Sheriff's Office	X	X	
Youth Groups, including 4-H, Sports, Church Groups, Scouts	X	X	

Table L. Participants were asked to identify leaders who might oppose addressing mental health and substance use disorders, and how they may show their opposition. The following categories emerged as common themes.

Table L. Opposition to Efforts Among Leadership	
Public Perception	Fear of public perception of addressing stigmatized issues, effects on tourism, effects on electability
Knowledge	Limited knowledge or understanding of the issue and potential solutions at the leadership level, a need for training and capacity
Control	Issues are dependent on factors outside of local leadership control, such as insurance reimbursement and state legislation
Resources	Limited time and funding resources, in particular pulling funding from other existing programs to fund new ones

Dimension 3: Community Climate

Score: 5	Preparation	At least some community members are participating in developing, improving, or implementing efforts, possibly attending group meetings that are working toward these efforts.
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Figure M. Participants were asked to identify:

- Level of concern for mental health and substance use disorders among community members in Teton County from “not at all concerned” to “a very great concern”
- Level of priority for addressing mental health and substance use disorders among community members in Teton County from “not a priority at all” to “a very high priority”
- Number of community members who would support expanding efforts in the community to address mental health and substance use disorders from “none” to “most”

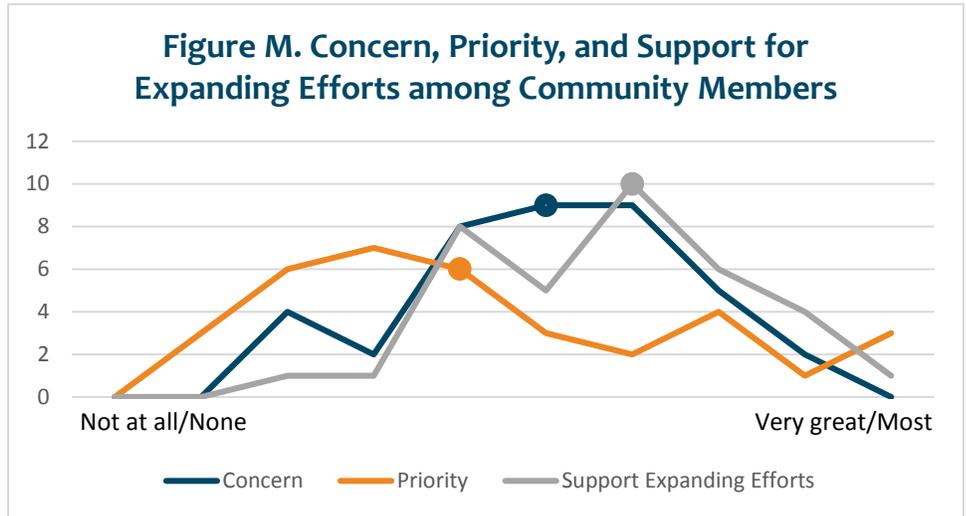


Figure N.

Participants were asked to identify whether none, a few, some, many, or most community members would or do show their support regarding mental health and substance use disorders in the following ways.

