



**Montana Healthcare Foundation:**  
*Overview and Integrated Behavioral Health  
Initiative*

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# About MHCF

<http://www.mthcf.org/who-we-are/about-us/>

- Independent, private foundation ( a 501(c)3 )
- The largest Montana-based foundation focused on health
- Created from the sale of Blue Cross & Blue Shield of MT
- Permanent resource for Montana: manages the trust investments sustainably, making grants and grant-related investments of roughly 5% of the value of our trust each year
- Strategic investments to improve the health and well-being of all Montanans—including grants, but also research, policy work, convening stakeholders, etc.
- Focus on at-risk populations and health disparities

# Introduction



**Aaron Wernham,**  
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# Focus Areas

[www.mthcf.org](http://www.mthcf.org)

- American Indian Health
- Partnerships for Better Health (focused on value-based care/triple aim)
- Behavioral Health (mental illness and drug & alcohol use)
  - Integrated Behavioral Health Initiative

# American Indian Health

## *Core challenges identified by stakeholders*

- System complexity: complex federal and state rules for eligibility, reimbursement, tribal management and compliance, fragmented funding
- Lack of administrative capacity: staffing, coding, billing, budgeting, IT, management
- Separation of health systems: little coordination or collaboration with
- Health workforce shortages, recruitment, and retention
- Trauma: historical; ongoing discrimination; lack of economic opportunity; ACEs
- Health disparities: drug and alcohol; diabetes; traffic injury; oral health issues; severe barriers to accessing appropriate care

# American Indian Health

## *2015 grantees*

### For example:

- Improving coding, billing, revenue capture—*Rocky Boy Health Board.*
- Health insurance enrollment and utilization—*CSKT*
- Recruitment, partnerships within MT, and tele-medicine—*Fort Peck HP/DP*
- Injury prevention program —*Northern Cheyenne.*
- Establishing school-based health services; trauma-informed schools—*Blackfeet*
- Needle exchange—*Fort Peck*

# Partnerships for Better Health

## *Core challenges identified by stakeholders*

- Rising per capita healthcare costs
- “High utilizers”
- Limited resources & collaboration among public health, primary care, mental health, chemical dependency, and other services
- Health disparities & the social determinants of health: the challenge of improving health against the current of poverty, poor housing, poor educational outcomes, etc.
- Limited access to health services in rural areas
- Workforce: hard to recruit and retain staff

# Partnerships for Better Health

## *Examples: 2015 grantees*

1. Community paramedicine (Glacier EMS): piloting home obs, ED and hospital follow-up
2. Promotoras (Community Health Partners): lay health education and outreach to isolated vulnerable population
3. Rural ACO (Barrett Hospital): establish a value-based payment model in rural MT.
4. Integrated legal services for CHC patients (MT Legal Service Corp): address unsafe housing, family violence, denial of senior benefits, and so on.
5. Manufactured housing rehabilitation and replacement (Neighborworks MT): partnership with local hospitals to address health risks of substandard housing
6. RSVP program (RMDC): senior volunteers to reduce hospital readmissions
7. Neonatal Abstinence Syndrome (KRMHC): Standardizing screening and care for drug-exposed newborns.

# Behavioral Health Focus

## *Core challenges identified by stakeholders*

- High suicide rate
- Adverse childhood experiences
- Prevalent drug & alcohol use in some populations; drug use in pregnancy
- Shortage of behavioral health providers in rural MT
- Reimbursement and funding shortfalls
- Traumatic brain injury, PTS among returning veterans
- Fragmentation of the system of care, particularly for those with co-occurring mental illness, substance use disorders, and chronic physical illnesses.

# 2015 Grantees

## *Behavioral Health*

### **For example:**

- School-based services and trauma-informed education: Intermountain (mental health and substance abuse treatment for students in Helena alternative schools); Bighorn Valley CHC (school-based clinics in St. Labre)
- Comprehensive treatment for drug use in pregnancy: St. Luke, St. Vincent
- Planning for a Psychiatric Residency: Billings Clinic
- Tele-psychiatry: North Valley Hospital

### **Integrated Behavioral Health:**

- Integrated Behavioral Health (IBH) Implementation: Holy Rosary (Miles City) collab. with EMCMHC
- IBH planning & training: WMMHC, Beaverhead County, CMH

# Integrated behavioral health initiative

- **Research:** IBH report forthcoming (brief attached); evaluation
- **Grant program:**
  - Training and technical assistance: *National Council for Behavioral Health* (<http://www.thenationalcouncil.org/consulting-best-practices/center-for-integrated-health-solution/>)
  - Planning grants: plan initiative, train partners
    - 1 year; up to \$35,000
    - Tailored training, TA by National Council for Behavioral Health
  - Implementation grants: implement initiative and sustainable funding strategy
    - 2 years; up to \$150,000
    - Tailored training, TA by National Council for Behavioral Health

# 2016 Call for Proposals

<http://www.mthcf.org/grant-opportunities/>

- We plan to give more than \$3 million in 1-2 year grants
- Same focus areas:
  - Behavioral Health (mental illness, drug & alcohol use)
    - Integrated behavioral health initiative
  - American Indian Health
  - Partnerships for Better Health
- 2 types of grants:
  - *Rapid Response*: \$10,000 - \$50,000; 1 step application
  - *Large Grants*: \$25,000 - \$150,000; 2 step application

# Timeline

## *Rapid Response Grants:*

	<b>CFP Opens</b>	<b>Proposals Due</b>	<b>Funding Decision</b>
<b>Round 1</b>	February 2	March 15	April 15
<b>Round 2</b>	May 1	June 15	July 15
<b>Round 3 (if available)</b>	September 1	October 15	November 15

## *Large Grants:*

- Feb. 2, 2016: Call for Proposals opens
- Apr. 15, 2016: Brief Proposals due
- May 15, 2016: Decisions on Brief Proposals (full proposals invited)
- Aug. 15, 2016: Full Proposals due
- Sep. 30, 2016: Applicants notified of final funding decision
- Nov. 2016: Anticipated start of funded projects

# ***Thank you!***

*Join our mailing list: <http://www.mthcf.org/newsletter>*

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