

# **CHIP Behavioral Health Survey**

**Missoula City-County**



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# Introduction

*“The term ‘behavioral health’ refers to the promotion of mental health, resilience, and well-being; the prevention and treatment of mental and substance abuse disorders; and the support of those in recovery, along with their families and communities,” (SAMHSA, 2017).*

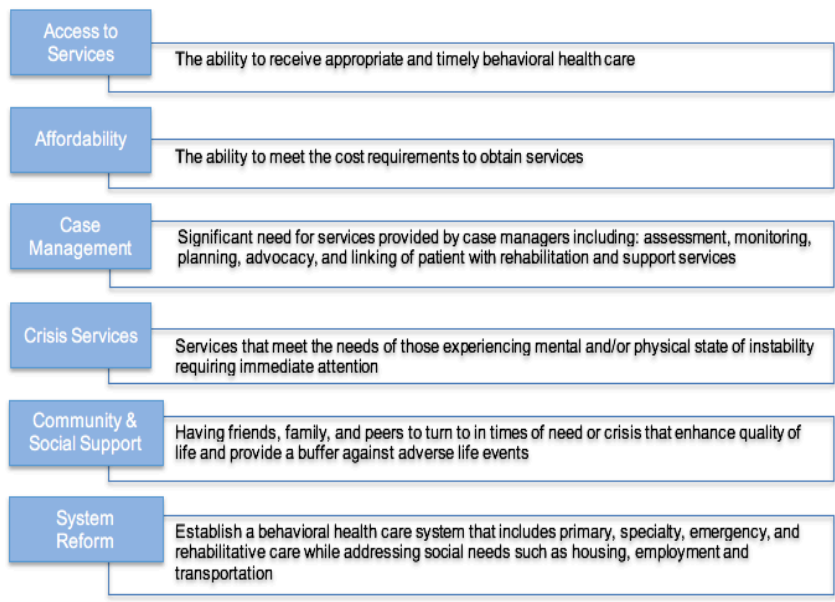
Missoula County has an abundance of behavioral health professionals and programs, yet public documents consistently rank lack of access as a dire community need. In 2018, the Missoula City-County Health Department (MCCHD) developed a Community Health Improvement Plan (CHIP) prioritizing data collection on this issue. As a result, a partnership was developed between the University of Montana School of Public & Community Health graduate program and the CHIP Behavioral Health work group. In a collaborative effort, we created and distributed a survey to collect data on the barriers low-income adults face when attempting to access behavioral health services in Missoula County.

In order to gather data while ensuring confidentiality of low-income adults seeking services, the work group decided to begin this process by surveying behavioral health professionals and social service providers (key informants) within Missoula County that frequently interact with our target population. After reviewing the 2018 CHIP, 2017 Community Health Assessment (CHA) and other literature, the graduate students created a 16-item survey was created using Qualtrics, an online survey platform. The survey was reviewed by experts within the Community Health Graduate Program and the CHIP Behavioral Health work group. After the survey was finalized, MCCHD distributed it to key informants in late October and kept it open for approximately two and a half weeks. All responses to the survey were voluntary, anonymous, and confidential.

# Survey Results

*(To view the full survey please see Appendix B.)*

Figure 1. Data Themes



This survey was sent to 68 individuals from 38 different organizations (Appendix A). From those 68 individuals, we received a notable 62 responses. Graduate students utilized a process called thematic analysis to identify patterns of meaning across the 62 survey responses. After doing so, six recurrent themes were identified (Figure 1). This report summarizes the responses to each of our survey questions in the context of the six major themes.

## Participant Demographics

The majority (83%) of survey respondents are above the age of 35  
34% are over the age of 55

Approximately half (52%) provide behavioral health services; the other half (48%) provide social services

Over two-thirds agreed that behavioral health professionals experience a high rate of burnout in Missoula County

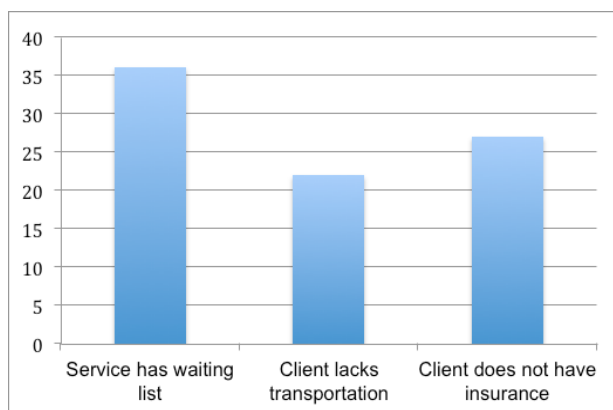
Over 70% are experiencing an increase in their caseload due to state-wide budget cuts last year

17 participants provided information to be contacted for a focus group

The number of survey responses reflects the vested interest both behavioral health specialists and social service providers' have in resolving gaps and barriers to accessing behavioral health services in Missoula County. The evenly distributed representation of both behavioral health and social service providers reinforces the idea that identifying solutions to these challenges is not the sole responsibility of behavioral health providers and systems. The large interest in focus group participation demonstrates the willingness for community-wide cross-sector conversations.

## Q - Name the biggest barrier you face when trying to provide and/or refer low-income adults in Missoula to behavioral health services.

Biggest Barriers for Providing Behavioral Health Services



As seen in the bar graph, a long wait list is the most substantial barrier faced when providers are attempting to connect their clients with services, with approximately 18% of respondents claiming it as the biggest barrier when working with low income adults in Missoula. Clients not having insurance was the second highest barrier. Lack of transportation was the third biggest barrier.

An additional barrier explored by our team was client's ineligibility for services. When survey

respondents were asked to identify the top three reasons low-income clients were deemed ineligible for behavioral health services their responses were similar to those listed above: lack of insurance, cost of services, and lack of access to services. Lack of access and affordability were themes that were frequently repeated in response to questions about barriers.

