

Big Sky Behavioral Health Initiative

ABOUT THIS REPORT

This initiative was conducted over a 12-month period in 2019 and 2020, after identifying a general consensus in Big Sky that there is a problem with behavioral health needs going untreated. Behavioral health encompasses mental health and substance use disorders, two key areas that play an important role in mental and emotional wellbeing. Community members, business owners and healthcare providers consulted during this research identified a lack of services, access issues and a universal understanding that Big Sky is missing a clear structure to its systems of care. There are many organizations that exist as silos of care, but no entity to navigate or connect those silos for individuals seeking help.

ABOUT THE AUTHORS

Davis & Associates, LLC is a consulting firm owned by Paul "Buz" Davis, specializing in strategic business alliances with an extensive history in the healthcare industry. Davis & Associates' mission is to conceptualize meaningful, lasting solutions to complex problems.

The consulting team included Amanda Eggert and Tyler Allen, journalists with an intimate understanding of the Big Sky community, and familiarity with the organizations and individuals interviewed in this report. This report was designed by Anna Pierce.

CONTACT

Buz Davis
(207) 233-2264
buzdavis@mac.com
buzdavis.com

*TABLE OF
CONTENTS*

6	Executive Summary and Process Overview
12	I. The State of Behavioral Health: Where We Are as a Nation, State and Community
20	II. Substance Use Disorders in Big Sky
28	III. Barriers to Care for Those in Need
34	IV. Where Can People Turn for Help? An Overview of Existing Local, Regional and State Behavioral Health Services
42	V. Bringing Help to Big Sky: Addressing Provider Shortages and Other Challenges
50	VI. Next Steps
56	Appendix

EXECUTIVE SUMMARY

AND

PROCESS

OVERVIEW

A series of drug and alcohol overdoses and suicides in Big Sky over the past five years has brought to light what many have intuitively known: Big Sky is a community with behavioral health needs that are going unmet.

Addressing mental health and substance use disorders can have far-reaching effects on building a stronger, healthier and more vibrant community.

In order to gain a better understanding of the gaps and opportunities surrounding behavioral health, we interviewed stakeholders and key informants who could identify challenges and recommend opportunities for improvement. We also examined national, statewide and local research outlining behavioral health trends, and investigated proactive efforts that are improving outcomes in communities and healthcare systems across the nation.

We didn't have an agenda or preconceived ideas when we started this work in the spring of 2019, but certain themes appeared in one interview after another as we sought to build a comprehensive understanding of Big Sky's behavioral health landscape.

The more than 60 people we interviewed consistently and emphatically agreed that there is a critical need for more robust behavioral health resources in the Big Sky area, as well as Gallatin Valley and the state more generally. Informed by their professional and personal roles in the community, most were very well-versed in pieces of that need, whether that be a provider concerned about anxiety taking root in the community's youth, an addictions counselor seeking to understand stumbling blocks to lasting recovery, or an employer trying to connect their employees with readily available mental health treatment. Most of those interviewed expressed relief that there is momentum building behind this topic and gratitude that engaged community leaders are committed to creating meaningful change.

We found that the current behavioral health system in Big Sky is fragmented, difficult to navigate and woefully under-resourced. Individuals in crisis—as well as their friends, family and employers—don't know where to turn for help. If that initial hurdle has been overcome, others often lie in wait in the form of financial, time and transportation barriers to healthcare access. Furthermore, the culture of Big Sky contributes to and exacerbates behavioral health issues. Like other resort towns in the West, Big Sky has a largely seasonal workforce and a heavily bimodal distribution of wealth that's set against a backdrop

that is both stunningly beautiful and often misunderstood. Certain demographics are more vulnerable to poor behavioral health outcomes than others, but none are spared. Substance abuse, isolation, and mental health disorders like anxiety and depression abound. Unfortunately, opportunities for treatment and connection do not.

A 2017 health needs assessment found that 36 percent of respondents in Big Sky experience symptoms of chronic depression; more than half of the individuals polled in another assessment said access to mental health and suicide prevention resources in Big Sky is lacking. As of this writing, Big Sky is home to approximately 3,000 residents and another 1,500 to 2,500 workers commuting from other areas, but there isn't a single licensed, full-time mental health provider based in Big Sky. The safety net here isn't just tattered—it's virtually nonexistent.

Based on our findings, we've developed a mission statement that will guide future efforts. ***The vision of this initiative is to create a behavioral health entity that is accessible to all who live and work in the Big Sky community regardless of ability to pay.*** This entity will provide a door to walk through and create a pathway to care for those in need of help. Informed by the expertise of an advisory council, it would fill the urgent need for an organization solely dedicated to behavioral health. This entity would weave together a comprehensive set of local resources by drawing upon the core competencies of multiple partners like Women in Action, Big Sky Community Organization, Community Health Partners, Bridgercare, Big Sky Medical Center, and other organizations interested in moving the needle on behavioral health.

We've developed a six- to 12-month startup action plan that would get this entity off the ground by forming an advisory council, hiring temporary administrative support, incorporating the organization as a 501(c)3, holding community and stakeholder meetings, developing internal and external communications, and pursuing funding opportunities.

Once established, Big Sky's home for behavioral health could—based on the direction of its leadership and board—work on an array of immediate, mid- and long-term initiatives to build capacity, expand access to providers, raise awareness around mental health, engage with the community, and recruit and retain behavioral health providers. Such initiatives would be informed by a grassroots community planning effort and might include the following actions:

- Creating a case-management style service so individuals in need of assistance have a pathway to comprehensive care that is easy to navigate
- Developing a scholarship program to remove expense-related barriers to care
- Starting a transportation-assistance program to help individuals keep behavioral health appointments
- Supporting local programs for youth to proactively address the needs of our community's young people
- Recruiting behavioral health providers and exploring emerging healthcare delivery trends like online counseling and telehealth to open access to care
- Delivering mental health trainings to local human resources personnel and at new employee orientations
- Organizing a media campaign to reduce stigma and humanize mental illness
- Exploring a partnership with Montana State University's College of Nursing to place Doctor of Nursing Practice students in Big Sky

Diverse funding sources would be pursued to ensure financial sustainability and community buy-in. These sources might include federal and state grants; support from national, statewide and local foundations; allocations from the Big Sky Resort Tax Board; in-kind support from local businesses; reimbursement for services; and donations from local philanthropists and service clubs.

Big Sky has significant challenges, but it's also uniquely positioned to become a model community that acts on its values by taking care of its own and striving for powerful change.

Our approach stressed keeping our sources anonymous so that our interview subjects would be completely candid with their responses. We prioritized engagement with the community and our sources regarding the findings of this initiative. We remained transparent and independent during the process—this report was conducted pro bono by Davis & Associates and was not funded or sanctioned by any organization or business.

Davis & Associates would like to thank the individuals who offered their time and insight to shine a light on behavioral health gaps and opportunities at the local, state, and national level.

Individuals Consulted

William Farhat
Former Fire Chief of Big Sky Fire Department

Brandon Kelly
Gallatin County Sheriff's Office Sergeant

Jean Behr
Executive Director of Women in Action

Stacey Chapman
Women in Action Board Member

Michael Foust
Executive Director of Western Montana Mental Health Center-Gallatin

Phil Hess
Medical Director of Big Sky Medical Center

Vickie Groeneweg
Chief Nursing Officer and V.P. of Patient Services at Bozeman Health

Christopher Coburn
System Manager of Community Health Improvement and Partnership at Bozeman Health

Tracy Knoedler
Human Services Director of Gallatin City-County Health Department

Hillary Morin
Licensed Clinical Psychologist in private practice

Julie Walker
Licensed Clinical Professional Counselor candidate in private practice

Erica Frounfelker
Big Sky School District K-5 Counselor

Abby Wright
Big Sky School District Middle School and High School Counselor

Shelly Johnson
Director of Alcohol and Drug Services of Gallatin County

Christopher Newman
Licensed Addiction Counselor with Alcohol and Drug Service of Gallatin County

Ciara Wolfe
Executive Director of Big Sky Community Organization

Britt Ide
Former Executive Director of Yellowstone Club Community Foundation

Casey Schwartz
Founding Director of Yellowstone Club Community Foundation

Lander Cooney
Chief Executive Officer of Community Health Partners

Katie Madison
Director of Community Health Partners' Bozeman Clinic

Buck Taylor
Director of Community Development and Administration at Community Health Partners

Stephanie McDowell
Executive Director of Bridgercare

Cami Armijo-Grover
Bridgercare Education Director

Sarah Shannon
Dean of Montana State University's College of Nursing

Peter Buerhaus
Montana State University College of Nursing Professor

Rebecca Pogoda
Montana State University College of Nursing Clinical Professor

Alissa Yesel
Human Resources Manager at Moonlight Basin

Chelsie Oehler
Human Resources Manager at Spanish Peaks Mountain Club

Andrew Schreiner
Co-owner of Grizzly Outfitters

Frank Kern
Owner and Manager of Hungry Moose Market and Deli

Shannon Steele
Human Resources Manager at Hungry Moose Market and Deli

Betsy Casey
Program Manager at Building Hope Summit County

Gini Bradley
Consultant at Community Solutions Consulting

Christina Powell
Executive Director of the Help Center

Kathy Allen Kinman
Hotline Program Manager at the Help Center

Brian Berry
Vice President of Human Resources at Big Sky Resort

Lindsay Colbert
Housing Manager and Safety Coordinator at Big Sky Resort

Kari Gras
Principal Consultant at Gras HR Consulting

Karl Rosston
State of Montana Suicide Prevention Coordinator

Miriam Schmidt
Reverend of All Saints in Big Sky

Candace Carr Strauss
Chief Executive Officer of Big Sky Chamber

Samantha Shafer
Integrated Services for Behavioral Health's Chief Transformation Officer

Jane Hamel-Lambert
Psychologist at Nationwide Children's Hospital

Ellie Martin
Licensed Clinical Social Worker at Routefinder Consulting

Lynette Rodi
Licensed Clinical Professional Counselor and Licensed Addiction Counselor

Scott Malloy
Program Director at Montana Healthcare Foundation

Mary Windecker
Executive Director of Behavioral Health Alliance of Montana

Terry Hill
Founder and Senior Advisor at National Rural Health Resource Center

Kap Wilkes
Director of Program Development and Rural Health Networks at National Rural Health Resource Center

Katie Levine
Montana and Wyoming Director of American Foundation for Suicide Prevention

Sue Cook
Human Resources Director of Human Resources Development Council

Carrie Gilbertson
Executive Director of Thrive

Julie Grimm-Lisk
CAP and Girls for a Change Coordinator with Thrive

Michael Hoge
Professor of Psychiatry at Yale School of Medicine and founding member of The Annapolis Coalition on the Behavioral Health Workforce

Jason Smith
Chief Advancement Officer at Bozeman Health

Kathryn Bertany
President of Bozeman Health

Maureen Womack
Systems Director for Behavioral Health Services at Bozeman Health

Ania Bulis
Vice Chairperson of Moonlight Community Foundation

Marne Hayes
Women in Action Board President

Mike Staten
Behavioral Health Court Liaison with Mind Springs Health and West Springs Hospital

Christopher Shrum
Design Management Professor at Pratt Institute and Principal with the Vibrancy Group

Philip Collin
Clinic Director of Granite Bay Care, Inc.