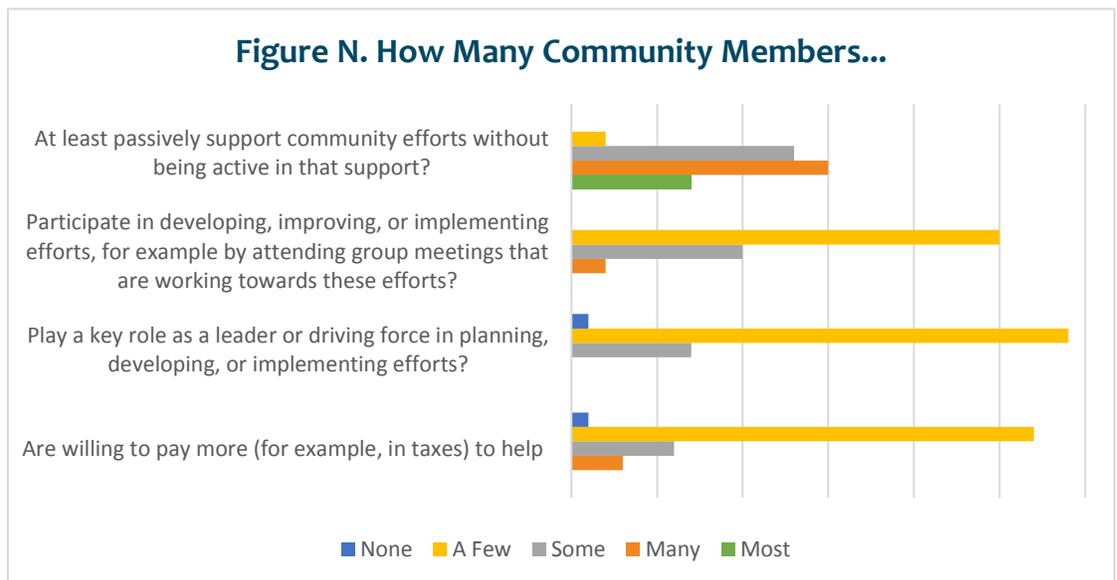


Table O. Participants were asked to identify community members who might oppose addressing mental health and substance use disorders, and how they may show their opposition. The following categories emerged as common themes.

Table O. Opposition to Efforts among Community Members	
Stigma	Individuals including parents, active users, family of active users, some healthcare providers etc. may be in denial, unaware, or fear stigma regarding the issue
Profits	Business owners such as bars, taverns, convenience stores, or drug dealers may resist efforts that could impact their bottom line
Funding	Community members would likely oppose efforts that required increased taxes or some other form of payment, or took away funding from other programs

Dimension 4: Community Knowledge of the Issue

Score: 3.5	Vague Awareness	At least some community members have heard of the issue, but little else. Among some community members, there may be misconceptions about the issue. Community members may be somewhat aware that the issue occurs locally.
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Figure P. Participants identified the level of awareness of community members in regards to the following as they pertain to mental health and substance use disorders:

