	A	В	С	D	E	F	G	Н	ı	J	К
1					2015 LAC Priority Surveys						1
3		Blaine	Broadwater	Cascade	Gallatin	Glacier	Hill	L&Clark	Park	Teton	Toole
4	Aside from Basic or Essential Needs, what is missing or what are the gaps in your community	crisis management resources. We seriously lack behavioral health providers in our area both for children and adults, but mainly children. It also can be a hardship for patients to get transporattion	a. We lack transportation to get our people to Helena, other than the sheriff. b. We have no Day Treatment Program c. We have CRT that can come here in Townsend or be seen in Helena. d. We have no temporary stabilization program in Townsend e. We have no prescribing provider in Townsend, prescribers are seen in Helena. f. We have no domestic violence classes in Townsend, g. Substance abuse treatment is at Boyd Andrews in Helena or a counselor who comes from Livingston. h. We have no coordinated youth services in Townsend.	Crisis response services including a crisis home. Continued/more trianing for law enforcement on mental illness. A Comprechensive mental health program in all juvenileDetention Centers. Peer support programs. Community crisis repossuse teams other than law enforcement. Improved emergency room client care for those ndividuals with mental health concerns but who are not suicidal.	The Gallatin County MHLAC believes that youth services, namely residential crisis services such as our adult Hope House offers, is the biggest gap at this point in our community. Detox facility – social detox and medical detox outside of the hospital setting.		There continue to be limited resources in Hill County in terms of providers. Due to the lack of providers, Hill County does not have adequate inpaient services. In addition, community mental health centers, community health centers, and local clinics struggle to fill open positions with qualified (and licenseed) staff. Practitioners in training struggle to find clinical supervision opportunities. Ikely due to high patient loads. At the present time, the county has 2 master level psychiatric nurse practitioners and no psychiatrisis, despite the fact that they serve most of the surrounding counties on the highline. Hill County does not have a Crisis Response Team and continues to lack enough personnel to provide peer support services on a consistent basis. Hill County is considerably underserved in terms of youth services such as group homes, despite the tremendous need. There is no one in the county to prescribe to children under the age of 13.	The entire mental health system in L& Clark Co. is inadequate and requires a comprehensive array of improvements and new services.	Suicide Prevention. Crisis Peer Support. Housing/Low Income		
6	available in your community.		The community has had no prescriber for mental health in Broadwater County.  We have on every other Friday for 7 hours a case manager and conselor.  We have an LCSW at the hospital and one private counselor in town.  We have a Crisis Intervention and jail diversion Grant.  AA is available in Townsend.  Bimonthly articles on mental health appear in local paper. The school can refer to private counselors.	Psychiatry, counsiling, case management, group homes, transition home, behavioral health unit, PACT, substance abuse treatment.	Current Services: Hope House – short term residentia crisis facility, also including emergency detention beds for involuntary individuals in crisis; Drop In Center daytime support facility offering laundy services, some meals, support groups, and peer to peer visits; Virgil Project – a mental health "court" type program offering case management for offenders suffering from mental iilhess; Mental Health Center – general services, including some drop-in hours, management of several supportive housing units on campus; Youth services are provided by AWARE, YDI, Montana Family Wrap Around and Yellowstone Boys and Girls Ranch.	:	Hill County has:  *a community mental health center (Center for Mental Health), which provides outpatient psychiatric medication management through a APRA, case management, therapy, group therapy, in-home services, adult foster care, and day treatment *a community health center (Bullhook Community Health Center), which provides outpatient mental health and substance abuse therapy, group therapy, case management, and collaboration between primary providers and behavioral health staff.  *Northern Montana Medical Group has psychiatric medication management, and outpatient therapy from 3 on staff psychologists as well as an LCSW  *Haver Public Schools offer in school mental health services through Alteacre, which provides comprehensive school and community treatment (CSCT) grades K-12  *Youth Dynamics provides outpatient therapy, case management and mentoring to youth "MSU-Northern Student Support Services Office counselor provides outpatient therapy to the students in its program  *Veteran Affairs provides outpatient therapy through its LCSW  *Rocky Boy Reservation*  *Several LCPCs and LACs work in the area in private practice  *Quality Life Concepts*	In Process	Coummunity Health Partners. Park County Jail Diversion grant. CTT Trianing.		