Nettie Breuner
Head of School for Discovery Academy & Community Learning Center

THE *STATE*
OF
BEHAVIORAL
HEALTH

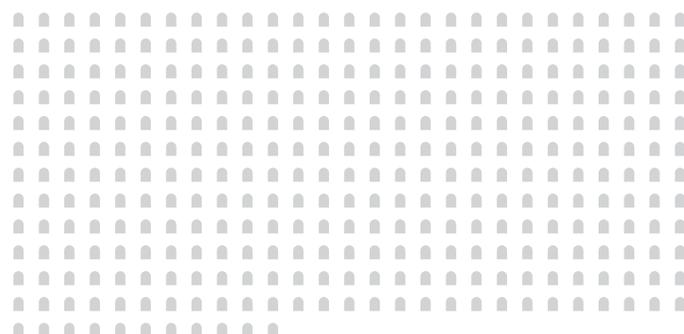
*WHERE
WE ARE
AS A
NATION,
STATE
AND
COMMUNITY*

Nationally, a troubling trend that's been garnering attention is the increase of suicides and drug- and alcohol-induced deaths, which have risen enough to drive down the life expectancy of working-age Americans.¹ Montana has a long and unfortunate reign as a state particularly susceptible to suicide. As with many public health issues in this rural state, there isn't a single variable that makes Montanans so vulnerable to suicide. A "perfect storm" of conditions ranging from social isolation and widespread alcohol-use disorders, to access to guns and stigma attached mental illness, are in alignment here. Big Sky is not immune to these broader trends; its challenges are compounded by an acute shortage of mental health resources.

In Big Sky and in West [Yellowstone] all [of my clients have] co-occurring mental health diagnoses.

SUBSTANCE ABUSE SPECIALIST

Referred to as deaths of despair, fatalities from suicide and drug and alcohol related mortality disproportionately affect the Millennial generation. According to a report prepared by the Trust for America's Health, alcohol-induced deaths for young adults aged 18 to 34 increased 69 percent between 2007 and 2017.² Suicide deaths for the same age group and time period rose 35 percent. Alarming, children and adolescents were the only age group that experienced a greater proportional increase in suicide deaths than Millennials. And Big Sky has a lot of Millennials. According to the 2019 Big Sky Economic Profile prepared by the Big Sky Chamber of Commerce,³ 30 percent of Big Sky's population falls within the 20-year-old to 34-year-old demographic.⁴



311 Completed suicides in Montana during 2017.
Source: National Center for Health Statistics

For the past decade, Montana has been among the top three states for suicides per capita, and it currently tops the

list.⁵ It's the state's leading cause of preventable death among children aged 10-14⁶ and it was the No. 6 cause of death for Montanans from 2011 – 2015.⁷ From 2014 to 2015, the veteran suicide rate in Montana was double the overall statewide rate and triple the national veteran suicide rate, which is particularly troubling given that Montana has an abundance of veterans—more per capita than every other state except Alaska and Virginia.⁸

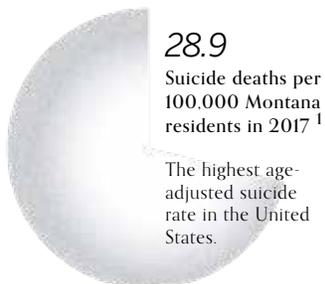
Mental health struggles are all too common in this state, and as you might imagine, mental illness is a significant contributor to suicide. According to Karl Rosston, the state's suicide prevention specialist, 83 percent of Montanans who completed suicide struggled with some form of mental illness. Depression was the most common form at 69 percent.

One in five Montana adults reported experiencing mental distress (defined as 1 to 13 days of poor mental or emotional health in a 30-day period) according to a 2019 report, and one in 10 experienced frequent mental distress (defined as 14 or more days of poor mental or emotional health).⁹

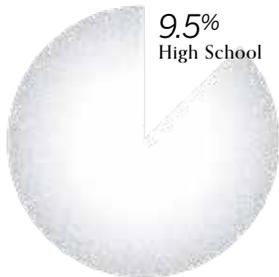
Over the past five years, there have been 69 suicide deaths in Gallatin County or an average of about 14 per year. As of April 2019, the halfway point of the fiscal year, there had been 13 deaths, according to records kept by Benjamin Burtch, the Chief Deputy Coroner of Gallatin County. ***The Gallatin County Sheriff's Office also reports a rise in calls for service involving suicide or threats of suicide in the Big Sky area: 6 in 2016, 18 in 2017 and 20 in 2018. By June of 2019, the Sheriff's Office had already received 21 such calls.***

A number of things [contribute to Montana's high suicide rate]. We have social isolation, we have stigma, we have alcohol, we have access to lethal means, we have poverty, we have altitude, we have Vitamin D deficiencies, [and a lack of] access to resources. In the Rocky Mountains, we have a perfect storm of things.

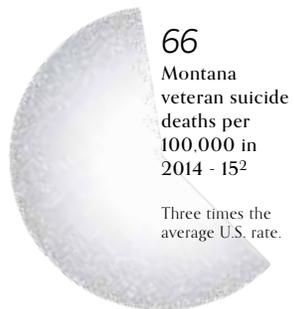
Karl Rosston
MT Dep. of Public Health and Human Services



MONTANA STUDENTS REPORTING SUICIDE ATTEMPTS IN PAST YEAR¹

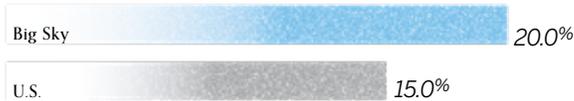


MONTANA VETERAN SUICIDES 



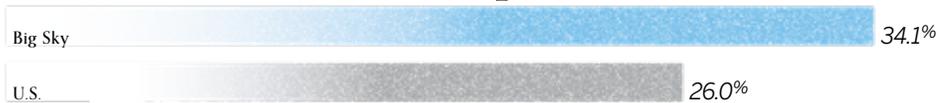
Sources: 1) Montana Dept. of Public Health & Human Services; 2) Veterans Administration Suicide Prevention Program.

Reporting less than good^{*} mental health

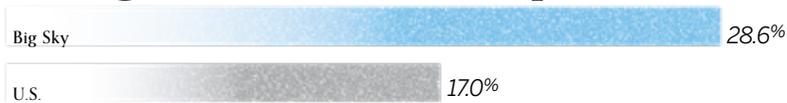


* "Fair" or "Poor"

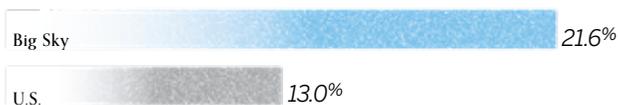
Have ever sought mental health help



Diagnosed with depression



Currently taking prescriptions or receiving mental health treatment



Through a partnership between Bozeman Health, Community Health Partners, and the Gallatin City-County Health Department, a Community Health Needs Assessment (CHNA) for the Big Sky area is conducted every three years.¹⁰ According to the 2017 report, 20 percent of Big Sky area respondents self-reported “fair” or “poor” mental health, compared to 16 percent of U.S. respondents. Additionally, 29 percent of Big Sky area respondents had been diagnosed in the past with a depressive disorders, versus 20 percent of survey respondents statewide, and 18 percent nationally. And 36 percent of those surveyed in the Big Sky area had experienced symptoms of chronic depression, compared to 30 percent of U.S. respondents.

Community Health Partners, Gallatin County’s only Federally Qualified Healthcare Center, reports that they’ve seen a 300 percent increase in medical visits related to significant psychiatric diagnoses in a four-year range.

Three major foundations in Big Sky—the Yellowstone Club Community Foundation, Moonlight Community Foundation and Spanish Peaks Community Foundation—have identified behavioral health as one of the top three needs in Big Sky, according to the former executive director of one of the foundations. A number of community assessments that have been completed in the past three years also name it as an area of significant lack in the community, most notably those prepared by and for Gallatin County, the Human Resources Development Council and Bozeman Health.

There is a silver lining to these findings: As behavioral health needs gain broader attention nationally and locally, policymakers and invested community members have a stronger platform to raise awareness, mobilize resources and reduce stigma. In addition to growing momentum behind the subject of behavioral health, it’s been identified as an “area of opportunity” in the region that would respond to more robust programming and resources.¹¹

A number of the organizations consulted for this report expressed willingness to provide care or expand existing services in Big Sky. Section IV contains an overview of what’s currently available as well as initiatives that are just starting to get off the ground.



ALTITUDE AND SUICIDE

Big Sky is located more than 6,000 feet above sea level, with the top of the tram at Big Sky Resort reaching above 11,000 feet. In recent years, researchers have discovered a link between altitude and increased risk of suicide.¹¹ The Rocky Mountain states are known as the “suicide belt,” and Montana ranked 1st in suicide mortality in 2017, according to the Centers for Disease Control and Prevention.

In a 2011 study published in the *American Journal of Psychiatry*,¹¹ a group of researchers analyzed state suicide rates with respect to gun ownership, population density, poverty, health insurance quality and availability of psychiatric care. Of all the factors, altitude had the strongest link to suicide.

As altitude increases, the amount of available oxygen decreases, reducing the serotonin levels in the brain and increasing the amount of dopamine. Serotonin and dopamine are both neurotransmitters, and as these are affected by altitude, they can exacerbate existing issues with an individual’s brain chemistry.

SOURCES

¹ "'Deaths of Despair': U.S. life expectancy has been falling since 2014, with biggest impacts in Rust Belt and Ohio Valley," Newsweek (Nov. 26, 2019), at <https://www.newsweek.com/deaths-despair-u-s-life-expectancy-falling-since-2014-1473848>

² Trust for America's Health, Alcohol and Drug Misuse and Suicide and the Millennial Generation — a Devastating Impact (June 2019), at https://www.tfah.org/wp-content/uploads/2019/06/TFAH2019_YoungAdult_PainBrief_FINAL.pdf

³ Big Sky Chamber of Commerce, 2019 Big Sky, MT Economic Profile (2019), at http://www.bigskytowncenter.com/wp-content/uploads/2019/05/BigSkyChamber_EconomicProfile_2019.pdf,

⁴ It should be noted that other sources put different age parameters around the Millennial demographic. From the Alcohol and Drug Misuse

and Suicide in the Millennial Generation — A Devastating Impact report: "Millennials are generally thought of as people born between 1981 and 1996, making them ages 23 to 38 in 2019."

⁵ American Association of Suicidology, at <https://suicidology.org/wp-content/uploads/2019/04/StateRankings1990to2017TABLE.pdf>, accessed on Sept. 1, 2019.

⁶ According to Suicide in Montana - Facts, Figures and Formulas for Prevention, an August 2018 report by the Montana Department of Public Health and Human Services, 15 percent of 7th and 8th graders and 10 percent of Montana high schoolers attempted suicide in a 12-month span. <https://dphhs.mt.gov/Portals/85/suicideprevention/SuicideinMontana.pdf>

⁷ Montana Department of Public Health and Human Services,

Montana State Health Assessment: A Report on the Health of Montanans (February 2019), at <https://dphhs.mt.gov/Portals/85/ahhealthiermontana/2017SHAFinal.pdf>

⁸ “There are 18.2 million veterans in the US. Which state is home to the most of them?” USA Today (July 4, 2019), at <https://www.usatoday.com/story/money/2019/07/04/states-with-the-most-veterans-new-york-alaska/39645251/>

⁹ Montana Department of Public Health and Human Services, Montana State Health Assessment: A Report on the Health of Montanans (February 2019), at <https://dphhs.mt.gov/Portals/85/ahhealthiermontana/2017SHAFinal.pdf>

¹⁰ 2017 Community Health Needs Assessment Report: Big Sky Area, Montana at <https://www.healthygallatin.org/wp-content/uploads/2017/10/2017-PRC-CHNA-Report-Big-Sky-> (The geographic

scope of the assessment included Big Sky, West Yellowstone and Gallatin Gateway.)