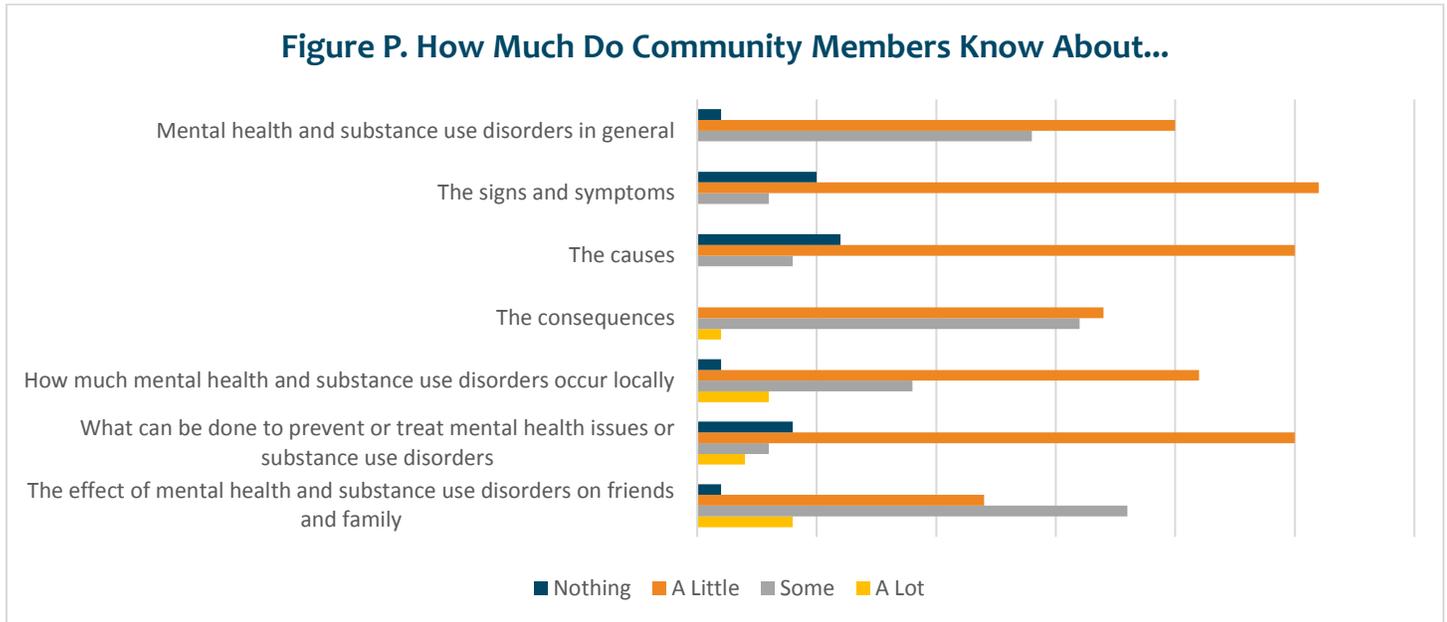


Table Q. Participants were asked about misconceptions among community members about mental health and substance use disorders, such as why it occurs, how much it occurs locally, or what the consequences are. Below are some of the common statements of misconceptions that were identified.

Table Q. Community Misconceptions
"Talking about suicide causes it"
"We live in a nice, small town where nothing bad happens"
"Offering these types of services will draw in people with 'issues'"
"It happens to other people"
"People with mental issues are dangerous"
"Buck up, you'll get over it"
"It's just a phase"
"No one can live with a substance use disorder and still have a job and a family"
"Mental health conditions and substance use disorders are a moral failing"
"Alcohol use is not a problem - everyone does it"
"Anyone who actually wants to get help can get help"
"It doesn't happen often here"

Dimension 5: Resources

Score: 4	Preplanning	There are some resources identified that could be used for further efforts. Some community members or leaders have looked into or are looking into using these resources to address the issue.
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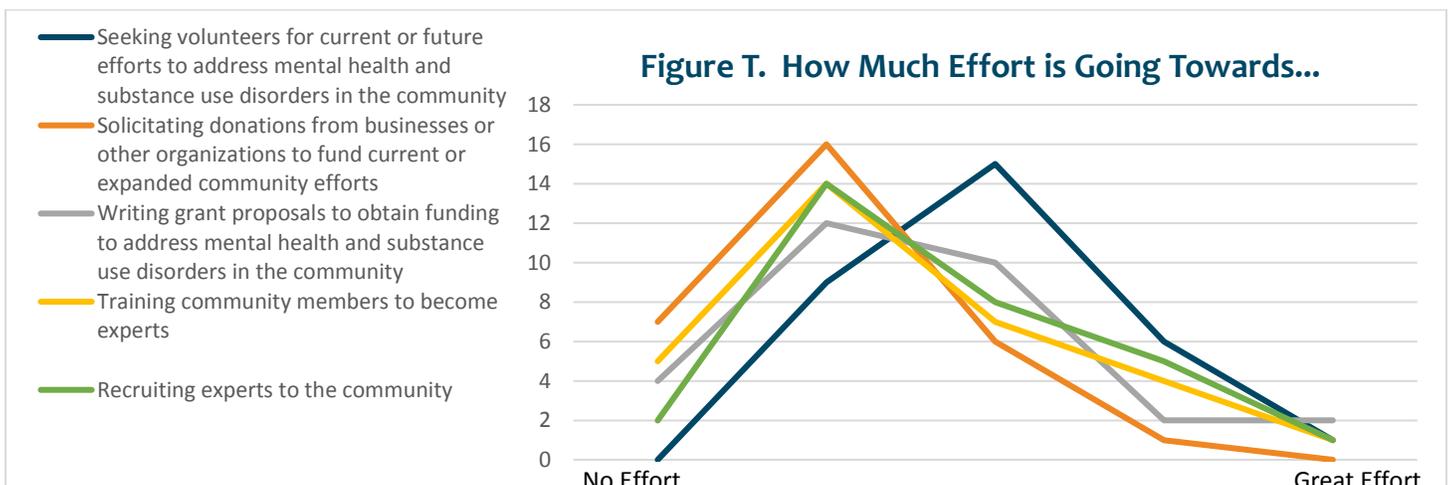
Table R. Participants were asked to identify existing sources of funding in the community that support efforts to address mental health and substance use disorders, then rate the likelihood that those founding sources will continue into the future on a scale 1 to 5, with 1 being “No Chance of Continuing”, and 5 being “Very High Certainty of Continuing.”

