Strategic Plan

For Behavioral Health Priorities in Teton County

2019 - 2021

November 2019
Teton County C.A.R.E.S

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Introduction

The physical geography of Teton County, Montana, is marked by the glaciated plains of the Golden Triangle standing at the foot of abruptly rising mountains comprising the Rocky Mountain Front. Home to several rural communities, the 2,293 square mile expanse is home to just over 6,000 residents. The rural geography provides a unique quality of life, but it also produces unique economic and social challenges for its residents. As in many parts of rural America, mental health challenges and substance use disorders are of special concern.

Behavioral health challenges were highlighted by a 2017 community health assessment which revealed 70 percent of those surveyed expressed concern regarding addiction and drug/alcohol use—that concern was followed by 50 percent expressing concern regarding mental illness. In response to the concerns identified in the assessment, in October 2017 the Teton County Community Alliance for Resiliency and Educational Support (C.A.R.E.S.; formerly called the Teton County Addictions Taskforce) was launched. Teton County C.A.R.E.S. quickly began to focus on the broader behavioral health of Teton County.   The mission of Teton County C.A.R.E.S. is to confront Teton County's behavioral health challenges through comprehensive and evidence-based strategies that focus on resilience, education, prevention, access to treatment and reducing drug, alcohol and mental health related consequences.

Teton County C.A.R.E.S. seeks to accomplish these goals:
1. Engage a broad spectrum of community partners to best understand the complexities of behavioral health.
2. Facilitate a cultural shift in how behavioral health challenges 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 behavioral health challenges in Teton County.
4. Implement proven strategies that are evidence-based to address behavioral health challenges in Teton County through community partnerships.
5. Facilitate accurate and timely communications with BHAC and SAA.

The Strategic Prevention Framework

Teton County C.A.R.E.S. follows the U.S. Department of Health and Human Service's Substance Abuse and Mental Health Services Administration (SAMHSA) Strategic Prevention Framework (SPF).

The SPF includes five steps designed to produce sound community-based actions to address behavioral health issues and produce optimal public health outcomes:

1.   *Assessment*: Identify local prevention needs based on data

In February 2019, Teton County C.A.R.E.S. published a report title *Mental Health and Substance Use Disorders in Teton County: Statistical Review and Community Readiness Assessment.*   This document provides 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 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 C.A.R.E.S. to make data-informed decisions as they move forward to address mental health and substance use disorders.

2. *Capacity*: Build local resources and readiness to address prevention needs

   Teton County C.A.R.E.S. has worked diligently on this phase of the SPF by recruiting key partners to join the Alliance and formally sign a Memorandum of Understanding for that partnership. In January 2019, Teton County C.A.R.E.S. held a community roundtable event in January 2019, attended by approximately 60 members of the community 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, also published in the *Mental Health and Substance Use Disorders in Teton County: Statistical Review and Community Readiness Assessment,* 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.

3. *Planning*: Find out what works to address prevention needs and how to do it well

   Throughout 2019, Teton County C.A.R.E.S. members have identified and reviewed gaps and challenges in our local system to address behavioral health issues during regular monthly meetings. The group has prioritized these issues, and brainstormed strategies to address them. These strategies were then evaluated to determine if they were evidence-based, a good conceptual fit and a good practical fit. Based on these criteria, the group selected prioritized activities that are outlined in this document.

4. *Implementation*: Deliver evidence-based programs and practices as intended

5. *Evaluation*: Examine the process and outcomes of programs and practices

The SPF includes two principles that are to be integrated within each step:

1. *Cultural Competence*: The ability of an individual or organization to understand and interact effectively with people who have different values, lifestyles, and traditions based on their distinctive heritage and social relationships
2. *Sustainability*: The process of building an adaptive and effective system that achieves and maintains desired long-term results

Teton County is home to behavioral health challenges which are difficult to overcome and are compounded by its rural geography; however, each community faces, *inter alia,* anthropological, cultural, and economic challenges that contribute—both positively and negatively—towards behavioral health. The SPF is different than other strategic planning processes in that it is dynamic and iterative, data driven, and reliant on and encourages a team approach. These defining features allow local teams to follow a circular, as opposed to linear, planning process that changes with time in order to achieve the best possible long-term outcomes.

