

Richland County Local Advisory Council on Behavioral Health

Richland County Strategic Workplan, 2024



Introduction:

Under the leadership and guidance from the Richland County Communities in Action Steering Committee, the Richland County Health Improvement Plan is developed based on the county-wide community health assessment. There are five subcommittees under Communities in Action. Each subcommittee is assigned various goals and indicators from the health improvement plan, and this strategic workplan is one of several pieces. The Richland County Local Advisory Council (LAC) on Behavioral Health is the lead subcommittee focused on implementing county-wide behavioral health strategies to effect change in the behavioral health outcomes of the county social determinants of health (see page 9).

The public health Mobilizing for Action through Planning and Partnership (MAPP) process is the comprehensive building block that includes processes from other programs and models including the Communities That Care, youth focused process, the Wagner Model, community interface health system model, the Sequential Intercepts for Change Model, jail diversion community-based intercepts, the Crisis Now Framework, SAMHSA's Nation Guidelines for Behavioral Health Crisis Care, and the Continuum of Care model. Focusing on the county's inherent social determinants of health and large presence of health disparities, the Richland County Communities in Action Steering Committee has had success with the MAPP process since 2005 (see page 9).

Understanding the resource landscape of the community, Communities in Action takes the "up-stream" approach to addressing the community's social determinants of health. By convening community partners, consumers, and funders, Richland County pools scarce resources in the most effective manner and works together to accomplish common goals (see page 10). The Richland County Health Department provides technical assistance to other counties, specifically on implementing the Communities in Action model. Through technical assistance, Richland County connects and encourages other communities who are not already connected to participate in the state's behavioral health system.

This workplan is a collective effort by all members of the community to share responsibility and take on different aspects of each activity and report outcomes back to the LAC. Progress is tracked quarterly, reported monthly to stakeholders, and the plan is updated annually.

Council Composition & Membership:

The following groups within the community make up the participating membership of the Local Advisory Council:

- Consumers
- Law Enforcement
- Housing
- Employment
- Hospital & Emergency Services
- Public Health
- Schools
- Coalitions
- Mental Health Providers
- Recovery Providers
- Transportation
- Veteran Services
- Justice & Parole
- County Extension
- Community

Community Need:

Richland County is in the northeast region of Montana along the North Dakota boarder and within two hours from the Canadian border. Due to the geographic location and limited access to services, Richland County is considered “frontier” and surrounding counties are considered “remote frontier”. This region of Montana is a resource desert. Regional residents often must travel four to six hours or longer for adequate medical and behavioral health services including crisis evaluation and stabilization facilities. Behavioral health resources and services are not readily available and often not accessible. Transportation, expenses, lack of access to social supports, limited services, and an adequate workforce are the trend in limiting access to positive behavioral health outcomes.

In Richland County there is one public transportation service that operates Monday through Friday, 7:00 am to 6:00 pm within the city of Sidney, and one pickup/drop off time once a week to the three outlying communities. There is one private transportation service who will provide out-of-town transportation when the vehicle and driver are available. There is not transportation through a service provider that can support out-of-town insurance billed behavioral health transportation. There is no office of public assistance in Richland County. The closest offices are two and four hours away, by appointment only. People in need of services have reported difficulties with accessing and navigating the time intensive system.

In Richland County, the ratio of clients to mental health providers is 749:1. Providers are seeing as many clients as they are able, but clients are still having a one to four week wait time for services. Although this has recently improved from the previous four to six weeks wait time, providers are reporting clients going into a severe crisis within the waiting period. The two current options for someone in crisis are the emergency department or detention center. Both options add more stress and financial burden to the client. The only hospital in Richland County, Sidney Health Center, has reported clients refusing care or having heightened anxiety due to financial concerns. Clients who go to the emergency department and qualify to be transferred to the Billings Receiving and Crisis Stabilization Center, must be transported by air ambulance. Once a client leaves the community, it is up to the client and family to bear the financial cost of getting the person back to the community. This can be a

significant financial burden on the client and their family when the person is four, six and eight hours away, often in another state. One family reported to a recent focus group that their child had been sent to a facility out of state and was not able to provide in-person support to the child because of financial limitations. Another family reported a family member refusing emergency medical service after becoming suicidal because of the financial burden it would cause the family. Per the 2023 Richland Standard Crisis Report by JG Research, the top three 988 call center presenting issues were financial stress, anxiety or fear, and family.