⁹ 2017 Community Health Needs Assessment Report: Big Sky Area, Montana at <https://www.healthygallatin.org/wp-content/uploads/2017/10/2017-PRC-CHNA-Report-Big-Sky->

¹⁰ “Here’s Why Ski Towns are Seeing More Suicides,” National Geographic (May 16, 2016), at <https://www.nationalgeographic.com/adventure/adventure-blog/2016/05/16/why-are-ski-towns-suicides-happening-at-such-an-alarming-rate/>

¹¹ “Altitude, Gun Ownership, Rural Areas, and Suicide,” The American Journal of Psychiatry (Jan. 1, 2011), at <https://ajp.psychiatryonline.org/doi/full/10.1176/appi.ajp.2010.10020289>

SUBSTANCE

USE

DISORDERS

IN

BIG

SKY

A good number of people who are in crisis also have an addiction issue...There's a need for psychiatric care before or after law enforcement gets involved to help with medication, treatment, counseling...someone to keep things in check.

Public Health & Safety Official

Substance use disorders are among the most complicated and pressing public health issues in the nation. As with the evolving understanding that mental health and physical health are parts of the same whole, attitudes toward substance misuse are shifting. Awareness of the high prevalence of co-occurring mental health diagnoses and research illuminating the role of an individual's genetic vulnerabilities to addiction have helped to lessen the stigma around this important public health issue.

"Well-supported scientific evidence shows that addiction to alcohol or drugs is a chronic brain disease that has potential for recurrence and recovery," according to Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health. "Scientific breakthroughs have revolutionized the understanding of substance use disorders. For example, severe substance use disorders, commonly called addictions, were once viewed largely as a moral failing or character flaw, but are now understood to be chronic illnesses characterized by clinically significant impairments in health, social function, and voluntary control over substance use."¹²

Although there's a growing appreciation for the many facets of addiction and recovery, including how exposure to substances in adolescence can contribute to substance use disorders in adulthood, the need for more addiction resources



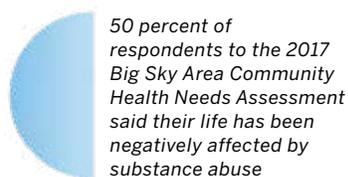
Nearly 1 in 10 Montanans have a substance use disorders

in this state is staggering.

Nearly 1 in 10 Montanans have a substance use disorders, and it's estimated that at least 72,000 residents needed but did not receive treatment in 2017.¹³ When individuals with a substance

use disorder go without treatment, their health outcomes deteriorate, they're at a higher risk of completing suicide, and the burden levied upon the justice system, corrections, social services and communities multiply.¹⁴

Treatment for alcohol addiction is the most pressing need in terms of volume. Montana ranks in the top five states for alcohol consumption per capita,¹⁵ and young adults in the state



50 percent of respondents to the 2017 Big Sky Area Community Health Needs Assessment said their life has been negatively affected by substance abuse

(aged 18-25) rank among the highest nationwide for Alcohol Use Disorders (14 percent) and Alcohol Dependence (6 percent).¹⁶

In the Big Sky area, an astonishing 50 percent of respondents to the 2017 Big Sky Area Community Health Needs Assessment (CHNA) said their life has been negatively affected by substance abuse, either

their own use or someone else's. Alcohol was the substance of greatest concern by a huge margin, 94 percent. Thirty-one percent of respondents identified marijuana as the second-most problematic substance. Prescription medications and methamphetamines/other amphetamines were also identified as substances of concern.¹⁷

We deal with a lot of people up here with meth, heroin, cocaine, marijuana, [and prescription painkillers]. We see it all here, but usually it's alcohol.

Public Health & Safety Official

Due to the widespread availability of alcohol, Big Sky is what's known as an area of high alcohol outlet density. These areas are commonly associated with an increase in alcohol-related problems, including violence, crime and injuries.¹⁸ Big Sky's law enforcement officers and emergency responders frequently field calls to assist individuals who are in crisis and struggling with an addiction issue. Responding to these calls can tie up officers for significant periods of time, particularly if the person in crisis is deemed a threat to themselves or others and requires transportation to a medical or mental health facility outside of the community. This strains the Gallatin County Sheriff's Office and Big Sky Fire Department, both of which have seen dramatic increases in call volume. The Gallatin County Sheriff's Office reports that it receives double the calls for service it did five years ago to more than 8,000 per year, and the Big Sky Fire Department responded to 620 rescue/emergency medical service calls in 2018-2019, as compared to 347 five years prior.¹⁹

Public health officials say they've found that employers are often too willing to accept alcohol and marijuana use as an intractable feature of Big Sky's resort culture. They report that it's not uncommon for employees to show up to work drunk or high. If it happens too many times or the employee in question misses too many shifts, he or she might be fired without a referral to addiction resources, and the cycle repeats.

This insidious cycle threatens public safety and negatively impacts the local economy. Large employers in Big Sky routinely suffer productivity losses in the form of decreased efficiency due to impairment, workforce turnover, and employees using

sick days to recover from the effects of drug or alcohol consumption.

However, it bears mentioning that Big Sky is unique in regard to residents' high self-referral rate for Level One treatment—more than Bozeman or West Yellowstone, according to a Gallatin County addictions counselor interviewed for this report.²⁰ Furthermore, there are generally few issues with compliance. This indicates that many of the individuals who are struggling with chemical dependency have self-awareness around their situation as well as a willingness to address it, and this is something to take heart in.

Facing Addiction in America is emphatic that treatment can be effective: "As with other chronic, relapsing medical conditions, treatment can manage the symptoms of substance use disorders and prevent relapse. Rates of relapse following treatment for substance use disorders are comparable to those of other chronic illnesses such as diabetes, asthma, and hypertension. More than 25 million individuals with a previous substance use disorders are in remission and living healthy, productive lives."²¹

The report advocates for responsive and coordinated systems to provide prevention, treatment and recovery services. Very broadly speaking, addiction treatment can be broken down into five components:²²

- Detox support to achieve initial stability
- Diagnosis and evaluation to address co-occurring disorders
- A treatment plan with a trained specialist, appropriate therapies and goals for recovery
- Ongoing peer support and accountability, such as a 12-step program with people in similar situations
- Family support, including support groups for family members, education and family therapy

According to CHNA key informants, Big Sky suffers from a lack of substance use disorder treatment resources, including everything from inpatient care and recovery houses to a detox center. There is also concern about school-based education for youth given the prevalence of substance use among both residents and visitors. In light of what we now know about heavy exposure to addictive substances in adolescence—that it can prime the brain for addiction later in life—it's important that the

What I see as a gap is a willingness with the businesses up there to address the problems that employees are having...It's like the severity or the risk is lessened by the normality of it.

Substance Abuse Treatment Provider

community proactively addresses drug and alcohol use among youth.²³ Thankfully, there's strong evidence to support the efficacy of evidence-based interventions that are coordinated by community coalitions, particularly those that are started early. There's even an economic argument for these interventions— one school-based program called The Good Behavior Game has been shown to generate \$64 of benefit for every dollar invested.

It's important that the programs used are designed with the target population's identified risk factors and cultural context in mind to ensure that the programming is a good fit. Fortunately, a resource has been created to help with these decisions. Communities that Care is a prevention delivery service that promotes healthy youth development, improves youth outcomes, and reduces substance use and other problem behavior. It's centered around a five-step process that includes a community action plan, program implementation, and evaluation of results. Communities that use this resource report that their youth are 37 percent less likely to engage in binge drinking than communities that don't.

Existing addiction resources in Big Sky are generally limited to 12-step meetings and programming offered through a partnership between local nonprofit Women in Action and Alcohol and Drug Services of Gallatin County (ADSGC). Since 2013, ADSGC has administered both court-ordered and self-referred chemical dependency evaluations and classes.²⁴ Having these resources available in Big Sky has opened up access; before WIA started hosting counseling and classes, it was hard for many individuals to stay in compliance, particularly

those who lost their driver's license due to a DUI conviction.

Group sessions used to be offered in Big Sky but were discontinued when the State cut funding to the Department of Public Health and Human Services, which oversees ADSGC. One immediate area of opportunity would be to restore access to these group sessions.

There is no detox center or sobering facility in Gallatin Valley, but the area could benefit from one. Although no plans are currently underway, it's also worth mentioning that Big Sky has been discussed as a promising location for residential substance use disorders treatment.

The closest facilities for Gallatin Valley residents seeking high-level inpatient treatment are located in Butte, Billings, Great Falls and Missoula. Of those, the Montana Chemical Dependency Center in Butte is the only state-run program that accepts public insurance, which is important because inpatient treatment can be very expensive. Out-of-pocket costs for inpatient treatment vary widely but most range from a few thousand dollars to \$20,000 for a 30-day program.²⁵

The importance of recovery support systems, which are distinct from treatment, shouldn't be overlooked either. They play an important role in helping individuals rebuild their lives and resist relapse. Other recommendations that could decrease the prevalence of substance use disorders and assist with recovery will be explored in Section VI.

SOURCES

¹² U.S. Department of Health and Human Services, Facing Addiction in America: Surgeon General's Report on Alcohol, Drugs and Health, (November 2016), at <https://addiction.surgeongeneral.gov/sites/default/files/surgeon-generals-report.pdf>

¹³ Montana Department of Public Health and Human Services, Montana State Health Assessment: A Report on the Health of Montanans (February 2019), at <https://dphhs.mt.gov/Portals/85/ahhealthiermontana/2017SHAFinal.pdf>

¹⁴ Montana Healthcare Foundation, Opportunities for Action on Substance Use Disorders in Montana (Dec. 20, 2017) at <https://mthcf.org/resources/opportunities-for-action-on-sud-in-montana/>

¹⁵ "The 10 States that Consume the Most Alcohol," *U.S. News & World Report* (Aug. 7, 2018), at <https://www.usnews.com/news/best-states/>

[slideshows/these-10-states-consume-the-most-alcohol-per-capita](#)

¹⁶ Montana Department of Public Health and Human Services, Montana State Health Assessment: A Report on the Health of Montanans (February 2019), at <https://dphhs.mt.gov/Portals/85/ahhealthiermontana/2017SHAFinal.pdf>

¹⁷ 2017 Community Health Needs Assessment Report: Big Sky Area, Montana at <https://www.healthygallatin.org/wp-content/uploads/2017/10/2017-PRC-CHNA-Report-Big-Sky->

¹⁸ U.S. Department of Health and Human Services, Facing Addiction in America: Surgeon General's Report on Alcohol, Drugs and Health, (November 2016), at <https://addiction.surgeongeneral.gov/sites/default/files/surgeon-generals-report.pdf><https://addiction.surgeongeneral.gov/sites/default/files/surgeon-generals-report.pdf>

¹⁹ Big Sky Fire Department 2019 Annual Report, at <https://bigskyfire.org/2018-2019-annual-report/>

²⁰ Level One refers to fewer than 10 hours of treatment per week, Level Two is more than 10 hours, and Level Three is residential or inpatient treatment. Big Sky's treatment options are limited to Level One programming.

²¹ U.S. Department of Health and Human Services, Facing Addiction in America: Surgeon General's Report on Alcohol, Drugs and Health, (November 2016), at <https://addiction.surgeongeneral.gov/sites/default/files/surgeon-generals-report.pdf>

²² "Compulsion Without the Chemicals," The Science of Addiction, *TIME Special Edition* (Oct. 25, 2019).