Community Readiness

During the Community Roundtable event in January 2019, Teton County C.A.R.E.S. evaluated the readiness of the community to address behavioral health issues across 5 different dimensions, as summarized in the table below. More detail regarding community readiness can be found in the *Mental Health and Substance Use Disorders in Teton County: Statistical Review and Community Readiness Assessment.*

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.

Top concerns of the community members present at the Community Roundtable event were categorized in the following way and taken into consideration as Teton County C.A.R.E.S set priorities and activities for the group:

- **Awareness and Understanding of the Issues:** Cultural attitudes, stigma, and misconceptions about mental health and substance use disorders still exist, and can negatively impact community support to address these issues.
- **Youth Prevention Activities:** Youth in Teton County are vulnerable to substance abuse and mental health concerns. Addressing these issues early will have positive downstream impacts for the community through prevention.
- **Services Collaboration:** Service providers are unaware of existing resources, discouraged by difficult referral systems, or generally not integrated, resulting in those impacted by mental health issues and substance use disorders unable to access needed services.

Teton County C.A.R.E.S. Strategic Initiatives

During summer 2019, C.A.R.E.S. identified three key priority areas which were to be the focus of the organization's efforts. Selection of initiatives were based on the capacity of C.A.R.E.S., cultural awareness, and sustainability. These initiatives consist of:

1. Reducing alcohol misuse among adults and use among youth
2. Building Resiliency to Adverse Childhood Experiences (ACEs)
3. Increasing Service Collaboration to Address Behavioral Health

Establishing a logic framework to address the three initiatives, C.A.R.E.S. utilized SPF guidance to ensure interventions were evidence based as much as possible, were culturally applicable, and were realistic regarding sustainability and the ability of the C.A.R.E.S. team and partners to carry out the activities. Development of intervention mechanism were evaluated in line with the behavioral health intervention spectrum and risk and protective factors.

Behavioral Health Intervention Spectrum – Continuity of Care

First introduced in 1997, the behavioral health intervention spectrum is a modification of public health intervention wheels that graphically depict different types of intervention and the roles they play.

Promotion — These strategies are designed to create environments and conditions that support behavioral health and the ability of individuals to withstand challenges. Promotion strategies also reinforce the entire continuum of behavioral health services.

Prevention — Delivered prior to the onset of a disorder, these interventions are intended to prevent or reduce the risk of developing a behavioral health problem.

Treatment — These services are provided for individuals diagnosed with a substance use or other behavioral health disorder.

Recovery — These services support individuals' abilities to live productive lives in the community.

Source: www.samhsa.gov/prevention

Risk and Protective Factors

Many factors influence the likelihood that an individual will develop a substance abuse or related behavioral health problem. Effective prevention focuses on reducing the factors that put people at risk of behavioral health issues and strengthening those factors that protect people from the problem.

According to the National Research Council and Institute of Medicine's 2009 Report, *Preventing Mental, Emotional, and Behavioral Disorders among Young People: Progress and Possibilities,* risk factors are certain
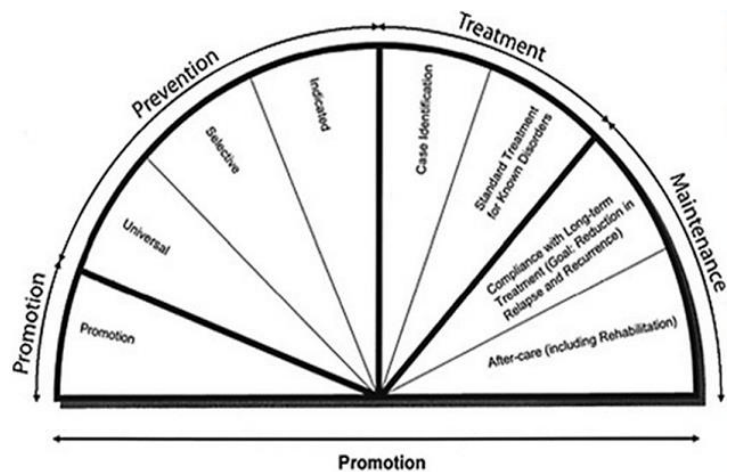
biological, psychological, family, community, or cultural characteristics that precede and are associated with higher likelihood of behavioral health problems. Protective factors are characteristics at the individual, family, or community level that are associated with a lower likelihood of problem outcomes.