9 10	List services your community is lacking, or need improvements.	Behavioral health	No prescriber for mental health.	Services coming in near future: peer support, crisist response team, more transition services for youth, transitionl home for young women	Lacking Services: Youth: Residential crisis facility for youth, especially those demonstrating suicide ideation and/or are at a risk to themselves or others. Montana Family Wrap Around has begun to fill some need for intensive case management and offers some 24 hour crisis care, but not for those youth showing suicide ideation. Detox: We lack a social detox setting for those struggling with co-occurring issues or addiction. The hospital is the only location for medical detox and is not properly designed for this function either and often requires law enforcement or extra staffing to offset the lack of proper facility for this function.		Hill County is lacking:  - Crisis response  - Peer support  - Transportation  - Youth Group Homes  - Hornieless shelter  - Homeless shelter  - Hornieless shelter  - Hornieless shelter  - Group care facilities  - Peer court  - Youth-designated substance abuse treatment facilities  - Psychiatric providers for children  - Wrap around services for youth and families  - Clinical internship sites/opportunities or preceptor sites  - Step down' housing for people coming from inpatient treatment  - Addiction services for Middle School  - Behavioral Health detention centers  - Collaboration on projects between multiple agencies or counselors  - Evidence-Based Training/Workshops	All			

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List any new grants your community has received an any services that have g away due to lack of funding.	s Blaine Co. Health Dept received a MT Healthcare Foundation grant to conduct a CHA, Suicide prevention at Ft Belknap was not funded Alta care funded but has	Crisis intervention & jail diversion grant.	None we are aware of	Current Grants: Mental Health Trust Fund; CIT Jall DiversionServices that have gone away due to loss of grant funds: Homeless Liaison Coordinator, funding for the Drop In Center (resulting in reduced hours of operation and some program cuts) Services that have gone away due to loss of grant funds; Homeless Liaison Coordinator, funding for the Drop In Center (resulting in reduced hours of operation and some program cuts)		Grants:  • Youth Build lost its funding a few years ago (youth/young adult diversion program)  • DULDrug Court is grant funded until October and then is expected to be self-sustaining, however, that does not look likely and they will be seeking additional funding  • The Detention Center received a behavioral health grant in July, it is unknown where that grant stands  • A grant was awarded to Bullhook Community Health Center for interactive journaling for substance abuse	In Process			
2										
Have you had a community assessm done?	county nurse currently working on and will be shared with stakeholders, including the LAC, the county hasn't had a comprehensive CHA done. There have been some outside entities (regiolnal health care centers) that have completed some partial health assessments in the past.	No	C4MH in Great Falls did community needs assessment in 2012.	A Community Health Needs Assessment was conducted by our local City-County Health Department in coordination with Bozeman Health Deaconess Hospital and Community Health Partners in 2014. Its focus is not solely Mental Health, but this is the closest thing to a needs assessment that has been done in a long time.		Not to our knowledge.	In Planning stage			
.4										
Who is the contact person for the community 5 assessment?	Jana McPherson-Hauer	Sheriff Meehan and County Attorney	Jennifer Whitfield (406) 761-2100	The Health Department 406-582-3100			Patrick Johnson, LAC Chair	Jacqueline Itsey		
.0	ided yes, when completed	Not done yet	yes	Survey is attached with this response			yes, when completed	yes		
7 a copy? 8		-								
Was a Community Health Improvement Plan (CHIP) completed?	The regionally completed CHA identified mental health as a priority area or a need. The mental health strike team developed out of this identification. That team has recently morphed into the LAC.		In 2011 Cascade County did a Community Health Assessment and created a Community Health Improvement Plan for 2011-2013. The plan was updated with goals for 2014-2016.	One was completed in 2012, was updated once and is currently in the process of additional revision.		The Hill County Health Consortium conducts a community needs assessment for health every 3 years to establish the 3 area they will work on.	yes	Hospital in process		