²³ "Coping with Addiction: A Combination of Drug And/Or Alcohol Dependency Can Make it Difficult for Addicts to Get the Help They Need," *Centennial Science presents The Complete Guide to Mental Health* (2019)

²⁴ "WIA Partners with Alcohol, Drug Services of Gallatin County," *Explore Big Sky* (Feb. 13, 2013), at <http://www.explorebigsky.com/wia-partners-with-alcohol-drug-services-of-gallatin-county>

²⁵ "Parents are Cutting Off Their Opioid-Addicted Kids—And It's the Toughest Decision of Their Lives," *Money* (Nov. 12, 2018), at <https://money.com/parents-opioid-addiction-money-cost/>

BARRIERS

TO

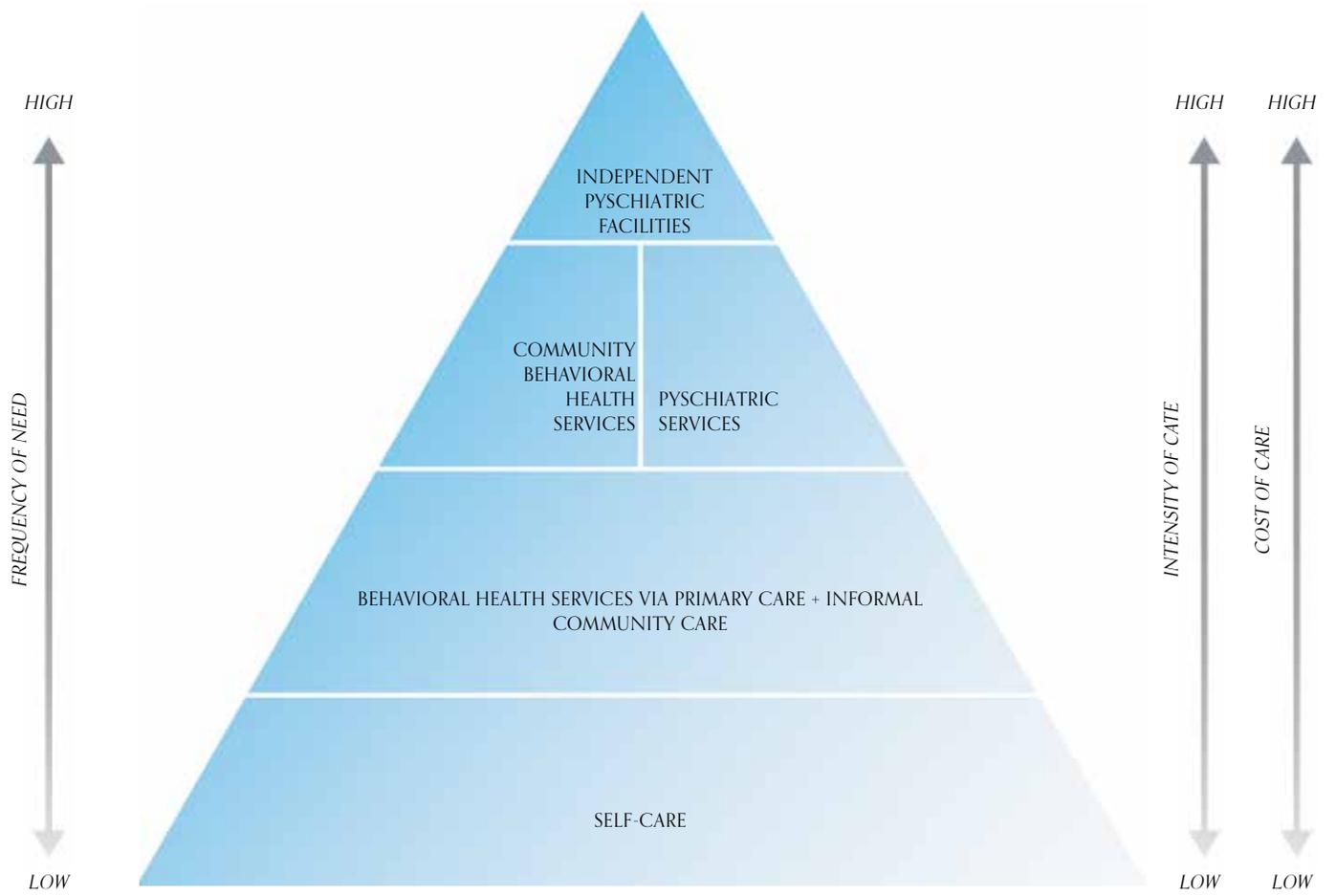
CARE

FOR

THOSE

IN

NEED



You have to teach someone how to have a *mental health crisis*, and you have to teach people how to respond. And [as a society] *we do neither*.

Behavioral Health Provider

Although Big Sky benefits from the efforts of engaged local leadership committed to bettering the community, existing resources are ineffective if the people who need them can't use them. Residents and workers struggling with mental health or substance abuse issues must overcome a number of compounding challenges to receive appropriate and timely treatment and support.

These challenges fall under three categories: awareness, access and culture. Taken together, they create a situation where people who need help often don't know where to turn—and even if they do, additional challenges exist in the form of financial, time and transportation constraints. A social stigma surrounding behavioral health issues, cultural norms associated with ski town life, and the perception that Big Sky is a vacationer's paradise without social or socioeconomic problems create additional hurdles.

There's a significant lack of *knowledge* of the resources available. Not just among *professionals*, but also *members of the public*. If the professionals don't know [where to go], how are *members of the general public* going to know?

Public Health Official

AWARENESS

Even with the commendable efforts of local and regional nonprofits like Women in Action, Community Health Partners, Bridgercare, Western Montana Mental Health – Gallatin (WMMHC-Gallatin), the Help Center and others, Big Sky still struggles with a knowledge gap when it comes to connecting people in need with resources that can provide relief. This knowledge gap exists across all spectrums of care, from patients in acute crisis to stable individuals seeking support for more manageable conditions.

Employers are subject to this knowledge gap as well. Several interviewed for this report said they have the best of intentions, but don't know where to send employees in need. One employer reported calling the Gallatin County Sheriff's Office 20 times over the course of a single season to conduct wellness checks on an employee living in employer-provided housing who was believed to be suicidal. A human resources representative from a larger employer in Big Sky was unaware of the existence of Women in Action, the leading nonprofit in Big Sky working in the behavioral health space; another was unaware that Big Sky has local chapters of Alcoholics Anonymous (for individuals struggling with substance abuse disorders), and Al-Anon (which supports the family and friends of addicts). This could be a consequence of employee turnover. It takes time for leadership to learn about existing resources and that knowledge base must be rebuilt when a manager or HR director leaves their position.

Although there are a number of targeted initiatives that

could greatly improve behavioral health outcomes in Big Sky, a great first step would be to expand community awareness of existing local and regional resources.

The gaps I see in Big Sky prior to the crisis level are *the big ones*.

Public Health & Safety Official

ACCESS

Access covers a range of patient barriers to care including the challenges of finding providers who are taking patients, affording available services, and other logistical issues like finding time and transportation to make and keep appointments with providers.

Given the shortage of available providers in Big Sky, in-person counseling services have historically been difficult to obtain locally. Women in Action (WIA), a nonprofit founded to support the wellbeing of local children and families, reports that at one point there was an eight-month waiting list for appointments with the counseling interns from Montana State University they partner with. As a result, some patients presumably looked elsewhere or stopped seeking services altogether. Fortunately, WIA's counseling partnership with MSU was expanded—doubled, in fact—May of 2019.

A resource isn't a resource if you can't access it.

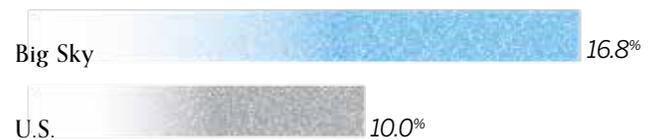
Nonprofit Leader

WIA also developed a partnership with Hillary Morin, a Bozeman-based psychologist in private practice. Until recently,²⁶ Morin drove to Big Sky one day per week to work with clients. Morin said she was routinely asked if she'd accept additional patients and had to inform those inquiring that her patient loads are full. Licensed clinical professional counseling candidate Julie Walker, who works with youth and young adults in Big Sky on a part-time basis, has a variable patient load but is often at capacity as well. Issues that contribute to a shortage of providers will be explored in greater detail in Section V.

When discussing affordability, it should be noted that nonprofits like Women in Action, Community Health Partners, Bridgercare and the Help Center offer services to those in need regardless of their financial and insurance situation using sliding fee scales or similar models. However, for those who

prefer the services of private-sector providers, affordability can present a real challenge, even for individuals with insurance.

Residents aged 18-64 without health insurance



According to the 2017 Community Health Needs Assessment for the Big Sky area, 1 in 6 respondents between the ages of 18-64 lacked healthcare coverage.²⁷ One factor contributing to the relatively high number of uninsured residents (the national average for that age range in 2017 was 1 in 8, according to data from the U.S. Census Bureau) could be the preponderance of jobs, 70 percent, in the accommodation, food service and recreation industries,²⁸ which are often seasonal, part-time positions without benefits. During the winter months, Big Sky adds up to 1,500 workers that are recruited from outside the community, according to a February 2018 report.²⁹

Even those who do have insurance through their employer or the marketplace can struggle to pay for behavioral health treatment. Psychologist Hillary Morin has patients with insurance through their employer whose fees are still assessed on a sliding scale—meaning Women in Action covers a portion of their copay—due to the high-deductible nature of their plans. Others interviewed for this report have said that many providers in Gallatin Valley won't bill insurance because they can easily fill their schedule without working with insurance companies, which frequently offer lower reimbursement rates than payment made directly by the person receiving care.

As is this case in Gallatin Valley more broadly, Big Sky is in a period of robust employment. It's common for workers to hold multiple jobs to make ends meet in Big Sky, particularly given its high cost of living. The three community foundations associated with Big Sky's private clubs have all identified affordable housing and behavioral health programming as two of Big Sky's most pressing needs. For many, living in Big Sky means working more than one job, which tends to be a common theme in desirable tourism-based economies. According to the 2019 Big Sky, MT Economic Profile, there are approximately 30 percent more jobs than workers, meaning Big Sky's workers

The *counselors* are working the same hours you're working. You're talking about a *three-and-a-half hour time commitment* during a workday to see a counselor [in Bozeman]. *Not having [access] in Big Sky* is huge.

Health Insurance Expert

hold an average of 1.3 jobs per person.³⁰

Working multiple jobs can be one of many stressors on family and relationship dynamics, and multiple sources interviewed for this report cited a shortage of marriage counseling as an additional challenge for those experiencing mental health and substance abuse issues. Accessing couples therapy exacerbates the already difficult path to finding care, as the obstacles discussed here are doubled.

Scheduling time to meet with a behavioral health provider proves especially difficult when factoring in multiple jobs and a trip to Bozeman, where it's easier to find providers accepting new patients. Lack of transportation and inconvenient office hours were the two most commonly cited hurdles to accessing

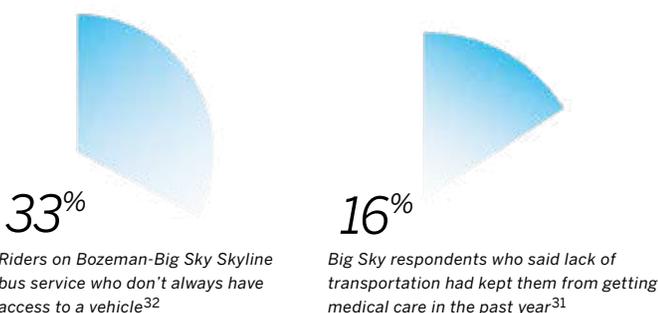
Bozeman and Big Sky don't have access to a vehicle that's always available to them.³² Using public transportation to keep appointments can complicate access issues, increasing time and planning requirements.