Stakeholders and service providers have reported that youth suicide attempts are on the rise. According to the Richland County 2023 Youth Risk Behavior Survey: 42.56% students reported feeling “sad or hopeless for two weeks or more”, 23.14% seriously considered attempting suicide, and 22.31% made a suicide plan. In Richland County, emergency medical services responded to 24 mental health calls, per the 2023 Richland Standard Crisis Report by JG Research.

In 2022 the Richland County Local Advisory Council conducted crisis diversion focus groups with all community groups. During these focus groups, 22.7% of the respondents stated that training/education/and preventative measures are needed to enhance the county’s ability to assist people in crisis. Here is what some participants had to say, “there’s not enough mental health help here”, “hospital staff doesn’t have enough behavioral health training”, “there’s only two options for someone who’s in crisis, jail or the ER, but neither are equipped to help them”, “people are afraid to call 911 for mental health help”, “where do we find mental health help?”, “who keeps all of the information updated?”, “there’s no one single organization/person to ensure things are getting done”.

In a frontier community and resource desert such as Richland County, it has been most successful to focus resources on preventative measures and supporting citizens locally. Through the community health assessment and resource mapping process, Richland County continues to identify the importance of supporting people within their community and increasing preventative care. Richland County takes an integrated community approach to the continuum of care by closing the loop between prevention, treatment, and recovery.

Priority Areas:

The following Richland County Local Advisory Council on Behavioral Health priority areas have been identified by the Communities in Action Steering Committee:

- 1. Increasing Awareness of Emotional Wellness**
 - Stigma Reduction
 - Community-based Primary Prevention Events
- 2. Training and Resource Development**
 - Training Plan
 - Resource Mapping & Distribution
- 3. Coordination of Services and Support**
 - No Wrong Door Plan
- 4. Development of County Crisis Infrastructure**

- Jail Diversion: Regional Crisis Intervention Team Academy
- Community-based Supports

5. Increase Youth & Family Programs and Supports

- Primary Prevention Programs
- School-based Prevention Programs

Strategic Workplan:

Objectives	<p>1.1 Richland County Crisis System Foundation Building: 1.1.a Crisis Coalition Coordinator, 1.1.b Regional Resource Mapping:</p> <p>Coordination of services, support, and resource distribution of local resources. Programs and services are coordinated to avoid duplication of services and collaborate on quality improvement.</p> <p>Richland County residents will know what services are available and how to access them. Service providers will have a service referral list. School staff, students, hospital staff, recovery clients, treatment court clients, and other targeted audiences will receive mental health lifesaving trainings. The community will know who to call, and how to access support in a crisis.</p>			
Goals	Strategies	Measures	Stakeholders	Timeline
<p>Improve crisis prevention programs and services</p> <p>Increase community awareness of behavioral health services</p> <p>Increase awareness of regional crisis services</p> <p>Improve cross-program collaboration locally and regionally</p>	<p>1.1.1 Facilitate the Richland County Local Advisory Council on Behavioral Health (LAC) monthly meetings</p> <p>1.1.2 Regularly report workplan progress to the LAC and community stakeholders, state program managers, and regional & state partners</p> <p>1.1.3 Meet with community partners regularly to support on-going crisis prevention efforts</p> <p>1.1.4 Present completed county Sequential Intercept Mapping (SIM) & Resource mapping to LAC, stakeholders, and community partners.</p>	<p>Number of community groups participating</p> <p>Number of new programs or initiatives implemented</p> <p>Number of new MTCares app downloads</p> <p>Number of new visits to the Richland County behavioral health website each month</p> <p>Regional resource map</p> <p>Number of Richland County resources distributed: # of cards given to organizations and</p>	<p>1.1.1 LAC Chair, support from Behavioral Health/Crisis Coordinator</p> <p>1.1.2 Behavioral Health/Crisis Coordinator</p> <p>1.1.3 LAC Members, Behavioral Health/Crisis Coordinator</p> <p>1.1.4 Behavioral Health/Crisis Coordinator, LAC Chair, Communities in Action Director</p>	<p>1.1.1 Monthly</p> <p>1.1.2 Monthly</p> <p>1.1.3 Monthly - Quarterly</p> <p>1.1.4 Aug/Sept 2024</p> <p>1.1.5 Quarterly</p> <p>1.1.6 Quarterly</p> <p>1.1.7 Quarterly</p> <p>1.1.8 Quarterly</p> <p>1.1.9 Part1. Sept-Dec 2024</p>