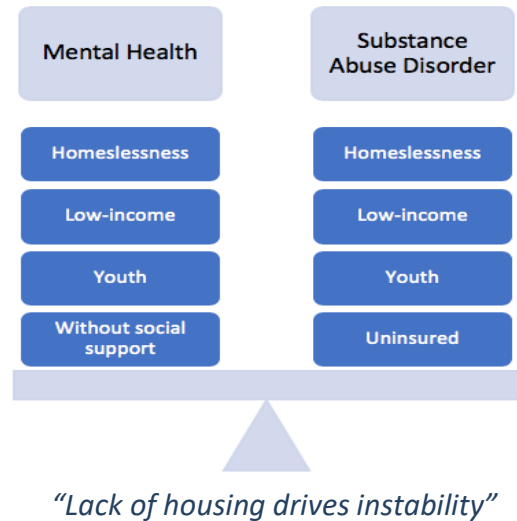
**Q - What do you see as the biggest barriers that low-income adults face with mental health issues? How about adults with substance abuse disorder issues?**

The primary barrier identified in providing mental health services are the financial obstacles that clients regularly face. Additionally, a lack of social support and stigmatization of behavioral health disorders were listed as substantial barriers. Overwhelmingly, a long waiting list was again identified as a primary barrier. The survey results also affirmed comorbidity between substance abuse and mental health disorders by listing mental health issues as a barrier to providing substance abuse disorder services.

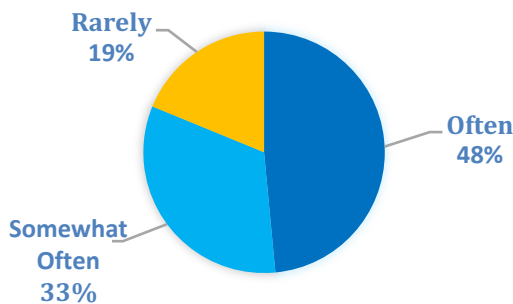


**Q - Which population(s) are having the most trouble getting mental health help? How about substance abuse disorder help?**

Our participants identified the following populations as having the most trouble accessing mental health services: homeless, low income, youth, and those without living without social support. Responses were similar when participants were asked about substance abuse disorders. Populations having the most trouble getting help for substance abuse disorders respondents listed: homelessness, low-income, youth and uninsured as the top populations.



**Q - How often do you interact with individuals in a state of crisis?**



81% of our survey respondents reported interacting with individuals in a state of crisis either somewhat often or often. Because half of our survey respondents provide social services, and not solely behavioral health services, this response reveals the significant amount of people in Missoula County experiencing crisis.

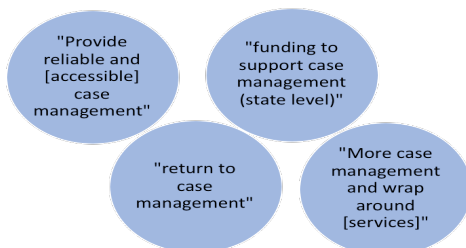
## Q - In your opinion, what changes to the existing system could help better serve low-income adults in a state of crisis?

Our survey respondents offered several solutions: First, there were strong suggestions made to reinstate case managers. Case managers provide essential services to their clients and without their assistance, many are left without advocacy and resources. The second potential solution that survey respondents proposed was a center for people in a state of crisis. Currently, the emergency room is often where individuals are transported in a crisis situation. When beds are not available, individuals are often left with no support or care. A 24-hour crisis center would provide immediate access to care and a safe place to sleep for those in a state of crisis. Both solutions proposed by survey respondents suggest that low-income adults experiencing difficulty accessing behavioral health services need immediate resources.

*"Reinstate case [management] positions to prevent people who can otherwise maintain stability from decompensating without it...More access points for crisis intervention/ routes to evaluation from a mental health professional OUTSIDE of going to the emergency room...more local voluntary crisis facility beds to help divert from the state hospital."*

*"We need to separate Emergency Room visits from [immediate] access to treatment."*

## Q - List three changes that would improve Missoula's mental and/or substance abuse disorder health care system as it pertains to low-income adults:



28 participants submitted 82 suggestions. The most commonly suggested improvement was case management (12%), with several telling survey answers seen in the graphic to the left. The second most suggested improvement was having more affordable resources (6%).

## Recommendations

1. Follow up with survey participants who volunteered their contact information to participate in a focus group. Hosting a focus group would be an opportunity to confirm survey themes and be solution oriented in discussions about the future of behavioral health care in Missoula.
2. Conduct one-on-one interviews with the target population to deepen the data about their lived experiences trying to access behavioral health services in Missoula County.
3. Create a public resource and referral guide of available behavioral health services in Missoula County that both providers and clients could benefit from (contact information, relevant service descriptions, hours of operation, availability, etc).

## References

Missoula City-County Health Department. (2017). Community Health Assessment. Retrieved from <https://www.missoulacounty.us/home/showdocument?id=27146>

Missoula City-County Health Department. (2018). Community Health Improvement Plan. Retrieved from <https://www.missoulacounty.us/home/showdocument?id=29290>

SAMHSA-Substance Abuse and Mental Health Services Administration. (2017, September 5). Health Care and Health Systems Integration. Retrieved November 30, 2018, from <https://www.samhsa.gov/health-care-health-systems-integration>

The University of Auckland. (2006). Thematic analysis. Retrieved from <https://www.psych.auckland.ac.nz/en/about/our-research/research-groups/thematic-analysis.html>