CULTURE

Demographically and culturally, Big Sky is representative of a number of national and statewide trends that impact behavioral health, but it also possesses unique cultural attributes that contribute to substance use disorders and social isolation, two risk factors that play an important role in behavioral health outcomes.

Alcohol is a prominent feature of Big Sky's social scene, particularly on winter evenings when there are few opportunities for socializing outside of establishments that serve alcohol. This is problematic because alcohol can contribute significantly to mood disorders like depression and co-occurring disorders are prevalent in Big Sky. As an unincorporated community without a fixed number of liquor licenses, alcohol abounds in Big Sky's businesses. It's available at most food service establishments as well as a number of businesses that don't typically possess licenses to serve alcohol in Montana. Such places include a bike repair shop, the movie theater, even the town's only laundromat.

And among those that commute to Big Sky for work,



primary care in a recent health needs assessment.³¹ According to ridership data from the Big Sky Transportation District, 33 percent of riders using the Skyline bus service between

especially in the construction industry, time spent traveling back home is often accompanied by alcohol—it's obvious to anyone that stops at the Conoco around 5 p.m. on a weekday. The cashier lines snake through the aisles, with tradesmen purchasing beer for the drive through Gallatin Canyon. Some construction workers are commuting from as far away as Three Forks, Big Timber and Butte, according to one Big Sky-based contractor, and daily travel of those distances leave little time for self-care at home.

I think there are more *people* with *psychological* issues [in Big Sky]. There's a lot of *self-medicating* here.

Public Health & Safety Official

Although providers and nonprofit leaders interviewed for this report indicate that the social stigma surrounding behavioral health issues is decreasing, the topic came up frequently in conversations with individuals in the private sector as an unfortunate reality that still prevents people from seeking care that could prove life-changing. According to some, Big Sky's small-town nature can make it challenging for individuals to seek help or feel comfortable speaking with someone they might encounter in their day-to-day life.

Social isolation is another contributor to behavioral health issues in Big Sky. As a relatively young community that sprouted around the 1974 opening of Big Sky Resort, there is very little intergenerational connectivity in Big Sky. Like other resort towns around the U.S., it's common for young adults to stay and work for a season or two and then relocate elsewhere. Even for those who would like to put down roots in Big Sky, the high cost of housing can keep them from living in Big Sky, as nearly 40 percent of commuters have indicated they would like to.³³

Mental health *is* physical health—the last time I *checked*, my *brain* is connected to my body.

Behavioral Health Nonprofit Leader

There is also a sizeable Latino population in Big Sky and the language barrier for some of these individuals and families can compound the isolation issues. (Some children are entering the school system without any English at all.)

Regularly commuting from other parts of Gallatin Valley (as a reported 50 percent of workers do)³⁴ can increase social isolation by occupying time that might otherwise be spent connecting with others and developing the kind of relationships that can strengthen social ties.

Further complicating the issue, Big Sky is often regarded by outsiders as a vacationer's paradise for the wealthy without significant social or socioeconomic issues. Other ski towns across the West face a similar stereotype.³⁵ According to one community leader, the socioeconomic divide here can be particularly hard on kids—the “haves” and the “have nots”—and the school district can be reluctant to proactively address these problems because there's a drive to demonstrate how perfect the students are. One provider interviewed for this report said most of her young clients suffer from severe anxiety because of the pressure placed on them by peers, social media and their parents. Overscheduling can prevent kids from having time to just be kids, she said, and many parents are high achievers and want their children to be high achievers too.

I think when *people* think of *Big Sky*, they think it's a wealthy community and there are *no problems* here; When I talk to *friends* in *Bozeman*, they're *surprised* I have clients.

Behavioral Healthcare Provider

Forms of public assistance and programming that might otherwise be available through state or federal initiatives are lacking in Big Sky, due in part to the highly bimodal distribution of wealth. Most resources that are made available by nonprofits like the Big Sky Community Food Bank, Women in Action and Big Sky Community Organization result from the efforts of committed individuals in the “managing up” culture that's common—and deeply appreciated—in Big Sky.

SOURCES

²⁶ Starting February, 2020, Morin's availability changed. She no longer drives to Big Sky one day per week. Her existing clients have the option of receiving treatment via telemedicine or driving to Bozeman for in-person sessions. Morin and Walker's practices will be explored in greater detail in the next section.

²⁷ 2017 Community Health Needs Assessment Report: Big Sky Area, Montana at <https://www.healthygallatin.org/wp-content/uploads/2017/10/2017-PRC-CHNA-Report-Big-Sky>.

²⁸ Big Sky Chamber of Commerce, 2019 Big Sky, MT Economic Profile (2019), at http://www.bigskytowncenter.com/wp-content/uploads/2019/05/BigSkyChamber_EconomicProfile_2019.pdf

²⁹ Big Sky Housing Action Plan: Part 1: Community Housing Assessment and Needs at <http://bigskychamber.com/wp-content/uploads/2019/01/Big-Sky-FINAL-Housing-Assessment-Feb.-2018-f.pdf> on Sept. 1, 2019.

³⁰ Big Sky Chamber of Commerce, 2019 Big Sky, MT Economic Profile (2019), at http://www.bigskytowncenter.com/wp-content/uploads/2019/05/BigSkyChamber_EconomicProfile_2019.pdf

³¹ 2017 Community Health Needs Assessment Report: Big Sky Area, Montana at <https://www.healthygallatin.org/wp-content/uploads/2017/10/2017-PRC-CHNA-Report-Big-Sky>.

³² "Letter: Will Gallatin County Commissioners Support Big Sky's Transportation System?" Explore Big Sky (Aug. 4, 2017) at http://egpbf2onsg13r7r1nlsepccch.wpengine.netdna-cdn.com/wp-content/uploads/2017/07/170804_explorebigsky_WEB.pdf on Sept. 2, 2019

³³ Big Sky Chamber of Commerce, 2019 Big Sky, MT Economic Profile (2019), at http://www.bigskytowncenter.com/wp-content/uploads/2019/05/BigSkyChamber_EconomicProfile_2019.pdf accessed on Sept. 2, 2019

³⁴ Big Sky Chamber of Commerce, 2019 Big Sky, MT Economic Profile (2019), at http://www.bigskytowncenter.com/wp-content/uploads/2019/05/BigSkyChamber_EconomicProfile_2019.pdf, accessed on Sept. 2, 2019

³⁵ "Here's Why Ski Towns are Seeing More Suicides," National Geographic (May 16, 2016), at <https://www.nationalgeographic.com/adventure/adventure-blog/2016/05/16/why-are-ski-towns-suicides-happening-at-such-an-alarmsing-rate/> accessed on Sept. 2, 2019

*WHERE CAN
PEOPLE TURN
FOR HELP? AN
OVERVIEW OF
EXISTING LOCAL,
REGIONAL AND
STATE BEHAVIORAL
HEALTH SERVICES*

*WHERE CAN
PEOPLE TURN
FOR HELP? AN
OVERVIEW OF
EXISTING LOCAL,
REGIONAL AND
STATE BEHAVIORAL
HEALTH SERVICES*

Statewide Resources



As could be expected in a large, predominantly rural state like Montana, services to treat the most acute patients are scattered throughout the

state. Most are located in high-population areas like Billings, Butte, Missoula and Helena, with the notable exception of the Montana State Hospital in Warm Springs. Patients in crisis—and the law enforcement officers who sometimes accompany them—often invest significant travel time to access these resources.

Organizations that offer inpatient psychiatric treatment within 150 miles of Big Sky are located in Billings (**Billings Clinic Psychiatric Services**) and Helena (**St. Peter's Health and Shodair Children's Hospital**).

Montana has one state-operated acute inpatient substance use treatment facility, the **Montana Chemical Dependency Center** in Butte. Other inpatient addiction programs that have been approved by the State are located in Billings, Boulder, Missoula and Browning.³⁶



Gallatin County Resources

Bozeman's Hope House, a facility managed by **Western Montana Mental Health Center-Gallatin**, has eight voluntary beds and two emergency detention beds to serve individuals in crisis. People in crisis who enter the behavioral health care system via law enforcement or emergency responders

are sometimes transported to the Hope House for evaluation and treatment, based on the availability of a bed. Stays are limited to three nights. Although the Hope House is most commonly associated with crisis intervention, other services offered by the WMMHC-Gallatin include case management, school programming, support for adolescents, drop-in treatment and weekly therapeutic classes and activities. WMMHC-Gallatin is one of the few resources in Bozeman with a psychiatrist on staff.

The Help Center in Bozeman works with people in crisis by answering a 24-hour hotline for a 13-county area of southwest Montana, providing drop-in treatment and weekly counseling free of charge, and acting as a short-term (12-week) case

management resource and service connector. They also provide community awareness programming, counseling to sexual assault victims, and trainings and presentations to community members. They worked with 28 sexual assault victims throughout Gallatin County in 2018, at least five which were Big Sky residents.³⁷

Community Health Partners, a 501(c)3 Federally Qualified Health Center that serves patients in Bozeman, Belgrade, Livingston and West Yellowstone regardless of their ability to pay and insurance status, has been making a concerted effort to expand their integrated behavioral health resources. They've recently introduced a psychiatric nurse practitioner to their staff who is available to consult with other providers on patient care with the goal of reaching populations with behavioral health concerns in a primary care setting, an approach that's gaining popularity in healthcare systems locally and nationally. They also have licensed social workers and counselors on staff.

Across their coverage area, Community Health Partners provided behavioral health services to 1,117 patients in 2018, though they noted that a much higher percentage of CHP patients (11,443 served in 2018) have mental health concerns. They report that 61 of the patients that passed through their clinic doors in 2018 had addresses with 59716 (Big Sky) zip codes. It's likely that that number is an underreport, CHP noted, given the significant number of Big Sky workers who commute from other parts of Gallatin Valley. One of Community Health Partners' top goals for 2019 was to "expand behavioral health services both inside CHP's walls and out, through partnerships in the communities we serve, in order to address unmet need."³⁸ To meet that objective, they recently introduced behavioral health programming to reach homebound seniors and Bozeman High students.³⁹

Bridgercare, a nonprofit clinic based in Bozeman that provides reproductive healthcare to patients of all income and insurance coverage levels, expanded their behavioral health offerings with the addition of treatment for basic mental health concerns like anxiety and depression as part of their 2019 strategic plan. These mental health consultations were so popular that the demand for them went up 40 percent within three months. They are currently hiring a social worker with financial support from a matching grant. For patients with complicated or acute diagnoses, Bridgercare makes referrals to Community Health Partners for a higher level of care.

Both Bridgercare and Community Health Partners have

Spanish-speaking providers to expand the scope of patients they treat.

Bozeman Health has one psychiatrist on staff, **Dr. Anne Thomas**. Dr. Thomas has part-time availability as she also works with other organizations. Bozeman Health has integrated behavioral health into their pediatrics and internal medicine program and plans to expand this offering into family medicine. In late 2019, they hired a system director for behavioral health services. Maureen Womack will be responsible for overseeing Bozeman Health's behavioral health integration efforts over the next three to five years. Bozeman Health has also worked on stigma reduction and mental health awareness campaigns like Youth Aware of Mental Health, an interactive program for area adolescents.

Early childhood, mental health and developmental disability services provider **AWARE** has an office in Bozeman as well as five other locations throughout the state. The Bozeman office includes targeted case management for adults, Early Head Start for children four and younger, and a school-based therapy program called Comprehensive School and Community Treatment. The latter is available at Dickinson, Irving and Longfellow schools and at Early Head Start.