	<p>Identify additional supports and services as they become available</p> <p>1.1.5 Work with community partners to implement and track outcomes of: Crisis Intervention Team (CIT) training and use; AVEL eCare Crisis Care stabilization program use; Question Persuade Refer, Mental Health First Aid, and Wellness Recovery Action Plan trainings; and additional crisis prevention/early interventions as directed by the LAC.</p> <p>1.1.6 Connect with stakeholders and networks to promote and share resources for: MT 988 crisis line; Richland County MT Cares app; Richland County Behavioral Health resource website.</p> <p>1.1.7 Maintain and update county resources. Regularly meet with community partners to provide resources</p> <p>1.1.8 Maintain and update local, regional, and state resource listings. (County website, MESAA resource listing, Connect MT, and MT211)</p> <p>1.1.9 Work with contractor for regional SIM & Resource Mapping to support our regional CIT Academy.</p> <p>1.1.10 Regularly meet with regional partners to maintain and look for opportunities to increase regional response to crisis.</p>	<p>individuals as currently tracked</p> <p>Number of referrals</p> <p>Number of regional collaboration activities</p> <p>Number of individuals who report having access to behavioral health services</p>	<p>1.1.5 Behavioral Health/Crisis Coordinator, Richland County Health Dept., Richland County Sheriff's Office, Sidney Police Dept., and County Behavioral Health Trainer.</p> <p>1.1.6 Behavioral Health/Crisis Coordinator, coalition members, prevention specialist.</p> <p>1.1.7 Behavioral Health/Crisis Coordinator</p> <p>1.1.8 Behavioral Health/Crisis Coordinator, LAC Members</p> <p>1.1.9 Behavioral Health/Crisis Coordinator, contractor, regional county LAC coordinators, Roosevelt County/Fort Peck Tribe Crisis Coordinator</p> <p>1.1.10 Behavioral Health/Crisis Coordinator</p>	<p>Part2. Jan-June 2025</p> <p>1.1.10 Monthly</p>
Data Collection Tools	Organization reports; Meeting Minutes/Sign-in; Program Reports; App & Website Reports; Completed Contract; Internal Tracking Tools; Pre/Post Training Surveys; Client Surveys as applicable; Youth Risk Behavior Survey			

Objectives	<p>1.2 Crisis System Foundation Building: 1.2.a Community-Based Crisis Training</p> <p>Coordination of services, support, and resource distribution of local resources. Programs and services are coordinated to avoid duplication of services and collaborate on quality improvement.</p> <p>Richland County residents will know what services are available and how to access them. Service providers will have a service referral list. School staff, students, hospital staff, recovery clients, treatment court clients, and other targeted audiences will receive mental health lifesaving trainings. The community will know who to call, and how to access support in a crisis.</p>			
Goals	Strategies	Measures	Stakeholders	Timeline
<p>Increase the number of trainers in one or more of the following: Mental Health First Aid (MHFA), Question Persuade Refer (QPR), Wellness Recovery Action Plan (WRAP), and Naloxone.</p> <p>Expand the county training plan to include: Naloxone training and how to access; and the CIT regional academy.</p> <p>Increase the number of educators, consumers, paraprofessionals, service providers, emergency department staff, employers/employee, and other identified audiences to be trained in one or more of the approved trainings.</p>	<p>1.2.1 Recruit new and additional trainers for the following: QPR (question persuade refer), MHFA (mental health first aid), and WRAP (wellness recovery action plan)</p> <p>1.2.2 Work with county Safety Officer to provide Naloxone training</p> <p>1.2.3 Update county training plan</p> <p>1.2.4 Market individual trainings per the training plan</p> <p>1.2.5 Track each training outcome</p> <p>1.2.6 Maintain and track progress of county training plan</p>	<p>Number of new trainers registered</p> <p>Number of individual trainings held</p> <p>Number of participants per training</p> <p>Number of hours per participant, per training</p> <p>Number of individuals reporting to have increased knowledge of how to help someone in crisis</p>	<p>1.2.1 County Trainers, LAC Members, Behavioral Health/Crisis Coordinator</p> <p>1.2.2 Trainers, Behavioral Health/Crisis Coordinator</p> <p>1.2.3 Behavioral Health/Crisis Coordinator</p> <p>1.2.4 Trainers, Behavioral Health/Crisis Coordinator, LAC Members</p> <p>1.2.5 Trainers, Behavioral Health/Crisis Coordinator</p> <p>1.2.6 Behavioral Health/Crisis Coordinator</p>	<p>1.2.1 2024-2027</p> <p>1.2.2 Fall 2024</p> <p>1.2.3 Fall 2024/Spring 2025, on-going</p> <p>1.2.4 As needed</p> <p>1.2.5 Per training</p> <p>1.2.6 On-going</p>
Data Collection Tools	Trainer/Organization reports; Training Rosters; Updated Training Plan; Internal Tracking Tools; Pre/Post Training Surveys			