## Appendix A

1. 211 First Call for Help	2. Housing Department Coordinated Entry System	3. Open Aid Alliance	4. UM Student Advocacy Resource Center
5. Ag Workers Health & Services	6. Human Resource Council	7. Parenting Place	8. Veterans Crisis and Counseling Centers
9. Aspen House	10. Job Service	11. Partnership Health Center counselors	12. Vocational Rehabilitation
13. ASUM Renter Center	14. MCCHD Home Visiting Program	15. Planned Parenthood	16. Western Montana LGBT Community Center
17. A.W.A.R.E. Program	18. Missoula Urban Indian Health Center	19. Poverello Center	20. Western Montana Mental Health Center
21. Blue Mountain Clinic	22. Missoula Aging Services	23. Project Tomorrow Montana	24. WIC
25. Carole Graham Home	26. Missoula Interfaith Collaborative	27. Providence Grant Creek Family Medicine	28. YWCA Missoula
29. Community Medical Center ED	30. Missoula Partnership for Children	31. Providence St Patrick Hospital	32. Youth Homes
33. Detention Center	34. Missoula Police	35. Salvation Army	36. Summit Independent Living
37. Food Bank	38. Mountain Home		

*\*Each organization received an e-mail request from MCCHD to complete the behavioral health survey, however due to anonymity, it is unknown which organizations completed the survey.*

## Appendix B

### CHIP Behavioral Health Survey

November 30th, 2018

#### Q2 - What is your age?

Age	%	Count
18-24	0.00%	0
25-34	17.24%	10
35-44	32.76%	19
45-54	15.52%	9
Over 55	34.48%	20
Total	100%	58

#### Q3 - Does your organization provide mental health or substance abuse disorder services to low-income adults in Missoula County?

Provide Mental Health Services	%	Count
Yes	52.46%	32
No	47.54%	29
Total	100%	61

#### Q4 - What mental health and/or substance abuse disorder services does your organization provide?

What mental health and/or substance abuse disorder services does your organization provide?

We have one APRN on staff and a team of 7 therapists, 3 Behavioral Health Care Managers, an RN that works with our IMAT program, we also have a FNP that works over at our new satellite clinic inside WMMHC here in Missoula. Our 4 other satellite clinics have therapists on staff. 3 of our therapists are have LAC credentials. We also have a Sobriety Group that is offered to patients every Wednesday and facilitated by 2 of our LAC therapists.



We have an LCPC at our clinic site

support group, referrals, individual and family

Outpatient therapy

MH counseling and group counseling, SUD counseling and group counseling, Medication assisted treatment for SUD, Narcan education (reverse overdose drug) on how to use the medication for opioid users.

Counseling by social worker in addition to psychiatrist.

outpatient behavioral therapy, behavioral health and medical care management, medical therapy, extremely limited short term case management for targeted sub-populations,

Mental Health Treatment

Family Therapy sessions and outdoor behavioral therapy for youth

Suicide prevention and intervention skills

psychiatry, therapy

Counseling services

we provide guidance and counseling in finding a job in the community that they are able to do.

both of the above

Individual and group counseling in Mineral County at our satellite clinic and case management services to our patients.

We provide individual and group therapy for many different people and issues; IMAT- drug addiction, lgbtq+, sobriety skills, Mindfulness group, Montana: Living Life Well Chronic Disease Self-Management Program, PACE (chronic pain group), TBI (traumatic brain injury group)

Licensed therapists & LAC's

Counseling, Level 2.1 addiction services with Medication Assistance, and groups.

Outpatient alcohol withdrawal, IMAT, counseling, sobriety group, medications (Naltrexone)

Medication Assisted Treatment (MAT for opioid use disorder), individual and group counseling, LGBTQ, Traumatic brain injury, mindfulness, chronic pain, and sobriety groups. Psychiatric consultation for medication prescribing. And individual health behavior change consultation.

Vocational rehabilitation and service coordination

Peer support through a WRAP - Wellness Recovery Action Plan training. Living Well with a Disability to set goals for personal health and living with a disability.

**Q5 - What additional mental health and substance abuse disorder services do you make the most referrals for when working with low-income adults?**

What additional mental health and substance abuse disorder services do you make the most referrals for when working with low-income adults?

Western Montana Mental Health, Partnership Health Center

Case Management, Med Management, OAA, Red Willow Learning Center, Partnership Health

I don't understand the question!

addictions counseling and private counseling

Western MT Mental Health

Tobacco Quit Line, client's health care provider for mental health evaluation, counselors

Referrals made for Mental Health Case Management, Counseling for acute and/or long-term effects of trauma, depression, and addiction. Mental health services for children and youth. Resources and referral information for assessment of developmental differences in young children.

Western Montana Addiction Services Winds of Change

Case management

Medicaid applications, food resources, homelessness

Western Montana Mental Health Center, VA, Partnership Health Center, NAMI

APS, Local Therapists, Partnership Health Center (Behavioral Health Department)