The study of risk and protective factors is evolving. What we know to-date is important for prevention:

- Different age groups have different risk and protective factors.
- Some risk and protective factors overlap between age groups.
- Risk and protective factors tend to be correlated and have cumulative effects and are predictive of multiple issues.

One person or agency cannot adequately impact a problem alone, so it makes sense to look for opportunities to work with other disciplines to address shared risk and protective factors. Risk and protective factors have been identified for each of the three initiatives of Teton County C.A.R.E.S. and used in selecting appropriate interventions to address these priorities.

Strategic Plan Review and Maintenance

The time frame for this Strategic Plan is July 2019 through December 2021. This is considered a "living" document that can grow and change with needs and actions of Teton County C.A.R.E.S. The progress of the initiatives outlined in this plan will be reviewed every 6 months with Teton County C.A.R.E.S. members in January and June. One annually, in June, members will also review initiatives, goals, objectives, and activities and add, delete, or adjust metrics as necessary.

Teton County C.A.R.E.S. Members

While we continuously strive to bring in new members to Teton County C.A.R.E.S., these individuals and organizations have committed to the mission of the group by signing the MOU, as of the publishing of this document.

Name	Organization
Erica Allen	Dutton/Brady School
Dawn Baker	Teton County Health Department
Carley Baker	Peer Support
Genevieve Barhaugh	Community Member
Whitney Brewer	Power Public Schools
Carole Bronson	Teton County EMS
Debra Coverdell	Teton County EMS
Joe Dellwo	Teton County Commissioner
Christine Gascon	Heart & Mind Counseling
Courtney Graves	Choteau Acantha
Dawn Gunderson	Teton County Health Department
Wendi Hammond	Choteau Schools
Dru Hanson	Community Member
Ingrid Hill	Mental Health Consultant
Erin Jones	Teton County Health Department
Gloria Lannen	Trinity Lutheran Church & Preschool, CASA
Dustin Lobdell	Choteau Elementary School
Heather McCartney-Duty	Family Connections
Melissa Moyer	Teton County Health Department
Annie Olson	Benefis Teton Medical Center
Cheri Peterson	Eastern Front Counseling
Barnett Sporkin-Morrison	Community Member
Keith Van Setten	Teton County Sheriff
Paul Wick	Teton County Planning & GIS
Jane Wolery	MSU Extension

INITIATIVE 1: Reducing Alcohol Misuse Among Adults and Use Among Youth

Scope of the Problem

The 2017 Teton County Community Health Needs Assessment, state-wide assessments for Montana, and the qualitative concerns community members and C.A.R.E.S. participants have all indicated major concerns about alcohol use among adolescents and misuse among adults. According to the Centers for Disease Control, between 2006 to 2010 the United States experienced 88,000 alcohol related deaths; Montana saw 390 alcohol attributed deaths during the same period including 13 deaths of minors resulting mainly from motor vehicle accidents and suicide. In a 2010 CDC study, the annual cost of excessive alcohol use to the U.S. economy was $249 billion resulting from losses in workplace productivity ($177 Billion), medical expenses ($28 billion), criminal justice ($25 billion), and motor vehicle collisions ($13 billion). Additionally, alcohol misuse by adults resulting in adverse childhood experiences (ACEs) by youth can result in cyclical misuse of alcohol within communities and populations. Alcohol misuse is generally associated with excessive drinking or actions associated with times of drinking. Excessive drinking is defined as binge drinking (four or more drinks in one occasion for women/five for men) and heavy drinking (8 or more drinks per week for women/15 for men). In line with behavioral health findings, alcohol misuse and abuse can be relational to mental health factors.

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.

Adult Alcohol Use			
	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%

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.