Youth Dynamics is a nonprofit with locations throughout the state that offers a variety of wraparound mental health and substance abuse services for youth from age zero to 18. They offer case management, mentoring and in-home support services, and run the Bozeman Transitional School for middle and high school students who benefit from an alternative to mainstream schooling. Youth Dynamics therapists are trained in trauma-focused cognitive behavioral therapy.

The **Bozeman VA Community Based Outpatient Clinic** offers behavioral health treatment and assistance with social services to veterans. It has four psychologists and one substance abuse counselor on staff and access to out-of-state psychiatrists via telehealth.

Veterans requiring inpatient mental health or substance abuse treatment are referred to the **Fort Harrison VA Medical Center** near Helena, which has a 24-bed mental health facility staffed with psychiatrists, psychologists, social workers, a peer support technician and a licensed addiction counselor. The Fort Harrison VA campus also offers outpatient treatment.

Alcohol and Drug Services of Gallatin County (ADSGC) is the home of most substance use resources in Gallatin Valley.

In addition to community-based outpatient services like group therapy, chemical dependency evaluations, and court-mandated programs and services, ADSGC manages a recovery house for men seeking to overcome addiction. ADSGC closed its recovery house for women last July due to issues with funding.^{40, 41}

Community Medical Services offers outpatient addiction treatment services in nine states, including four locations in Montana. Their Belgrade clinic offers counseling paired with medication-assisted (Methadone, Suboxone, Subutex) opioid addiction treatment. CMS has a prescriber on staff, a pharmacy on the premises, and access to other prescribing physicians via telemedicine. They treat approximately 100 individuals.

Bozeman also has a network of **counselors and therapists in private practice** treating stable individuals seeking help with a behavioral health issue.

The Board of Behavioral Health under the Montana Department of Labor and Industry⁴² lists 426 active behavioral health provider licensees and candidates in Gallatin County.⁴³ That number is inclusive of nine sub-licenses including addiction counselors, clinical social workers, marriage and family therapists, behavioral health peer support specialists, and candidates for licensure in those fields.

According to a database maintained by The Help Center, Bozeman has 115 mental health providers in Bozeman, which includes nine licensed psychologists.⁴⁴

Given growth in Bozeman—it was the fastest-growing “micropolitan” area in the U.S. in 2017 and 2018⁴⁵—there have been numerous reports that provider supply is not keeping pace with demand. Issues around the behavioral health workforce shortage will be explored in greater detail in Section V.

Big Sky Resources

The Big Sky Fire Department, Gallatin County Sheriff's Office and Big Sky Medical Center Emergency Department make up the front lines of in-person response for Big Sky residents and workers in acute crisis. They're often the first link in a response chain. Sometimes resolution is reached quickly,

and other times the individual in crisis is placed in a “mental health hold” that can tie up law enforcement resources for the better part of an officer’s shift.

The Big Sky Fire Department, Gallatin County Sheriff’s Office and Big Sky Medical Center coordinate their efforts when needed. For example, if a person undergoes an evaluation with the crisis response team and is deemed to be a threat to themselves or others and the county attorney signs off on it, a law enforcement officer will accompany that person to the next level of care. That could be the Hope House if beds are available, an inpatient psychiatry unit (which requires a drive outside of the Bozeman area), or the Montana State Hospital in Warm Springs.

Big Sky Medical Center (BSMC) is hiring a licensed clinical social worker to join its staff in 2020 who will help coordinate patient care with BSMC providers and social service agencies. They will also offer telepsychiatry to patients through InTouch, a national telehealth provider. Within a few years, Bozeman Health, BSMC’s parent organization, intends to offer telepsychiatry in-house.

BSMC is within the purview of Bozeman Health’s new system director for behavioral health and will be incorporated in her efforts. Youth Aware of Mental Health programming was offered to Big Sky high school students last fall through a partnership with BSMC.

Excepting Big Sky School District’s two counselors, there are currently no full-time licensed providers in Big Sky to work with individuals who need behavioral health support. **Women in Action (WIA)**, a nonprofit founded to support the wellbeing of local children and families, coordinates with Montana State University’s master’s program in counseling to offer counseling by interns who are supervised by licensed counselors. For most of the program’s history, one MSU student would come up to Big Sky two days a week for the duration of his or her internship. Due to high demand, WIA expanded that program in May of 2019. There are now two counseling interns available for a total of three days a week. Counseling sessions are offered on a sliding scale of \$5 to \$30 based on a patient’s ability to pay. WIA reports that most patients cannot afford the \$30 amount and are paying less.

In early 2018, WIA began working with **Dr. Hillary Morin**, a licensed psychologist who drove down from her office in Bozeman one day a week to treat patients until recently. (While she no longer makes the weekly trip to Big Sky, she

will continue to treat her Big Sky clients via telemedicine or in person if they come to Bozeman.) Dr. Morin accepts and bills most private insurance companies that are common in the area as well as Medicaid. Due to high-deductible and high co-pay plans, WIA slides some of her patients’ charges to keep her services affordable. WIA will continue to slide fees for Dr. Morin’s existing patients and will decide whether to do so with new Big Sky patients on a case-by-case basis. Dr. Morin reports that she regularly receives calls from Big Sky residents interested in her services, but has few openings—about half of her patients have been with her since she started working with WIA—and is not currently keeping a waitlist.

WIA started a new partnership in mid-February with a Belgrade-based licensed clinical social worker. **Katy Fritz** will be available to see four individuals weekly at the WIA office on Tuesday afternoons/evenings.

Former school counselor and current licensed clinical professional counselor candidate **Julie Walker** works with youth and young adults out of the WIA office. She works on a part-time basis counseling between four and ten clients and does not accept insurance at this time. She reports she regularly fields requests from adults seeking counseling services.

WIA also hosts **Alcohol and Drug Services of Gallatin County** to make substance use disorders resources available locally. A licensed addictions counselor is available to treat individuals, couples or families struggling with issues around mental health and substance use. He also administers chemical dependency evaluations and leads Prime for Life/ACT (Assessment, Course and Treatment) programming. Group outpatient sessions used to be offered in Big Sky but were discontinued due to state budget cuts to the Department of Public Health and Human Services.

There are four **Alcoholics Anonymous** meetings in Big Sky each week and one **Al-Anon** meeting. Alcoholics Anonymous is a fellowship for individuals seeking to overcome addiction and achieve sobriety; Al-Anon provides support to friends and families of individuals with an addiction. For those who can make the trip, there are more than 50 Alcoholics Anonymous meetings in Gallatin Valley and over a dozen Al-Anon meetings.

Several organizations offer **youth programming** to support Big Sky’s young people and their families. These include Thrive, Big Brothers Big Sisters, and numerous kids’ enrichment camps made possible by Big Sky nonprofits and foundations.

What's Working

Within the past year, Gallatin Mental Health Center and Gallatin County Sheriff's Office have partnered on a program that offers community-based crisis response in Gallatin Valley.⁴⁶ The idea is to provide on-scene care to people in crisis in a fashion that can diffuse often tense situations. Gallatin Mental Health Center said the program has been used in Big Sky at least a couple of times. Social workers must invest significant travel time to respond to crises in Big Sky; working out a way to reimburse them for their travel or basing a responder in Big Sky could help to expand the community-based crisis response footprint in Big Sky.

Gallatin County commissioners for the first time approved funding for a lead behavioral health specialist housed in the health department, carving out money for the position in the county's fiscal year 2019 budget.⁴⁷ The specialist has worked in the county since 2017, funded by a federal grant, and connects mental health services for children and families in places like hospitals, schools and clinics.

Women in Action has partnered with the Big Sky Housing Trust, a program overseen by the Bozeman-based Human Resources Development Council, to provide office space for counseling.⁴⁸ The Big Sky Housing Trust office, as of fall 2019, is now available for counseling sessions on a part-time basis to alleviate Women in Action's space crunch.

What's in the Works

The Big Sky Community Center, a central community gathering space launched by the Big Sky Community Organization with an estimated opening date of summer 2021,⁴⁹ will include space dedicated for some form of behavioral health programming, although the particulars of that space are still being worked out. Opportunities for partnerships with nonprofits in Big Sky and Bozeman are explored in Section VI.

SOURCES

³⁶ Addictive and Mental Disorders division of the Montana Department of Public Health and Human Services, Substance Use Providers App at <https://dphhs.mt.gov/amdd/SubstanceAbuse/TreatmentProviderInformation>, accessed on Jan. 23, 2020

³⁷ The center's staff note a sexual assault victim's exact location is not always recorded when he or she contacts the Help Center, so the Big Sky number is almost certainly an underreport.

³⁸ Community Health Partners, 2018 Annual Report, at https://chphealthmt.org/2018_CHP_Annual-Report.pdf.

³⁹ Community Health Partners, 2019 Annual Report, at http://chphealthmt.org/2019_CHP_Annual-Report.pdf.

⁴⁰ "Bozeman to Lose Its One Women's Recovery House," Bozeman Daily Chronicle (June 2, 2019) at https://www.bozemandailychronicle.com/news/health/bozeman-to-lose-its-one-women-s-recovery-house/article_e89bdf16-ebb4-5c75-945e-c75739cb55e0.html

⁴¹ Another Bozeman-based recovery house has been in the planning phase but is currently stalled. The Alive Again Life Recovery Mission is at a standstill due to

issues with city regulations.

⁴² <https://app.mt.gov/cgi-bin/download/download.cgi>, accessed August 2019

⁴³ One private-sector development of note in Bozeman is the recent addition of Providence Mental Health, a 12-clinician business that focuses on treating and counseling youth, adolescents and family.

⁴⁴ It should be noted that some providers did not respond when contacted by The Help Center, so the actual number is likely higher.

⁴⁵ "Bozeman Area Again Ranked Fastest-Growing of its Size in the Nation," Bozeman Daily Chronicle (March 29, 2018) at https://www.bozemandailychronicle.com/news/bozeman-area-again-ranked-fastest-growing-of-its-size-in/article_881f7994-a3d7-5f68-b85c-5875d2c0749a.html.

⁴⁶ "Gallatin Mental Health Providers, Law Enforcement Partner for Crisis Response," Bozeman Daily Chronicle (May 29, 2019), at https://www.bozemandailychronicle.com/news/crime/gallatin-mental-health-providers-law-enforcement-partner-for-crisis-response/article_53ced320-579d-5629-8271-3cf68a31bf59.html.

⁴⁷ "Gallatin County health department shuffles budget to keep mental health jobs," Bozeman Daily Chronicle (Sept. 4, 2019), at https://www.bozemandaily-chronicle.com/news/health/gallatin-county-health-department-shuffles-budget-to-keep-mental-health/article_029787eb-97e6-5c9e-88bb-a1baa61062eb.html#utm_source=bozemandailychronicle.com&utm_campaign=morning-headlines&utm_medium=email&utm_content=headline

⁴⁸ "Power in Partnership: WIA's Donated Space Highlights New Collaborations," Lone Peak Lookout (August 29, 2019), at <http://lonepeaklookout.com/news/power-partnership>.

⁴⁹ "BSCO Breaks Ground on Community Center," Explore Big Sky (August 2, 2019), at <http://www.explorebigsky.com/bsco-breaks-ground-on-community-center/30574>.

BRINGING

HELP

TO

BIG

SKY

ADDRESSING

PROVIDER

SHORTAGES

AND

OTHER

CHALLENGES

Montana ranks 40th in access in the country and we rank in the top five for mental health needs—we're a mess.