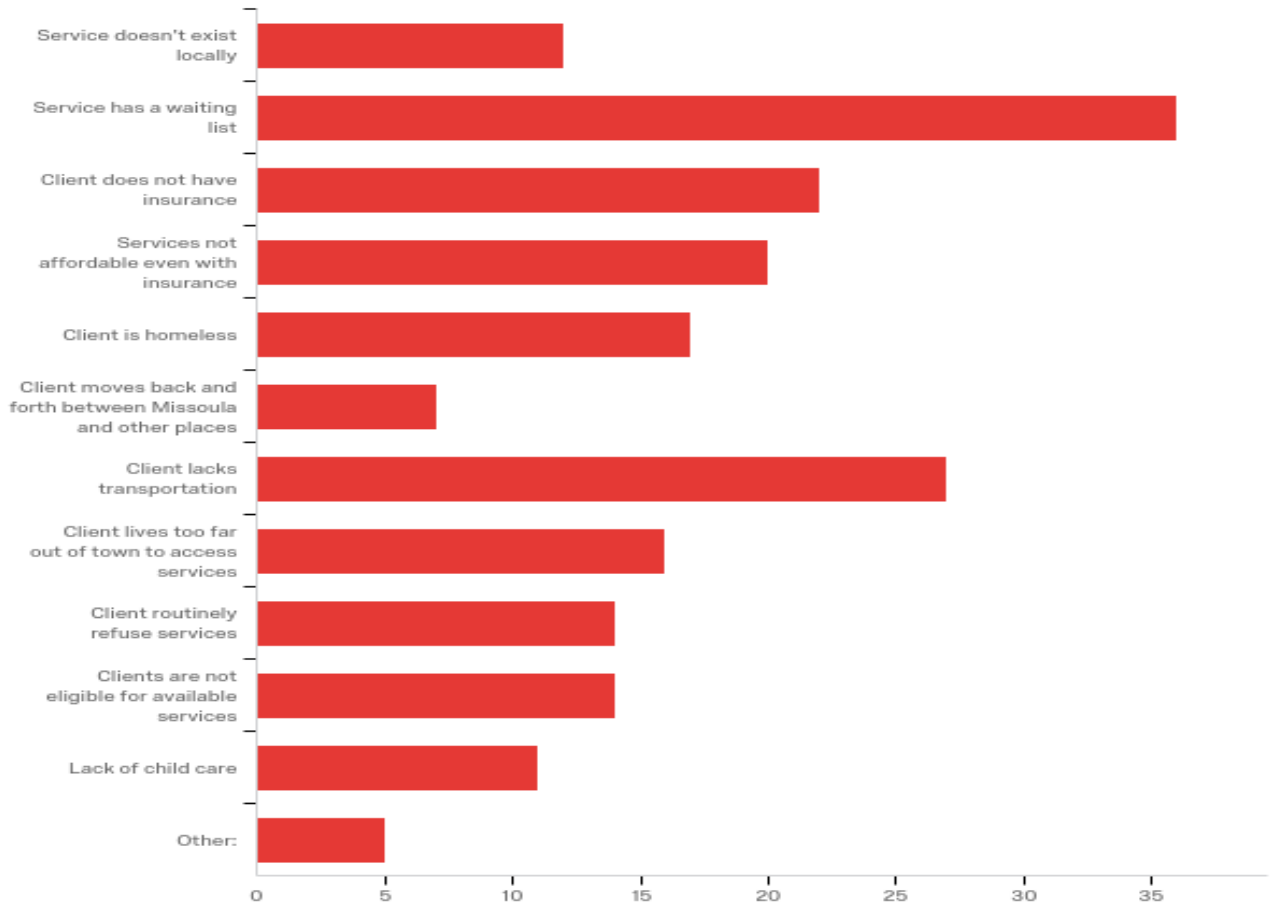
Financial services Health care and housing

Supportive Counseling, Structured Cognitive Therapy, Veterans Counseling and Services

substance abuse, need for case management, general mental health care

Western MT Mental Health Center, Dakota Place,VA,NAMI, counselors in private practice,3 Rivers Mental Health Center,

**Q6 - Name the biggest barrier you face when trying to provide and/or refer low income adults in Missoula to mental health or substance abuse disorder services.**



Top 3 Barriers	%	Count
Service has a waiting list	17.91%	36
Client lacks transportation	13.43%	27
Client does not have insurance	10.95%	22

**Q7 - What makes your clients ineligible for available services?**

What makes your clients ineligible for available services?

no insurance, no internet/computer to sign up for assistance programs, so many other issues in their lives (housing, food insecurity, abusive relationships, no support system, etc.)

Not all not meet the criteria for SDMI.

In some cases legal status.

Not meeting criteria for insurance reimbursement, or can't afford deductible

Medicaid, no insurance, various specifics about programs.

various stipulations of income and eligibility

No insurance, waiting list, no access to phone, voicemail, no income, physical impairments, past criminal history, no providers taking Medicaid patients

-Income -where they live (e.g. if the service is only available in Missoula County, but they live in Ravalli County)

they do not have money to attend.

Co-occurring issues

No insurance, maybe eligible, but lack of case management makes accessing services difficult or non-existent. Need stabilization before they are able to access services.

## **Q8 - Which population(s) are having the most trouble getting mental health help?**

Which population(s) are having the most trouble getting mental health help?

Poor people

Young adults.

The homeless, people who reside far away and people with children. I speak with many patients who have children and they are unable to make it to an apt due to being unable.

People that are in very remote areas.

outside of service areas

Working lower middle class population because they usually need later appointments in the day (these appointment times are in high demand so not many openings), are under-insured but can't qualify for Medicaid so the cost is too high

Low income, low intellectual abilities, without transportation, self-pay.

uninsured or those who don't know how to navigate the system

homeless, single parents

those residing in rural areas, those experiencing homelessness, adults in need of outpatient therapy but who have trouble navigating the mental health system or intake process independently

Homeless people with Severe and persistent mental illness.

not sure

Those who's cognitive capacity or symptoms of their disorders impair their problem solving abilities to navigate the several components required to identify, sign up, pay, and transport to services

elderly

Low income, male.

we desperately need more child psychiatrists, and neuropsychologists to do cognitive and developmental testing.

Children, youth, adults with addictions, adults resistant to participate because they experienced a lack of consistent supportive services

Homeless individuals, low-income,

Adult population

The homeless and low income individuals

Homeless

children

Those with no support system or outside agencies providing case mgmt. Patients present to the ER and then discharge and there's no one to help them once they are discharged.

Older adults Veterans

I am unaware

The primary population we serve is people who are elderly so the answer would be Elderly and poor.

Patients with Medicare or Medicaid that struggle with transportation

.

Frontier families

all

Anyone without Medicaid & anyone needing intense trauma work such as EMDR, couples counseling, or counseling for eating disorders

Those who need chemical dependency evaluations (we are trying to expand in this area) and higher levels of care for substance use disorder.

Older adults

Homeless, Low-income, Veterans

Many people with Medicaid do not know mental health services are covered by Medicaid. Many people without Medicaid cannot afford mental health services.

individuals challenged with homeless, living in poverty, substance abuse issues

People who are homeless; those without case management. Those with cognitive decline who lack support systems.

youth: 14-24 years of age

## Q9 - Which population(s) are having the most trouble getting substance abuse disorder help?

Which population(s) are having the most trouble getting substance abuse disorder help?