Risk and Protective Factors

Risk Factors	Protective Factors
• Unemployment • Low socio-economic status of family members • Less than high school education • Impulsivity • Delinquent behavior/ conduct problems • Pro-delinquent attitudes • Angry feelings • Low self-worth • Childhood physical abuse or sexual abuse • Adulthood abuse events • Individuals ACEs and total number of ACEs • Parent or family member drug or alcohol problems • Stressful life event in the past year • Violent victimization in childhood • Peer alcohol use • Peer misbehavior and deviance • Peer encouragement of alcohol use • Neighborhood safety • Participation in cultural events that involve alcohol • Perceived discrimination • Historical loss • Neighborhood poverty	• Employment • Parental education • Involvement in a religious group or church • Strong religious beliefs • Cultural pride/spirituality • Use of time for religion • Family communication • Positive family relationships • Family support • Family sanctions against alcohol • Non-parental role model • School attachment and bonding • Sense of belonging in school • Enculturation

Goals, Objectives, and Activities

GOAL 1.1	Reduce risky alcohol-related behaviors among adults, including drinking and driving, heavy drinking, and binge drinking.				
			TIMELINE		
OBJECTIVE 1.1.1	**ACTIVITIES**	**METRIC**	**Start**	**End**	**RESPONSIBLE**
By December 2021, Identify 2 or more strategies to collaboratively reduce risky alcohol-related behaviors.	Develop and distribute a survey to all alcohol vendors and law enforcement to better understand their concerns around risky alcohol behavior.	Yes/No - Survey distributed by June 2020.	Jan 2020	Jun 2020	
	Facilitate one meeting with local tavern owners and alcohol vendors to assess the challenges and needs that alcohol vendors, and explore how Teton County C.A.R.E.S. can support them in preventing risky behavior among community members and reduce liability of business owners.	Yes/No – One meeting held by December 2020.	Jan 2020	Dec 2020	
	Invite tavern owners to Teton County C.A.R.E.S. meeting annually to share their experiences and perspectives.	Yes/No – Tavern owners attend CARES meeting by March 2021.	Jun 2020	Mar 2021	
	Coordinate annual trainings to alcohol servers such as MHFA and online/in-person alcohol servers training	20 participants in trainings between 1/1/20 and 12/31/20	Jan 2020	Dec 2020	
			TIMELINE		
OBJECTIVE 1.1.2	**ACTIVITIES**	**METRIC**	**Start**	**End**	**RESPONSIBLE**
By July 2020, publish and distribute a researched-based toolkit for planning alcohol safe events.	Identify a workgroup to hold regular meetings	Yes/No – Workgroup identified by January 2020	Oct 2019	Jan 2020	
	Research existing evidence-based strategies for improving safety at events that serve alcohol.	Yes/No – Research completed by February 2020	Jan 2020	Feb 2020	
	Create toolkit	Yes/No – Toolkit completed by April 2020	Jan 2020	Apr 2020	
	Publicize toolkit to general public via media campaign	30 media posts (newspaper, fliers,	May 2020	Jul 2020	

		social media, etc.) by July 2020.			
	Present toolkit to local Chambers of Commerce, civic organizations, and other event organizers to educate about cultural norms on alcohol, and encourage use of the toolkit.	≥6 meetings with event organizers/vendors by July 2020.	Jan 2020	Jul 2020	
	Continue to update toolkit annually, based on feedback from those using it.	Yes/No – Review and update toolkit by May 2021.	May 2020	May 2021	

GOAL 1.2	Reduce alcohol use among adolescents				
			TIMELINE		
OBJECTIVE 1.2.1	**ACTIVITIES**	**METRIC**	**Start**	**End**	**RESPONSIBLE**

By end of school 2021, all high schools in Teton County will be using evidence-based curriculums that reduce alcohol use among adolescents.	Support existing curriculums that are currently being used by schools:
	    PAX Good Behavior Game
	    Project Northland (Choteau Jr. High)
	    Class Action (Choteau High School)
	    Alcohol EDU (Power)
		6 schools are using EB curriculums by June 2021.	Sep 2019	Jun 2021	

	Identify schools lacking evidence-based curriculums and contact administration.	Yes/No – Identify and reach out by March 2020.	Sep 2019	Mar 2020	
	Provide education about evidence-based curriculums activities to school administration, staff, school boards and parent groups.	4 Presentations to school boards/ other groups by June 2021.	Jan 2020	Jun 2021	
			TIMELINE		
OBJECTIVE 1.2.2	**ACTIVITIES**	**METRIC**	**Start**	**End**	**RESPONSIBLE**
By end of school year 2021, all schools will have completed YRBS and PNA surveys to monitor alcohol use among students.	Remind schools to register for PNA	Yes/No – Remind all schools by November 2019	Sep 2019	Nov 2019	
	Schools complete Prevention Needs Assessment (PNA)	6 schools complete PNA by April 2020	Apr 2020	Apr 2020	