Objectives	<p>2.1 Crisis System Foundation Building: 2.1.a Crisis Intervention Team (CIT) Program:</p> <p>In partnership with CIT MT, Richland County will host the first regional CIT training to include the Fort Peck Tribes. Richland County has two CIT Coordinators in training. The Richland County Behavioral Health/Crisis Coordinator and Roosevelt County/Fort Peck Tribes Crisis Coordinator will provide technical assistance to the regional counties in support of the other counties participating in the CIT Academy.</p>			
Goals	Strategies	Measures	Stakeholders	Timeline
<p>Increase the number of counties in northeast MT who are trained in crisis response</p> <p>Increase the number of counties in northeast MT who develop a crisis response team/program</p>	<p>2.1.1 Host regional partner CIT planning meetings with county coalition coordinators.</p> <p>2.1.2 Provide technical assistance to regional counties in fostering multilevel interactions among the counties, including: tribal leadership and services, stakeholders, coalitions, law enforcement, EMS, emergency department, hospital social workers, county attorney, city/county officials, and other leadership.</p> <p>2.1.3 Support counties/tribe in identifying CIT coordinators.</p> <p>2.1.4 Maintain on-going interface between CIT MT and regional CIT coordinators.</p> <p>2.1.5 Support Richland County CIT coordinators in planning the academy: secure specialists from each county and the Fort Peck Tribe to serve as panel experts during the academy and in on-going interface with each county. Provide logistical support for the event.</p>	<p>Number of counties committed to CIT training</p> <p>Number of individual partners participating in the CIT training</p> <p>Number of counties implementing CIT policies/processes</p>	<p>2.1.1 Richland County Behavioral Health/Crisis Coordinator, Roosevelt County/Fort Peck Tribe Crisis Coordinator, CIT MT staff</p> <p>2.1.2 Richland County Behavioral Health/Crisis Coordinator, Roosevelt County/Fort Peck Tribe Crisis Coordinator, CIT MT staff</p> <p>2.1.3 CIT MT staff, Richland County Behavioral Health/Crisis Coordinator, Roosevelt County/Fort Peck Tribe Crisis Coordinator, Richland County CIT Coordinators, Regional County LAC Chairs</p> <p>2.1.4 Richland County CIT Coordinators, Behavioral Health/Crisis Coordinator, LAC Members</p> <p>2.1.5 Richland County CIT Coordinator's, CIT MT staff, statewide coordinators</p> <p>2.1.6 Richland County Sheriff's Office, Richland County CIT Coordinators, CIT MT staff & statewide coordinators, Richland County Behavioral Health/Crisis Coordinator</p>	<p>2.1.1 Currently in process, will continue annually in preparation for CIT Academies</p> <p>2.1.2 May 2024 – Spring 2025, quarterly thereafter</p> <p>2.1.3 May 2024 – Spring 2025</p> <p>2.1.4 Fall/Spring 2024/2025</p> <p>2.1.5 May 2024 – Spring 2025</p> <p>2.1.6 Spring 2025, annually or bi-annually depending on need and instructor availability</p> <p>2.1.7 Fall 2025</p> <p>2.1.8 Fall 2025, on-going</p>