Poor people

Young adults

The homeless. Also, people who are younger, with the peer pressure and lack of support with peers.

Some that have LEP (limited English proficiency), transportation problems and family support

Working lower middle class population because they usually need later appointments in the day (these appointment times are in high demand so not many openings), are under-insured but can't qualify for Medicaid so the cost is too high

Same

people deep in their addictions

homeless, single parents

those experiencing homelessness who likely need inpatient treatment but do not have housing to discharge into, those living in rural areas, those who cannot afford medication therapy

Low Income persons

not sure

Same as above. The symptoms of the disorder that need to be treated impair them from attaining necessary help.

rural.

Mothers

homeless

Adult population

Homeless

Homeless

Medicaid patients and homeless patients; sometimes chemical dependency treatment facilities want to know where patients will discharge to once they complete program, often times I have no idea when they leave the acute setting I am seeing them in.

Older adults Veterans

I don't know of any.

The primary population we serve is people who are elderly so the answer would be Elderly and poor.

Patients on Medicaid and patients without insurance or out-of-pocket expenses that can't afford to see Nancy Smith the only local Licensed Addiction Counselor in town

Pre-release patients, those without insurance

Frontier families

all

Anyone without Medicaid

No good treatment for meth, not enough in-patient for other.

Same as above

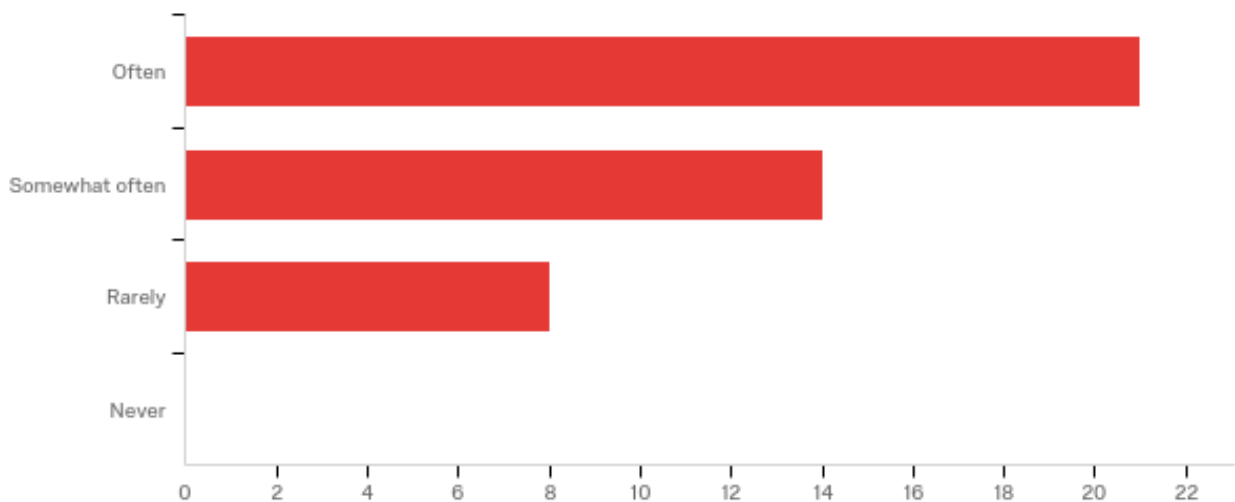
Substance abuse treatment is hard no matter the population

individuals challenged with mental health issues, homelessness, living in poverty

People who are homeless; those without case management. Many people who have substance abuse disorders cannot afford the actual in-patient treatment necessary to get adequate help.

older adults: 25 - 65 years of age

### Q10 - How often do you interact with individuals in a state of crisis?



Interact with Clients in Crisis	%	Count
Often	48.84%	21
Somewhat often	32.56%	14
Rarely	18.60%	8
Never	0.00%	0
Total	100%	43

### Q11 - In your opinion, what changes to the existing system could help better serve low-income adults in a state of crisis?

In your opinion, what changes to the existing system could help better serve low-income adults in a state of crisis?

Less barriers to resources. The amount of forms, and paperwork at each service becomes a barrier. It's hard to explain yourself once let alone a dozen times before you actually get help.

Education in the high schools about where to go for help when they are adults if they need it.

walk in crisis center/day treatment.

easier navigation of the system

A way to reinstate case engagement positions to prevent people who can otherwise maintain stability from decompensating without it (paired with community-based rehabilitation workers or similar health workers to support case management by providing support services that are non-billable). More access points for crisis intervention/ routes to evaluation from a mental health professional OUTSIDE of going to the emergency room maybe more local voluntary crisis facility beds to help divert from the state hospital

Having a current list of mental health and substance abuse resources available online for each community.

Expanded state coverage for mental health services, increase in availability of case managers, 24-hour crises center other than the hospital for mental health crises with mental health counselors available.

money for case management. People with mental illness need the continual support of case management providers to maintain housing, medical attention, in-home supports and access to counselling. Right now without these supports available, many are losing their housing vouchers, stopping necessary services (like Meals on wheels) and are unable to maneuver through the many agencies and organizations able to help because they simple have no ability to make decisions or care for themselves without supports.

home based and wrap around services. more case management. more transportation assistance.

More services available, consistent services available, long term care providers, engaged care providers. Better connection between care providers and physicians

Immediate services for homeless individuals dealing with mental health issues and/or addiction issues.



Ready access to mental health services

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more readily available access to services without having to be on a wait list more prevalence in the community so people know who to contact

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Having better long term case management teams work with clients so that they can find housing, get insurance, get to appointments, get transportation to appointments, and to help get them stabilize w/mental health provider if needed.

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More funding for existing programs (like case management) that help prevent many crisis situations.  
More affordable housing Peer counselor/advocate programs

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Zero income requirements.

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An addition to case management services out here, a community resource center, homeless shelter and area churches or community centers providing free weekly meals to community members struggling with meeting basic needs

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Providing more LAC's that can do a Chemical Dependency Evaluation.