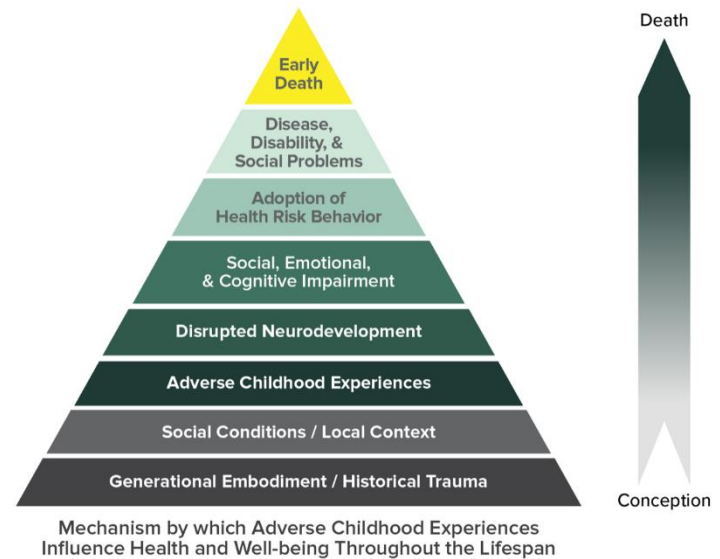|			Start	End	
	Remind schools to register for YRBS	Yes/No – Remind all schools by October 2020	Apr 2020	Oct 2020	
	Schools complete Youth Risk Behavior Survey (YRBS)	4 schools complete YRBS by Feb 2021	Feb 2021	Feb 2021	

GOAL 1.3	Shift the social norm of acceptance of alcohol use in Teton County				
			TIMELINE		
OBJECTIVE 1.3.1	**ACTIVITIES**	**METRIC**	**Start**	**End**	**RESPONSIBLE**
From May 2021 to September 2021, implement a media campaign that addresses adults and parents as role models to children regarding behavior around alcohol use.	Identify a workgroup to hold regular meetings	Yes/No – Workgroup identified by June 2020	Jan 2020	Jun 2020	
	Research existing media campaigns with this message.	Yes/No – Research completed by Sept 2020	Jul 2020	Sep 2020	
	Create consistent media messages to use in campaign	Yes/No – Campaign materials created April 2021	Sep 2020	Apr 2021	
	Purchase media space, such as billboards, print ads, radio time, and social media ads.	≥150 media posts (newspaper, newsletters, fliers, social media, etc.) from May 2021 to September 2021.	May 2021	Sep 2021	

INITIATIVE 2: Building Resiliency to Adverse Childhood Experiences (ACEs)

Scope of the Problem

The effect of Adverse Childhood Experiences (ACEs) on the U.S. population is well established within medical and social sciences beginning with the landmark CDC-Kaiser Permanente studies carried out between 1995 and 1997. The initial CDC-Kaiser study correlated ACEs with physical and mental health status of respondents in later life. Further studies have correlated ACEs with economic and social realities later in life as well.

ACEs are potentially traumatic events that occur in childhood (0-17 years) such as experiencing violence, abuse, or neglect; witnessing violence in the home; and having a family member attempt or die by suicide. Also included are aspects of the child's environment that can undermine their sense of safety, stability, and bonding such as growing up in a household with substance misuse, mental health problems, or instability due to parental separation or incarceration of a parent, sibling, or other member of the household. ACEs, in themselves, are considered risk factors for certain outcomes including risky health behaviors, chronic health conditions, low life potential, and early death. As the number of ACEs increases, so does the risk for these outcomes.

Mechanism by which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

The presence of ACEs does not mean that a child will experience poor outcomes. However, children's positive experiences or protective factors can prevent children from experiencing adversity and can protect against many of the negative health and life outcomes even after adversity has occurred. It is important to address the conditions that put children and families at risk of ACEs so that we can prevent ACEs before they happen.