Behavioral Health Provider

The demand for mental health services is rising rapidly across the country, while the shortage of specialists to meet that demand is an escalating crisis.⁵⁰ As the social stigma surrounding mental health decreases, more Americans are seeking treatment, which is putting a strain on the supply of mental health professionals. The United States' already limited talent base is further exacerbated by a perception that careers in mental health and substance use treatment offer lower pay, which could discourage medical students from specializing in these fields. Provider shortages are especially acute in rural states like Montana, which has a long history of healthcare access issues generally.

12%

Montana's mental health care professional need being met.

Just 12 percent of Montana's mental health care professional need is met, placing it in the bottom five states nationally, according to information

gathered by the Henry J. Kaiser Family Foundation.⁵¹ Furthermore, all but one of Montana's 56 counties (for which there is no data) are deemed to have a shortage of mental health professionals. Gallatin County is designated as such for its lack of resources to serve low-income populations with mental health needs.⁵²

There aren't enough providers out there [to] meet all the opportunities, and the more rural the area, the more [challenging] it can be.

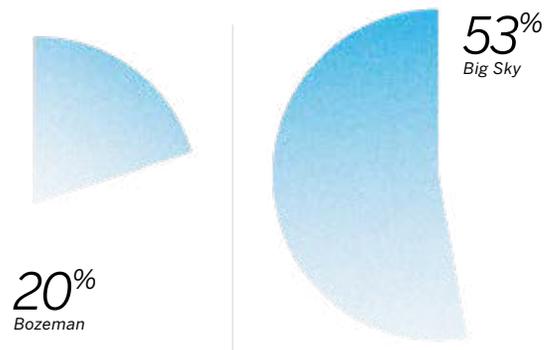
Dr. Michael Hoge, Senior Science and Policy Advisor for the Annapolis Coalition on the Behavioral Health Workforce

A database maintained by The Help Center lists 115 mental health providers in Bozeman. However, it's difficult to gather data on how many patients providers are available to see, whether they have openings, if they see patients with public insurance (Medicare/Medicaid) or no insurance at all, and if they are willing to treat people who are medically and/or socially complex.

The shortage of behavioral health providers is particularly

pronounced for patients with acute needs. Community Health Partners CEO Lander Coney notes that a single licensed behavioral health counselor is often less likely to treat someone who is medically or socially complex because they may require after-hours availability, and significant time and energy spent on care coordination for which the provider may not be reimbursed, among other challenges.

Big Sky is indicative of the worst of the behavioral health workforce shortage. With psychologist Hillary Morin changing her availability in Big Sky, there are currently no licensed full-time behavioral health providers in Big Sky despite its obvious need and growing population (estimated at 2,900).^{53, 54} For comparison, consider the resources in similar communities in our state. Red Lodge (pop, 2,300) has two licensed providers for a ratio of 1:1,150, and Whitefish (pop. 7,600) has 26 providers for a ratio of 1:300.⁵⁵ See graphic on the following page.



2017 Human Resources Development Council's Community Needs Assessment respondents who said that mental health/suicide prevention services are lacking.⁵⁶

One issue that might be keeping counselors, therapists and psychologists from opening a full-time practice is the small-town nature of Big Sky. Relationships between a provider and a client can be quite intimate, resulting in a level of complexity that can be tricky to navigate outside of therapy. For some providers, the prospect of regularly encountering clients or family members of clients at the grocery store, post office or gas station is unideal, and it's likely some of their clients would agree.

The financial reality of starting a business in Big Sky has also been identified as another possible deterrent. One person interviewed for this report had difficulty finding an affordable office space for rent in Big Sky. The least expensive option she found was available for \$575 per month, she reported, and some were between \$800 and \$1,000. As many employers

I think the *housing issue ties* into everything else we're struggling with; I think the housing issue has to be addressed before *we can get more counselors to work [in Big Sky]*.

Behavioral Health Provider

throughout the area can attest, the lack of affordable housing is one of the leading recruitment challenges they face and is likely an additional deterrent for behavioral health professionals to open practices here. The seasonal nature of business in Big Sky presents an additional challenge. Dr. Morin reported that during the shoulder season, her entire Big Sky client base would sometimes be away on vacation at the same time and unavailable for appointments. Although WIA helped her financially cover that gap in service, that kind of fluctuation could be keeping otherwise-interested providers in Bozeman from investing their time in Bozeman.

One solution that's been explored by local employers is an Employee Assistance Program, or EAP, which is generally purchased by the employer as part of a benefits package and provides employees with a set number of counseling sessions when they're in distress, typically between two and five. These sessions are generally offered at no cost to the employee.

According to a local insurance broker, EAPs are regularly requested in the Big Sky and Bozeman area, but the packages

available are subpar and rarely utilized. The kind of assistance offered is generally delivered over the phone rather than in person, as there's just one local provider who's serving EAP programs in the area, and that person is based in Three Forks.

This EAP provider shortage might be explained by the fact that reimbursement for EAPs is uncompetitive when compared with rates available through other means. Providers in the area reportedly have little difficulty filling their schedules, so they can be choosy about what kind of reimbursement they'll accept. One individual in the private sector interviewed for this report said she knows of a Bozeman counselor whose waitlist is 87 people long. With that kind of demand, some counselors opt to exclusively treat clients who pay directly for treatment.

Thankfully, there are a number of strategies that could address the shortage of behavioral health providers. Some promising ideas from our interviews and research are explored in Section VI.

MENTAL HEALTH PROVIDER PRESENCE IN MONTANA RESORT COMMUNITIES





SOURCES

⁵⁰ "What's the Answer to the Shortage of Mental Health Care Providers?" U.S. News & World Report (May 25, 2018), at <https://health.usnews.com/health-care/patient-advice/articles/2018-05-25/whats-the-answer-to-the-shortage-of-mental-health-care-providers>

⁵¹ Henry J. Kaiser Family Foundation, Mental Healthcare Professional Shortage Areas (HPSAs), at <https://www.kff.org/other/state-indicator/mental-health-care-health-professional-shortage-areas-hpsas/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>, accessed on Jan. 5, 2020

⁵² Montana Department of Public Health and Human Services, Montana State Health Assessment: A Report on the Health of Montanans (February 2019), at <https://dphhs.mt.gov/Portals/85/ahealthier-montana/2017SHAFinal.pdf>

⁵³ Big Sky Chamber of Commerce, 2019 Big Sky, MT Economic Profile (2019), at http://www.bigskytowncenter.com/wp-content/uploads/2019/05/BigSkyChamber_EconomicProfile_2019.pdf

⁵⁴ It should be noted that the Big Sky population data does not include those who commute into Big Sky for work, a category that's difficult to quantify but estimated at 1,500 to 2,500 people.

⁵⁵ Psychology Today online Therapist Directory at <https://www.psychologytoday.com/us/therapists?search=>

⁵⁶ Human Resources Development Council, Community Needs Assessment 2017, at <https://thehrdc.org/wp-content/uploads/2017/04/HRDC-CNA-3-29-17-rev.pdf>

NEXT

STEPS

There is no *power* for change greater than a community discovering what it cares about.

Margaret K. Wheatley

While our research has consistently demonstrated an immense need for behavioral health resources, it's also revealed a strong desire to effect change. A threshold has been met: Big Sky knows there are profound struggles around mental health and substance use disorders, and the community is ready to act on this knowledge. The below findings and proposals result from extensive research and interviews with stakeholders in the behavioral health field.

The major challenges for those seeking help are barriers to access, disjointed care pathways, a shortage of licensed providers, and a lack of continuity of care. We must be proactive and address issues head-on with transparency, using an approach that is both top-down and bottom-up, so that we incorporate the needs of the entire community. Frontline stakeholders will be essential to informing the services needed and will be critical in guiding the incremental approach of this initiative.

The process of creating systems of care begins by building on our strengths as a community, which include a high level of citizen engagement, a commitment to philanthropy, and the

*Give people a door to go through.
Right now there is no door.*

Healthcare Provider

passion for creating a "world class" destination for residents and visitors alike.

Structure is absolutely vital for maintaining effective systems of care. Without structures guiding how care is managed, it's unlikely care will be managed, and nothing will change. That is why our leading recommendation is to create "a door to knock on," an entity that is accessible to all who live and work in Big Sky regardless of ability to pay. This entity will proactively identify gaps, assemble necessary resources and develop lasting solutions. Organized as a nonprofit coalition of behavioral health resources, this organization will be adequately staffed to effect change, wholly dedicated to mental health and substance use disorders, and in a position to keep stakeholders accountable.

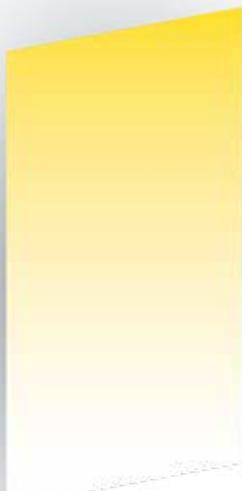
With the appropriate structure and staffing in place, we see this process identifying the most efficient approach to addressing Big Sky's behavioral health needs. All who live and work in Big Sky will have access to these resources; no one will be turned away due to financial constraints.

The more we can do to dedicate resources to prevention, self-care and stigma reduction, the better outcomes will be and the less the system—and individuals in the midst of crisis—will be strained by acute behavioral health emergencies.

The time is really ripe for this. The community is really supportive of these efforts around behavioral health. People are excited to be more collaborative and not be so siloed. Like everything else in Big Sky, it's been pretty DIY.

Community Leader

Our approach will be innovative, responsive and collaborative. Big Sky is fortunate to benefit from the efforts of several local and regional organizations that are doing great work and interested in expanding their care footprint in Big Sky; we would build off of the core competencies of these organizations to tighten the net of interdependence. We envision a cross-sector coalition that would reach as many members of the community as possible with effective behavioral health programming and accurate, consistent messaging. Since early



evidence-based preventative programming—particularly in the substance misuse realm—has been used so successfully, heavy emphasis would be placed on these programs.

Organized much like a resource navigator, this entity will work alongside partner organizations to create pathways to care. It will quickly and seamlessly connect individuals with resources, whether that's counseling for a high school student experiencing a mental health crisis, outpatient treatment for a longtime resident struggling with an addiction, behavioral health trainings for businesses on-boarding new employees, or self-care and wellness programming for locals and visitors alike. This work will require highly skilled, experienced staff adept at program development.

Initially, this nonprofit would be housed within an incubator nonprofit to take advantage of local knowledge and defray expenses by using existing infrastructure. After a one-to two-year incubation period, the new nonprofit would be independent and self-sustaining. More details on the launch plan are included in the attached Objective Work Plan.

Once it's off the ground, the nonprofit's staff can build programming geared toward expanding access, engaging with the community, reducing stigma, and recruiting and retaining behavioral health providers. Some of these recommendations might be more appropriate than others and the nonprofit's governance will ultimately guide programming, but we've outlined a handful of initiatives as a starting point for Big Sky's efforts. We've included both "quick-win" initiatives with immediate, measurable impact and long-term goals that will require focused effort over a period of several years.

Below is a sampling of the kinds of initiatives that could be explored:

Building Capacity

A robust set of community-based education, training and support services will be developed to address targeted behavioral health needs. Priorities and solutions will be informed by the experiences of those familiar with an identified need.

Create a facilitator to care so individuals in need of assistance receive compassionate, comprehensive and reliable care that is easy to navigate.

Assemble a group of Big Sky-based co-responders to provide support to individuals in crisis. These individuals

could work alongside law enforcement and fire department personnel in addition to responding to other crisis calls where public safety officials are not involved.

Reintroduce group substance abuse counseling in Big Sky, a program that was overseen by Alcohol and Drug Services of Gallatin County before its funding was discontinued.

Support the development of a Gallatin County detox center so individuals who are misusing substances have a safe place to sober up and get an evaluation from a licensed behavioral health provider.