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Transportation in frontier & rural areas

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For there not to be stigma at the local ER for going in when needing help.

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More crisis housing, more affordable housing, expanded Medicaid

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More long term treatment options/

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Coordinated help in the community. Better communication and referral to the proper source

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Creation of a 24-hour turnaround crisis stabilization center with supportive referral plans

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Place-based services; having care available in places like Missoula Food Bank & Community Center and Missoula Public Library.

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increased empowerment focused case management services

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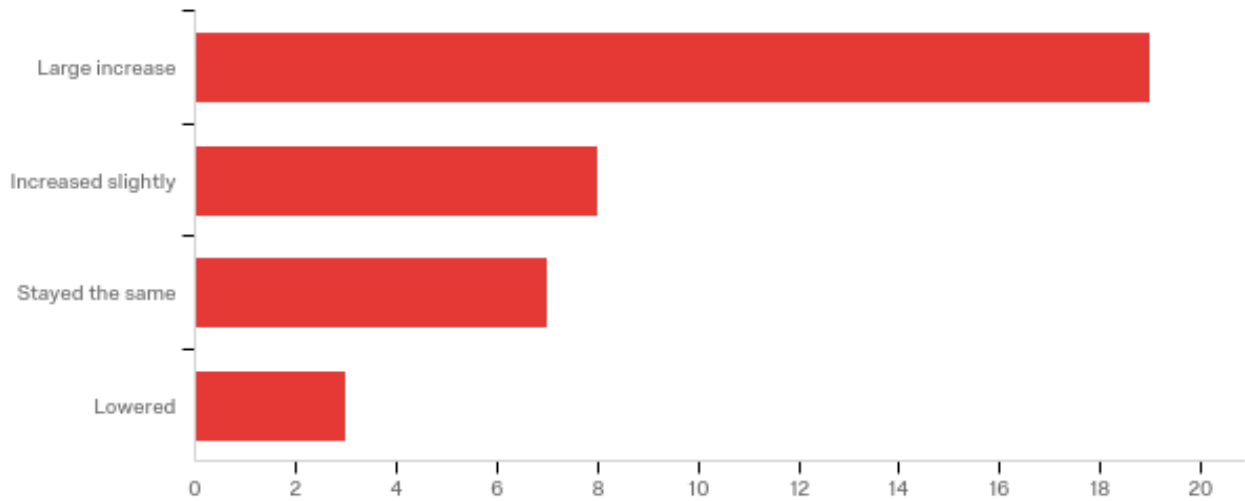
More availability, more assistance with payment, insurance coverage.

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Consistent funding for case management and counseling services.

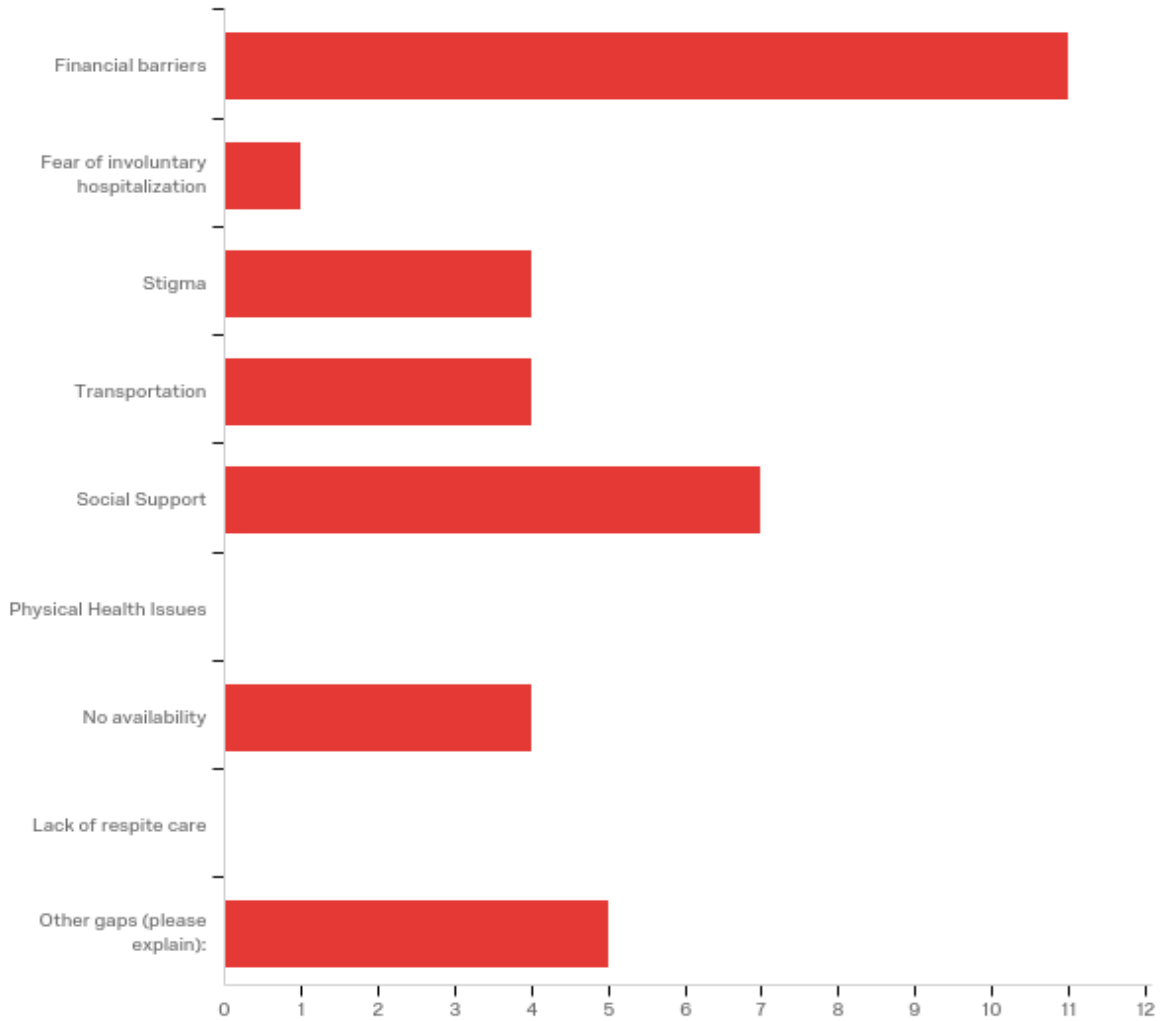
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**Q12 - In the wake of recent budget cuts, how much has your case load increased in the last 12 months?**