While the impact of ACEs is well documented, there has been limited research at a local level. In 2011, the Montana Behavioral Risk Factor Surveillance System included a module on Adverse Childhood Experiences. According to this survey, 60% of Montana adults reported experiencing at least one ACE, with 42.8% experiencing 1 to 3 ACEs and 16.8% experiencing 4 or more ACEs. In general, American Indians reported high ACE scores than did Whites and individuals with disabilities reported higher ACE scores than adults without disabilities (although it is unclear due to the survey question wording if the disability existed in childhood or occurred later in life.) The most commonly reported ACEs overall were Household Member Abused Substances (31.7%), Experience Verbal Abuse (31.1%), Parents Divorces/Separated (27.7%), and Household Member Mentally Ill (19.1%). Similar to other ACEs studies, the Montana survey found that adults with ACE scores of 4 or more reported poor physical or meal health more often than those with no ACEs, and they also reported smoking, drinking, misuse of prescription drugs, being obese, or having high cholesterol more often.

Risk and Protective Factors

Risk Factors	Protective Factors
• Children younger than 4 years of age • Special needs that may increase caregiver burden • Parents' lack of understanding of children's needs, child development and parenting skills • Parental history of child abuse and or neglect • Substance abuse and/or mental health issues including depression in the family • Parental characteristics such as young age, low education, single parenthood, large number of dependent children, and low income • Nonbiological, transient caregivers in the home • Parental thoughts and emotions that tend to support or justify maltreatment behaviors • Social isolation • Family disorganization, dissolution, and violence, including intimate partner violence • Parenting stress, poor parent-child relationships, and negative interactions • Community violence • Concentrated neighborhood disadvantage, and poor social connections.	• Supportive family environment and social networks • Concrete support for basic needs • Nurturing parenting skills • Stable family relationships • Household rules and child monitoring • Parental employment • Parental education • Adequate housing • Access to health care and social services • Caring adults outside the family who can serve as role models or mentors • Communities that support parents and take responsibility for preventing abuse

Goals, Objectives, and Activities

GOAL 2.1	Increase awareness in general population on Adverse Childhood Experiences				
OBJECTIVE 2.1.1	**ACTIVITIES**	**METRIC**	**TIMELINE**		**RESPONSIBLE**
			Start	**End**	
By December 2021, offer 10 progressive community-based educational opportunities to increase awareness of ACEs in the general population.	Provide an ACEs presentation locally for the general population.	≥15 participants in attendance in August 2019	Aug 2019	Aug 2019	
	Organize a speaking event with Karl Rosston.	≥ 20 participants in attendance	Aug 2019	Aug 2019	
	Provide ongoing educational opportunities about ACEs at regular CARES Meeting	≥ 15 agencies attend educational opportunities	Jul 2019	Dec 2021	
	Coordinate ongoing presentations and speaking events to increase awareness.	≥ 10 Educational opportunities for community members by December 2021	Jul 2019	Dec 2021	
	Coordinate with schools to create and implement an "ACEs and Resilience Awareness Month" campaign targeted towards awareness among parents/guardians.	8 contacts to parents in October 2020	Sep 2020	Oct 2020	

GOAL 2.2	Increase awareness among educators and school staff on Adverse Childhood Experiences				
OBJECTIVE 2.2.1	**ACTIVITIES**	**METRIC**	**TIMELINE**		**RESPONSIBLE**
			Start	**End**	
By December 2021, 80% of educators and school staff have been exposed to ACEs awareness education.	Provide annual refresher trainings on ACEs or ACEs related topics during staff meetings	2 trainings per school year	Sep 2019	May 2021	
	Work with Cathy Session, Superintendent of Schools to continue offering trauma informed educational opportunities to educators and school staff along with community members.	1 training annually	July 2019	Dec 2021	
	Explore options for trauma informed tools and kits. (ex. sensory corner)	Yes/No – Research completed by August 2021	Jan 2021	Aug 2021	