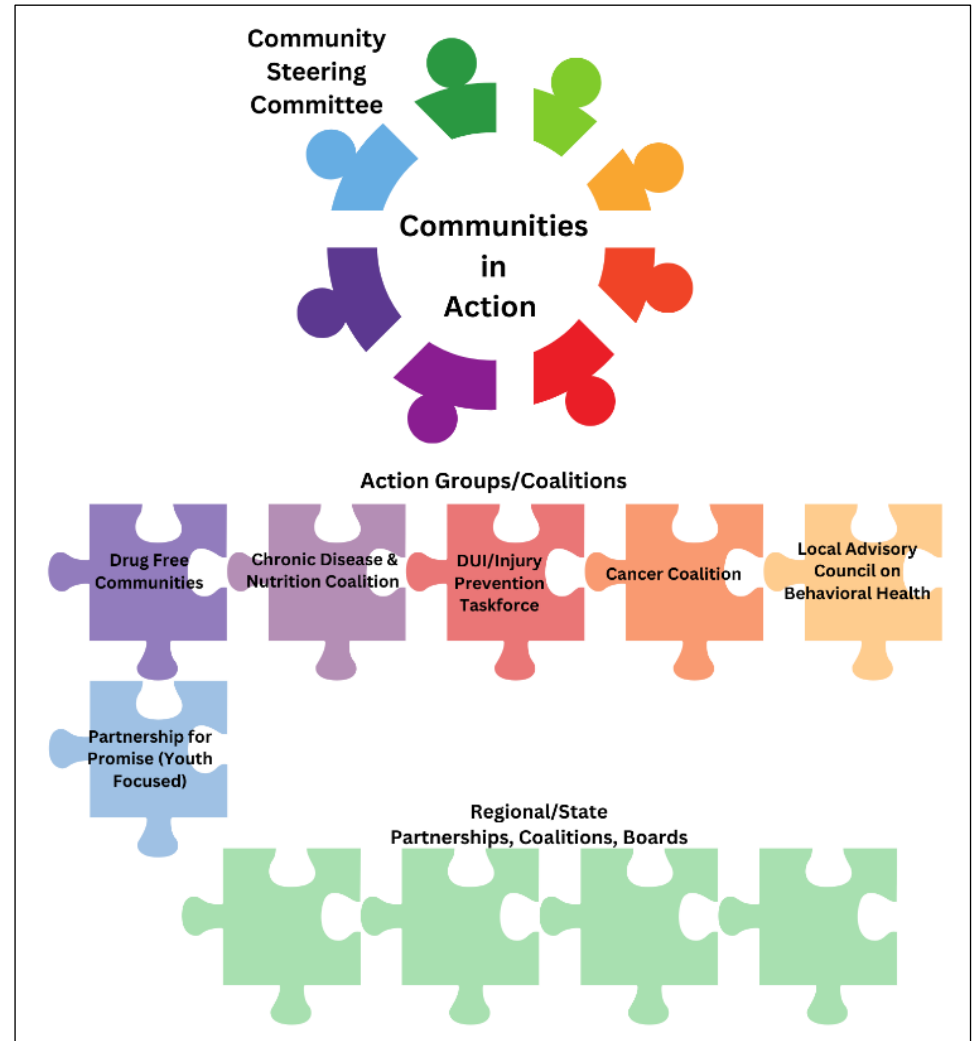
	<p>2.1.6 Host one academy annually or bi-annually</p> <p>2.1.7 Support Richland County in developing, implementation, and review of CIT policy and procedures.</p> <p>2.1.8 Provide technical assistance to other county/tribe coordinators in developing, implementing, and review of CIT policy and procedures.</p> <p>2.1.9 Provide on-going support for annual CIT academies.</p>		<p>2.1.7 Richland County Sheriff's Office, Richland County CIT Coordinators, LAC Members, Richland County Behavioral Health/Crisis Coordinator</p> <p>2.1.8 Richland County CIT Coordinators, Richland County Behavioral Health/Crisis Coordinator, Roosevelt County/Fort Peck Tribe Crisis Coordinator</p> <p>2.1.9 Regional LAC Coordinators, Regional CIT Coordinators, CIT MT staff</p>	<p>2.1.9 Annually</p>
<p>Data Collection Tools:</p>	<p>Regional CIT academy toolkit, training rosters, CIT policy/procedures, regional CIT coordinators roster, meeting minutes, project/program reports</p>			