Case Load Increase	%	Count
Large increase	51.35%	19
Increased slightly	21.62%	8
Stayed the same	18.92%	7
Lowered	8.11%	3
Total	100%	37

**Q13 - What do you see as the biggest gaps in services and resources for low-income adults with mental health issues?**

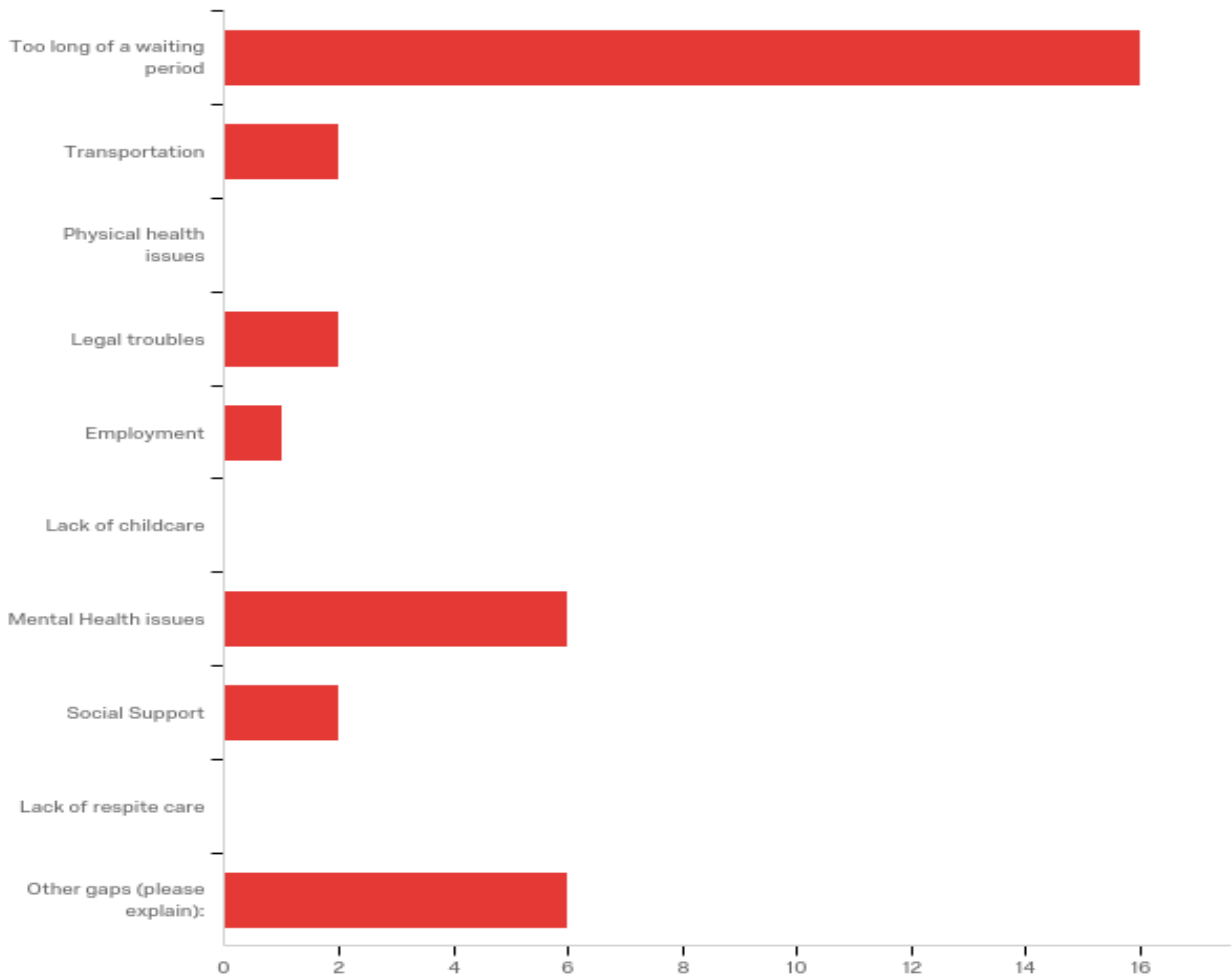


Gaps in Services and Resources- Mental Health	%	Count
Financial barriers	30.56%	11
Fear of involuntary hospitalization	2.78%	1
Stigma	11.11%	4
Transportation	11.11%	4
Social Support	19.44%	7
No availability	11.11%	4
Other gaps (please explain):	13.89%	5

**Other gaps (please explain):**

- Access to case managers
- All of the above
- I would have selected more than one but your survey wouldn't allow
- Lack of available services
- Long term mental health issues
- Inconsistent care, turn over in staff, lack of social supports that engage this population in the community

**Q14 - What do you see as the biggest gaps in services and resources for low-income adults with substance abuse disorder issues?**



Gaps in Services and Resources – Substance Abuse	%	Count
Too long of a waiting period	45.71%	16
Transportation	5.71%	2
Physical health issues	0.00%	0
Legal troubles	5.71%	2
Employment	2.86%	1
Lack of childcare	0.00%	0
Mental Health issues	17.14%	6
Social Support	5.71%	2
Lack of respite care	0.00%	0
Other gaps (please explain):	17.14%	6
Total	100%	35