GOAL 2.3	Increase youth-focused mental health prevention education and support strategies				
				TIMELINE	
OBJECTIVE 2.3.1	**ACTIVITIES**	**METRIC**	**Start**	**End**	**RESPONSIBLE**
By end of school 2021, 4 elementary schools and 4 high schools in Teton County will be using evidence-based programs that positively impact mental health and Adverse Childhood Experiences.	Support existing curriculums that are currently being used by schools: • PAX Good Behavior Game (Choteau, Dutton/ Brady, Power, Superintendent of Schools) • YAM (Dutton/Brady, Choteau, Power, Fairfield) • Signs of Suicide (Power) • Transition Plans (Power)	8 elementary schools and highs schools use EB programs by December 2021.	Jul 2019	Dec 2021	
	Establish a "Handle with Care" program between local law enforcement, community and schools.	2 schools are using HWC by September 2020.	Jan 2020	Sep 2020	
	Coordinate with Alliance for Youth and Teton County school students to roll out the #LetsTalk App	8 high schools and junior high schools rollout #LetsTalk app by May 2020	Dec 2019	Feb.14, 2020	
	Write a grant for funding to implement the Good Behavior Game in interested county schools for grades PreK – grade 5.	Yes/No – Grant submitted by June 2019.	Jun 2019	Jun 2019	
	Investigate Teen Mental Health First Aid within county schools	Yes/No – Contact coordinator and express interest by December 2021	Dec 2019	Dec 2021	

GOAL 2.4	Reduce stigma of behavioral health challenges among community members in Teton County					
OBJECTIVE 2.4.1	**ACTIVITIES**	**METRIC**	**TIMELINE**		**RESPONSIBLE**
			Start	**End**	
By December 2021, organize 3 community events to bring awareness to behavioral health disorders and reduce stigma.	Partner with Grandstreet Theatre and Roxy Theatre to organize the live performance of *Every Brilliant Thing.*	Yes/No – event in June 2019	Jun 2019	Jun 2019	
	Work with local churches to develop a campaign to involve pastors, church leaders, youth groups, or bible studies to attend local trainings, bring a speaker to those groups, or provide tools for group activities.	Yes/No – Reach out to churches and provide strategies by March 2021	Oct 2020	Mar 2021	
	Host a film competition among area high schools to develop mental health awareness videos similar to Arlee Warrior's basketball team. Host a film festival to show short videos and announce a prize winner.	Yes/No – Event in May 2020	May 2020	May 2020	
	Coordinate ongoing opportunities for community awareness events, presentations, and media articles.	≥3 events, presentations, or articles by December 2021.	Jul 2019	Dec 2021	

INITIATIVE 3: Increasing Service Collaboration to Address Behavioral Health

Scope of the Problem

77% of key informants believe that access to mental health care is a major or moderate problem. 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. The Ratio of population to mental health providers in Montana is 399:1. The ratio of population to mental health providers in Teton County is 1520:1

We can look at creative ways to fill in the service gaps by coordinating training for our community members to help reduce stigma and help identify people in a mental health crisis and respond to the situation in the appropriate manner. Services to assist individuals dealing with behavioral health challenges often exist, but key partners across the community are not aware of them or how to access them.

Often, those most likely to respond to behavioral health crises, such as EMTs and law enforcement, do not receive formal or ongoing training on how to deal with individuals in this difficult situation. Furthermore, there is not always a consistent process to more individuals from a crisis situation to ongoing care. There are several evidence-based programs, such as Mental Health First Aid USA, that provide strategies to increase education among those who need it most, and fill some existing gaps in the services network within the community.

Research by the CDC also indicates that first responders are at 10 times the risk for suicidal thoughts or attempts than the general public (Bradley University, n.d.). It is also important to note that while first responders may not experience symptoms of severe mental illness, their stress may manifest in other ways. These can include sleep disorders, temperament disorders, and substance abuse disorders. Strategies such as the Critical Incident Stress Management team offer those that responded to a critical incident a process for sharing their experiences, vent emotions, learn about stress reactions and symptoms and be given a referral for future professional help if needed.

NAMI reports that people in a mental health crisis are more likely to encounter police than get medical help. As a result, 2 million people with mental illness are booked into jails each year. Nearly 15% of men and 30% of women booked into jails have a serious mental health condition. Jailing people with mental illness creates huge burdens on law enforcement, corrections and state and local budgets. A Crisis Intervention Team (CIT) can safely and effectively assist people with mental and substance use disorders who experience crises in the community. Rural communities are challenged with insufficient mental health funding and services and rely heavily on law enforcement officers to provide assistance to people in crisis. CIT programs can help redirect individuals with mental illness from the judicial system to the healthcare system and also improve officer and consumer safety.