Who is the contact person forhte CHIP 11 assessment?	>		Vonnie Brown	Health Department, 406-582-3100, is the primary contact for this document.		The contact person for that report would be either Cindy Smith at Bullhook Community Health Center or Kim Larson at the Hill County Health Department.	Melanie Reynolds, Executive Director, Public Health Dept	Deb at Livingston Memorial Hospital		
	ided yes, when completed		An electronic copy is available	A copy is attached		A copy is attached	yes	ves		
3 a copy?								-		
Identify 3-5 top priorities for addressing local nea	1. Crisis management, law enforcement support 2. CHA/CHIP 23. Training 4. Resource Directory. 1. Behavioral health 2. Community education on health conditions and prevention. 3. Improve access to specized medical care. 4. Diabetes and Hypertension.	iv. Case Management v. Day Treatment/Peer Support	CIT for First Responders. Community education on mental health concerns and services available. Organized mental health response network. Mental Health Court.	Children's Services – youth crisis services, youth CIT, transition services from youth to adult Mental Health and Criminal Justice – establish Youth CIT, maintain MH services in our local detention center, and implement mobile CRT Co-Occurring Services – detox unit, social detox at Hope House Public Outreach – reduce stigma, education Homeless Outreach and Income Supportive Housing		I. Increase in youth mental health services     a. wrap around services     b. youth group homes     c. shelter care for youth     d. youth-specific congregant care facility     e. substance abuse treatment and support groups     2. Increase in non-judicial restorative justice programs     (such as drug court)     3. Address access to care     a. Crisis intervention/stabilization/emergency mental     health services     b. Affordable and acceptable housing for stepdown back     into the community     c. Increase in substance abuse and support options     d. Peer Support Network: development and training     e. Workforce shortage     f. Lack of preceptors/internships for clinical supervision,     especially with youth     4. Increase in training opportunities     a. Suicide Prevention     b. Increase collaboration opportunities/networking     c. Working with Native American needs	MH Strategic Plan     2. MH Services in the Detention Center 3. Pretrial/Diversion programs 4. Public Education	Develop crisis, detox, treatment facility. 2.     Increase support systems for suicide and bullying prevention.		

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3		Blaine	Broadwater	Cascade	Gallatin	Glacier	Hill	L&Clark	Park	Teton	Toole
	dentify 3-5 priorities	Crisis management.     2.	<ol> <li>Increase in beds in 30 to 90 day stabilization program</li> </ol>	Expand HCBS waiver Make peer support a Medicaid	FUNDING - Medicaid expansion, parity, youth		1. Peer Support		Crisis facility extended		
	o address statewide	Long term care options for people with	in the community, probably Helena	reimbursable service. Crate a statewide CIT Program.	services, etc.		2. Suicide prevention		14 day stay. More		
					ARM changes to allow for better co-occurring treatment		3. Increase in services for		Funding for CIT		
		for violent behaviors as symptoms of		be covered under the HELP Act.	options		a. Youth Group Homes, Shelter care for youth and adults		Trianing and Peer		
		mental illness, and not ONLY behavior	4. Increase public information and education				b. substance abuse treatment		Support Services.		
		disorder.	<ol><li>Increase MH First Aide Classes</li></ol>				c. inpatient behavior health treatment				
		Behavioral health.     2.					i. more ease of access to care				
		Improve access to specialized medical					d. Low-income				
		care. 3.					e. Developmentally delayed and disabled youth				
		Diabetes and Hypertension					4. Increase in training in:				
							a. substance abuse treatment				
							b. Native Americans (serving the population in a culturally				
							responsible setting)				
							c. Working with children and adolescents				
							<ol><li>More collaboration with DPHHS to help programs</li></ol>				
							understand each other's roles and what programs exist.				
							Workforce shortage prevents many programs from starting				
							even when money is available. Need to address the				
							workforce issue. If new grants require agency				
							collaboration, the dollars will work more wisely in the				
							communities and there will be less duplication of services				
							and better stability.				
27											