Explore options to bring a child psychologist to Big Sky to address parents' concerns about anxiety and depression developing in the community's young people.

Convene a roundtable of key informants from other resort communities (e.g. Summit County, CO and Eagle Valley, CO) to learn what's worked for them, explore solutions that might be a good fit for Big Sky, discuss best practices, and evaluate programming efficacy.⁵⁷

Improving Access

Even for those with insurance, paying for mental health services can be an economic hardship, and transportation can also be a limiting factor for those seeking help. Access to services should not be a barrier to those in need and Big Sky employers would benefit by informing their employees of all available resources and how to utilize them.

Create an access or scholarship fund to help cover behavioral health provider fees for those without the economic means to pay for mental health and/or substance use disorder treatment.

Develop a transportation-assistance program so individuals without vehicles of their own have means to access appointments within and outside of Big Sky.

House a therapist in Big Sky School District to facilitate ready access to therapy. Given its enrollment (it's still a class C school), there would likely only be enough demand for a part-time therapist. This grant-supported approach has been successful in the Bozeman school system.⁵⁸

Create a resource guide for employers so they have a clear understanding of available resources to help

struggling employees. One business interviewed has offered to help underwrite the cost of this initiative and suggested that it could be as simple as a magnet or laminated card to post near a timeclock or in business restrooms. It could also be distributed at new hire orientations so employees are well equipped to support themselves and others at times of need.

Develop programming in Spanish or use translators to facilitate access to behavioral health resources for native Spanish speakers. Like a promotores service, this would connect Spanish speakers to behavioral health resources, health education materials and prevention programming.

Expanding Awareness and Community Engagement

Mental health is physical health and the more we can do to destigmatize mental illness, the better off we'll be as a community.

Train employers and employees on behavioral health initiatives. One training would be geared toward managers and human resources personnel and include topics like how to recognize signs of distress and appropriately and compassionately engage with employees in crisis. The other would be integrated into employee orientations and would educate new hires about available resources.

Create event programming to share information about resources and reduce stigma. Such events would provide outlets for engagement outside of drinking establishments and could occur in conjunction with existing events like the Farmers Market and Music in the Mountains, or be independently organized.

Support, develop and promote self-care activities and support groups to encourage wellness and create opportunities for connection. The Big Sky Community Center, slated to open the summer of 2021, is looking very promising in this regard.⁵⁹ It's envisioned as a gathering place for local access to art, culture and environmental education that will support physical and mental health. Behavioral health programming will be an important facet of its operation.

Launch a campaign with the help of local media and other partners to reduce stigma, humanize mental illness and raise awareness of resources.⁶⁰

Design a regular educational series around behavioral health topics to present to and engage with the community. Karl Rosston, Montana's suicide prevention specialist, has already completed some training around behavioral health in the community and has offered to continue doing so, particularly if a sizable turnout can be arranged.

Introduce evidence-based substance abuse interventions in the school system to help prevent substance use disorders from taking root in our community's youth. There are dozens of programs outlined in Communities That Care that have been proven to markedly reduced substance misuse and related threats when implemented well.⁶¹

Provider Recruitment and Retention

Big Sky is an expensive place to live and work. By helping to remove the financial barriers to behavioral health specialists practicing in this community, we can improve the available resources for those in need.

Incentivize behavioral health providers to offer services in the community in this competitive hiring market. Such incentives could include housing, stipends to offset housing expenses, ski passes, competitive pay and benefit packages, subsidies to cover seasonal dips in demand, etc.

Partner with MSU by bringing psychiatric nurse practitioners to the area for clinical assignments. Partnerships with other university programs should be explored as well.

Support the development of a coalition of counselors, psychiatrists, or other behavioral health providers to defray expenses associated with setting up a practice. This model could also use a rotating schedule that would decrease individual commuting commitments for providers based outside of Big Sky while still providing regular behavioral health coverage in Big Sky.

Explore healthcare delivery via telecounseling/telepsychology to circumvent provider recruitment challenges in Big Sky.

Big Sky is not the only resort community that struggles under the dark weight of untreated mental health disorders and widespread substance abuse—but it is behind the curve

in addressing it. Places like Lake Tahoe, Breckenridge and Vail have made honest assessments of the need and are taking great strides to meet it.

Big Sky has a history of working collaboratively to achieve big objectives. It's time for this community to act on its values and create lasting change.

SOURCES

⁵⁷ Colorado's Building Hope Summit County has been a powerful force for good around mountain town behavioral health initiatives. Their leadership has expressed willingness to share what they've learned with the Big Sky community. <https://buildinghopesummit.org/>. Vail's Eagle Valley Behavioral Health has done some promising work as well. <https://www.eaglevalleybh.org/>

⁵⁸ "Bozeman Schools See Results Teaching Kids Social-Emotional Skills" Bozeman Daily Chronicle (August 19, 2019) at https://www.bozemandailychronicle.com/news/education/bozeman-schools-see-results-teaching-kids-social-emotional-skills/article_58d88e19-e1db-5b22-8da1-162f87d38a91.html

⁵⁹ Big Sky Community Organization, Sustain the BASE for Higher Peaks, at https://bscomt.org/wp-content/uploads/2019/04/BSCO_MainBrochure_04-2019_WEB.pdf

⁶⁰ Jana Bounds with the Lone Peak Lookout has done some powerful work surrounding suicide awareness and prevention. Building Hope's partnership with Summit Daily is also inspiring. See: <https://www.summitdaily.com/news/faces-of-hope-part-1-frisco-mother-still-coming-to-terms-with-her-sons-2006-suicide/>

⁶¹ "'Communities That Care' Prevention System Helps to Protect Youth," Science Daily (Sept. 13, 2019), at <https://www.sciencedaily.com/releases/2019/09/190913111402.htm>

APPENDIX

APPENDIX

APPENDIX

OBJECTIVE WORK PLAN FOR BIG SKY BEHAVIORAL HEALTH COALITION

The goal of this initiative is to create a behavioral health coalition that is accessible to all who live and work in Big Sky regardless of ability to pay.

Company Davis & Associates

Start Date 3/1/20

ENGAGE WITH THE BIG SKY COMMUNITY

Meet with stakeholders in small groups to share report findings

Hold public meetings to share findings, outline next steps, and engage with future partners

ESTABLISH NON-PROFIT GOVERNANCE AND STRUCTURE

Form an interim advisory council representative of community behavioral health need and service delivery

Establish financial and management structure (bank account, liability)

Form a partnership with Incubator Non-profit to support coalition with shared administrative overhead for 1-2 years

HIRE STAFF

Create a draft job description for Executive Director

Form a hiring committee for Executive Director position

Post Executive Director job description and make a hire

CREATE A BUDGET AND PURSUE FUNDING

Create an annual budget draft

Establish core operational funds

Develop fundraising strategy

Obtain a SAM (System for Award Management) registration to pursue federal grants

Pursue local funding

Start legal 501(c)3 application to seek grant funding

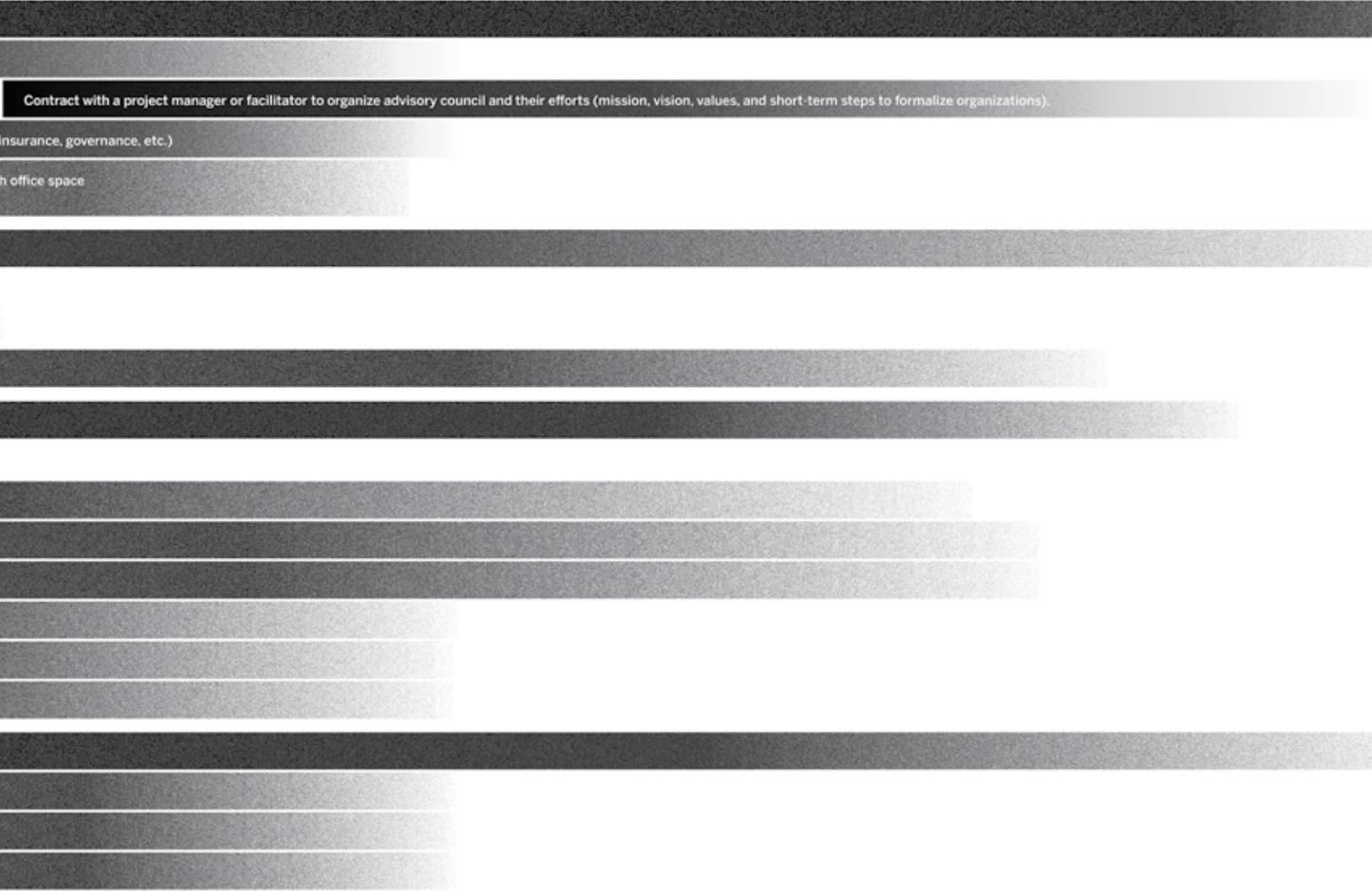
Hire a grantwriter to pursue federal grants and funding from national foundations

DEVELOP COMMUNICATION STRATEGY

Create a marketing and outreach plan

Create a website

Create resource guide for local organizations



Contract with a project manager or facilitator to organize advisory council and their efforts (mission, vision, values, and short-term steps to formalize organizations).

insurance, governance, etc.)

in office space

DEVELOP PROGRAMMATIC PRIORITIES

Launch campaign to humanize mental illness and raise awareness of available resources

Create work groups consisting of "front-line" stakeholders based on identified behavioral health priorities

Identify "quick win" goals for each work group that are achievable, tangible and measurable initiatives (i.e. programs, events, projects)

Identify mid-term and long-term goals and develop plans and programming around them

Use metrics to evaluate program impact and efficacy

Use this breathing exercise to center yourself. Inhale for five counts, pause, and exhale for five counts. Repeat five times.