Models Utilized:

Richland County Mobilizing for Action through Planning and Partnerships process

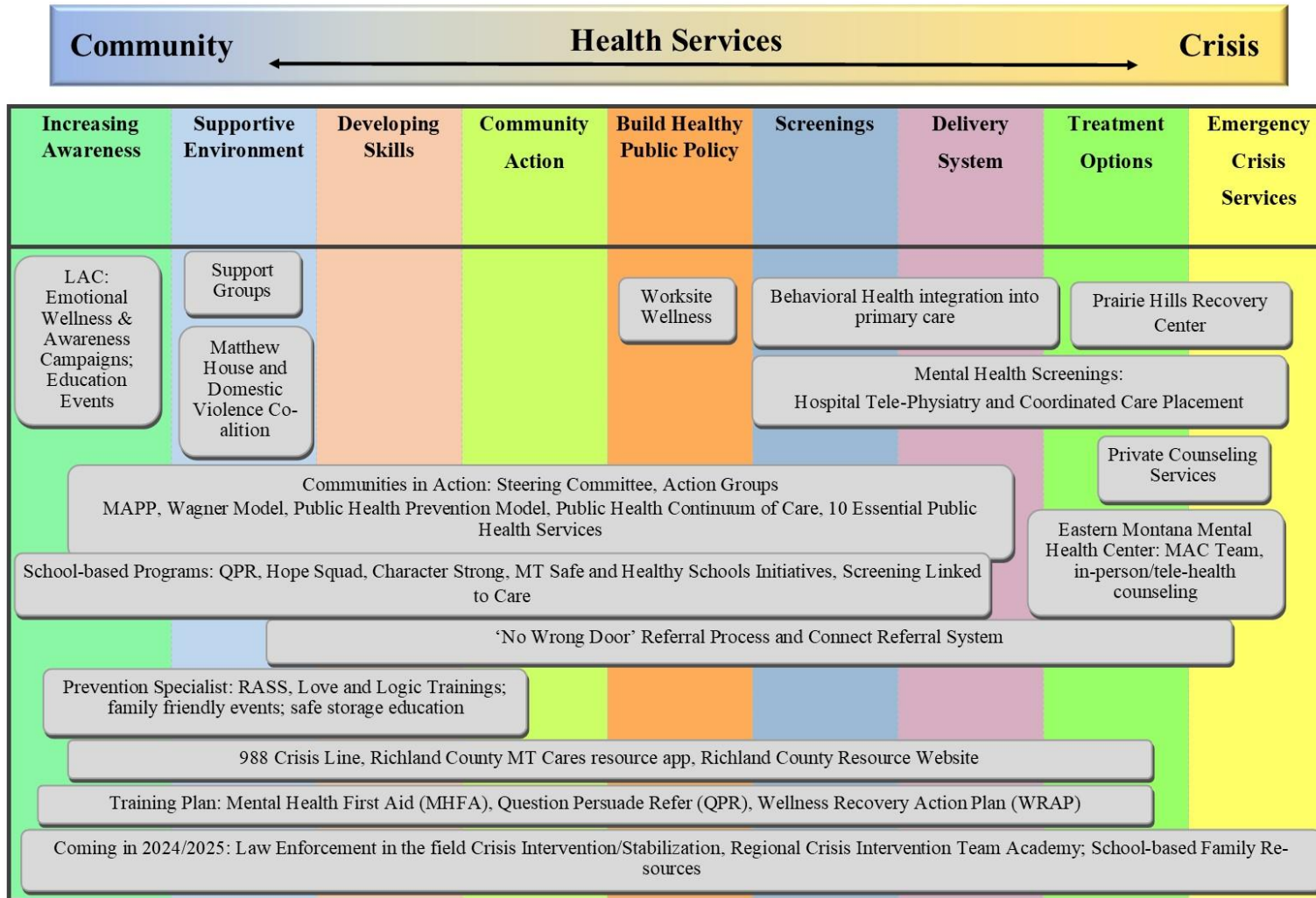


Richland County Communities in Action



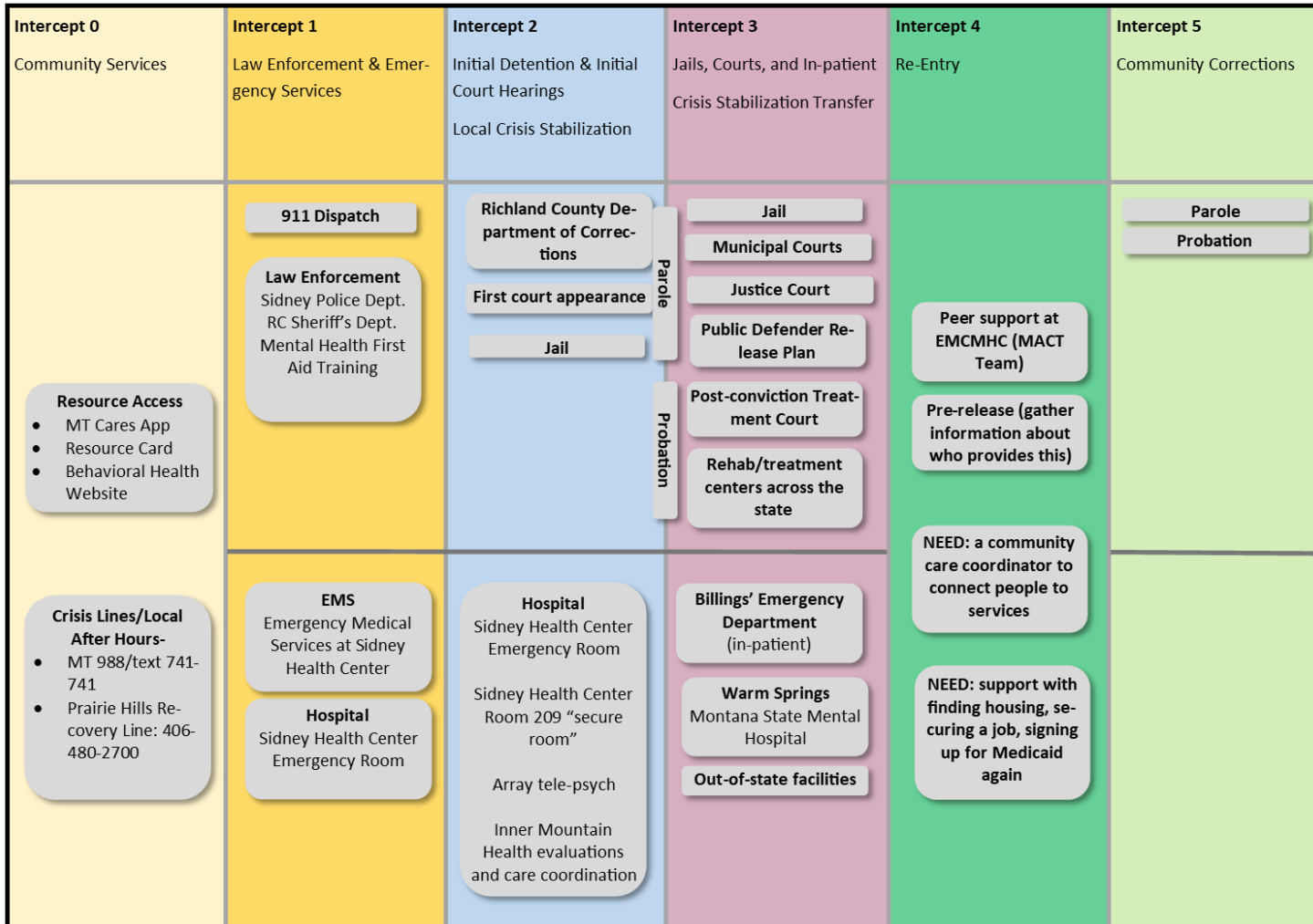
Richland County's Community Continuum: Emotional Health Model

Community Continuum: Emotional Health Model - 2024



Adapted from the Wagner model and the Sequential Intercepts for Developing CJ-BH Partnerships model. Produced by Richland County Health Department, Montana. 2018. 2024

BEHAVIORAL HEALTH SEQUENTIAL INTERCEPT MODEL MAP RICHLAND COUNTY, MT



DRAFT-2024