Other gaps (please explain):

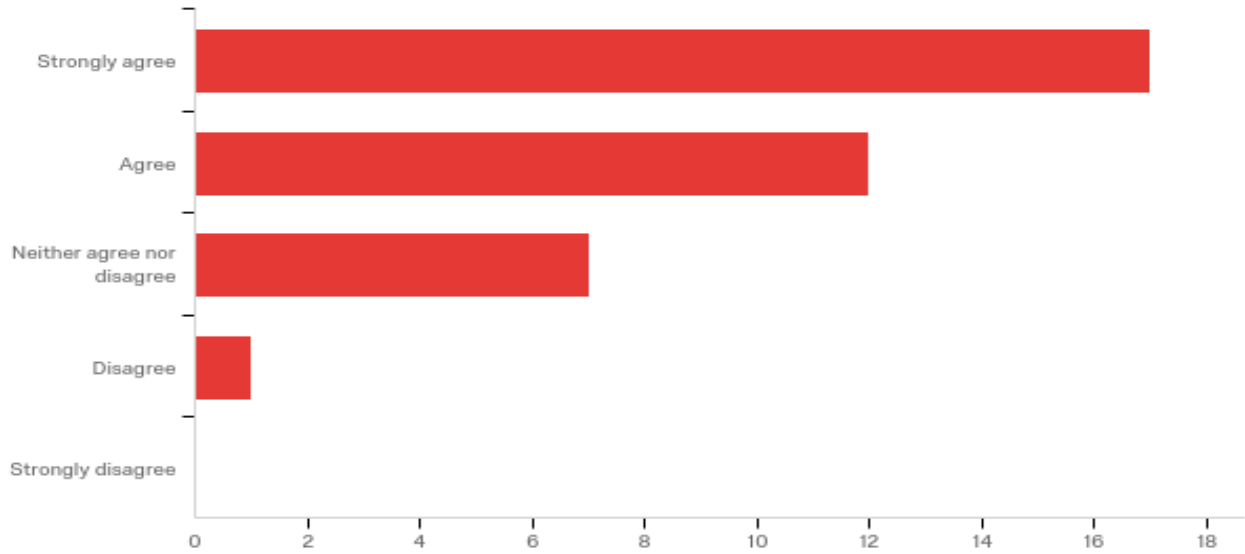
- All of the above
- ALL of the above
- Financial/Housing
- I would have selected more than one, but your survey wouldn't allow it
- Immediate solutions – treatment, a safe place to sleep
- Too long of a waiting period and eval's not being done accurately due to billing charges

**Q15 - List three changes that would improve the Missoula mental and/or substance abuse disorder healthcare system as it pertains to low-income adults:**

Change 1	Change 2	Change 3
social acceptance of this disorders	free services	services available at places people already access
Intakes offered in the clients home	Increased transparency - who has wait lists, who is able to serve today	Increase staff training
access to supportive services (case management, rehab and support)	faster access to outpatient treatment for SUD	wider scope of access points for MHP evaluation for crisis services
reducing stigma	availability of providers	transportation
Increase eligibility by raising maximum income requirement	Provide reliable and accessible case management	provide a 24 hour crisis center
return to case management	funding to support case management (state level)	
Higher reimbursement for Medicaid would = more providers who accept	More case management and wrap around, especially for DD	Greater access to housing options. Lack of housing drives instability.
immediate access to care	health care provider staff retention	consistent long-term access to care
more options	more affordable	more support
Timely Services and treatment	Increase in services in Missoula so individuals don't have to leave the community	Grants to help cover the treatment expenses
More availability of counseling	Informing the public about these issues	
Facilities that accept Medicaid. We need more Medicaid beds!	Long term case management	Ongoing after care and therapy
Add more outreach (like to homeless camps, etc.)	Increase education to older adults about mental health/substance abuse because many feel it is not an issue with that population	Provide more support to grandparents that are raising their grandchildren (due to substance abuse/mental health needs with the parents)
Universal Mental Health Care for all.	TAX the Heck out of Booze.	Stronger laws to deter excess drinking.
Implementing a community center in Superior MT that provides low-income adults	the addition of a homeless shelter, DV shelters, or some kind of services that people can go to in Mineral county	More access to LAC services in mineral county

and families with resources and a hot meal		
Have quick and easy access to a C.D.E.	Provide free transportation.	Have more trained and qualified Peer Support.
Transportation	Childcare	Insurance
Mental health and substance abuse effects everyone and should be aimed at helping everyone	Enough staff to assist all incomes	A quicker turnaround of evals, assistance with the cost of all treatment including where it starts.
More affordable housing	More crisis housing	More affordable mental health/substance abuse services
Separate ER with seamless access to treatment	More outpatient services outside WMMHC	Shorter wait times to CDE
coordination of services	someone to act as lead to tackle client issues	More mental health counselors available
More funding	More service providers	Education and awareness in community
More availability of services	24 hour crisis turnaround and referral center	Less expensive services
Fund substance abuse disorder care to make it free for everyone	More case workers	Place-based services in places like the food bank and library
shorter wait lists	empowerment based service model	increased treatment options
More availability	less cost	More case management
Increase services	Make services easy to access	Decrease financial barriers to services
Consistent funding	Case management availability	Counseling

**Q16 - Burnout is a concern for health professionals and social service providers. How much do you agree with the following statement: Health professionals and social service providers in Missoula county experience a high rate of burnout?**



Experience Burn-Out	%	Count
Strongly agree	45.95%	17
Agree	32.43%	12
Neither agree nor disagree	18.92%	7
Disagree	2.70%	1
Strongly disagree	0.00%	0
Total	100%	37



**Q17 - Would you be willing to participate in a focus group or interview to further discuss the barriers your clients face in accessing mental health and substance abuse disorder services in Missoula County?**

Focus Group	%	Count
Yes	55.56%	20
No	44.44%	16
Total	100%	36