22% of stakeholders surveyed for the CHNA – IP state being unsure if services were available as one of the barriers to accessing adequate care in Teton County. The CONNECT online referral system will allow providers, agencies and organizations the ability to search for local services in our community and make an online referral directly to the provider or service agency. Often times a provider or service agency refers an individual to another provider or service agency by handing then a business card or letting them know who to call or where to go but the individual being referred does not always make the contact. When using the CONNECT referral system, the referral goes directly to the provider or agency and then the responsibility to make the contact lies on the agency to follow up on the referral. This way any barriers the individual is facing are remedied.

Risk and Protective Factors

Risk Factors	Protective Factors
• Community disorganization • Community transitions and mobility • Lack of Access to support services • Alienation from community • Discrimination	• Exposure to evidence-based programs and strategies • Participation in sports team, club, community, or religious group • Access to support services • Sense of belonging as connectedness

Goals, Objectives, and Activities

GOAL 3.1	Increase capacity among local service providers through behavioral health trainings				
OBJECTIVE 3.1.1	**ACTIVITIES**	**METRIC**	**TIMELINE**		**RESPONSIBLE**
			Start	**End**	
By June 2021, provide 6 training opportunities for first responders who work with individuals in a mental health crisis.	EMTs attend train the trainer for MHFA	2 EMTs attend MHFA training in November 2019	Nov 2019	Nov 2019	
	Local MHFA trainers hold classes for other EMTs	12 EMTs attend MHFA training by December 2020	Dec 2019	Dec 2020	
	Research and seek funding for CIT (Crisis Intervention Team) training for local first responder agencies, providers and staff, or equivalent	Yes/No – research completed by June 2021	Jun 2020	Jun 2021	
	Schedule a CISM training locally with Carol Burrows so team members do not have to travel or pay to send team members for training	5 individuals participate in the CISM training in January 2020	Jan 2020	Jan 2020	
	EMTs attend Youth Mental Health First Aid Train the Trainer trainings if available.	2 EMTs attend YMHFA training by June 2020.	Jan 2020	Jun 2020	
OBJECTIVE 3.1.2	**ACTIVITIES**	**METRIC**	**TIMELINE**		**RESPONSIBLE**
			Start	**End**	
Each year, provide 2 or more mental health education and training opportunities for the general county population.	Provide Youth Mental Health First Aid training locally for the general population	≥1 per year, 2019-2021	Aug 2019	Dec 2021	
	Provide Mental Health First Aid Training for the general population	≥1 per year, 2019-2021	Aug 2019	Dec 2021	
	Establish follow-up process for individuals who have previously attended MHFA/YMHFA for repeat classes every 3 years.	Yes/No – Process established by December 2020.	Jun 2020	Dec 2020	
	Research and provide other behavioral health training opportunities for the general population, such as QPR, ASSIST, SOS, etc.	≥1 per year beginning in 2021	Jan 2021	Dec 2021	

GOAL 3.2		Implement the CONNECT referral system in Teton County to connect residents with services				
				TIMELINE		
OBJECTIVE 3.2.1		**ACTIVITIES**	**METRIC**	**Start**	**End**	**RESPONSIBLE**
By December 2020, establish a group of service providers in Teton County that are effectively using the CONNECT Electronic Referral System		Identify a lead group that is willing to champion the CONNECT Referral system in our area.	Yes/No – group identified by Oct 2019	Jul 2019	Oct 2019	
		At events and meetings, provide education to agencies, organizations and providers about the benefits of using CONNECT and give them a demonstration of the system.	25 service providers receive CONNECT presentation by February 2020	Dec 2019	Feb 2020	
		Promote CONNECT to service providers and general public through press releases, newsletter, and social media posts.	10 media posts/releases by March 2020	Feb 2020	Mar 2020	
		With area service providers, create referral maps at the community level and agency level to identify all organizations that should be included in our local CONNECT.	25 service providers participate in a referral mapping activity by February 2020	Oct 2019	Feb 2020	
		Assist service providers with an onboarding process: - Policies/procedures/job descriptions to integrate CONNECT into organizational culture - One on one trainings - Technical assistance - Completing agency account documentation and MOUs	20 services providers complete onboarding process by March 2020	Feb 2020	Mar 2020	
		Ribbon cutting/Roll out CONNECT in Teton County.	Yes/No – Rollout on April 1, 2020.	Apr 2020	Apr.1, 2020	
		Provide on-going support and follow-up with area service providers using CONNECT.	Quarterly contacts to CONNECT partners	Apr 2020	Dec 2021	