Funding for Efforts	Likelihood of Continuing
Existing grants	3.5
Addictions Task Force Grant	2.5
Tax dollars	3
Donations	2
Insurance Reimbursement	4.5
Center for Mental Health	1
Thrive	2.5
Volunteers	4.5
Child Protective Services	5
Drug Courts	5

Figure S. Participants indicated the level of availability of the following type of resources within the community that could be used to address mental health and substance use disorders.



Figure T. Participants ranked the level of effort that community members and/or leadership are putting into doing each of the following things to increase resources going towards mental health and substance use disorders in Teton County from “No Effort” to “Great Effort.”



Key Ideas

Table U. The following Key Ideas were identified by participants as a result of the Community Roundtable and Community Readiness Assessment activity.

Table U. Summary of Key Ideas from Roundtable Participants	
A Great Start	Participants of the Community Roundtable indicated that they were surprised, and in some cases very pleased at the efforts that have been made in recent years to address mental health and substance use disorders. Many indicated that there are a lot of locally available resources and efforts to address these issues and that they were thankful to learn about them.
More Awareness is Needed	Participants emphasized the need to continue to increase awareness of mental health and substance use disorders among community members and leadership. Many misconceptions still exist about how widespread the issues are, how intertwined mental health and substance use disorders are, and there appears to be limited understanding of the existing resources that are available to people.
Potential Solutions	Many participants brought up programs and strategies that could be used to address issues of mental health and substance use disorders, including a resource list, youth mentoring and activities, resiliency training, support groups, and “tele psych” technology.
Barriers Still Exist	Participants brought up many of the obstacles that individuals in Teton County may face, that limit their ability to access services for mental health and substance use disorders. These included cultural attitudes and stigma, limited local professionals, complicated referral and follow-up processes, limited insurance coverage, isolation, and acceptance of substance use.

Conclusions

Dimension	Readiness Stage	Conclusions
Community Knowledge of Efforts	Denial/Resistance	This dimension scored the lowest on the stages of readiness scale. A common theme that emerged from the Roundtable was the idea that there are many resources that currently exist in Teton County, but many community members, leaders, and organizations are unaware of them or how to access them. This is an area of potential improvement – creating more awareness about existing resources and efforts, thus improving accessibility.
Leadership	Preplanning	Concern, priority, and support among leaders in Teton County is perceived to be lower than that of community members in general. Many leaders are perceived to be passively supportive, while a few are perceived as exhibiting higher levels of support such as through allocating resources and contributing to sustainability of efforts. This dimension could be improved in a couple of important ways. First, engaging leaders to create more buy-in for efforts, and second, creating more avenues to demonstrate support of leadership to increase public perception of that support.
Community Climate	Preparation	This dimension was the highest on the states of readiness scale. Concern, priority, and support among community members are all perceived as higher than that of leadership. The Teton County Addictions Task Force can consider ways to “harness” this community support in order to move efforts forward.
Community Knowledge of the Issue	Vague Awareness	The general perception was that community members have “a little” awareness of many of aspects of mental health and substance use disorders, but that many misconceptions still exist in the community. This indicates an opportunity to continue with awareness efforts in order to generally increase community understanding and acceptance of these issues.
Resources	Preplanning	Some resources exist within Teton County to address these issues. Many of them are being used within specific organizations, i.e. schools, to address mental health and substance use disorders, but there is little discussion currently about how to utilize existing resources and obtain new resources to more comprehensive and collaborative efforts.