

Yakubovich, Mark

To: Lindsay, Susie
Subject: RE: Senator Pope and Rep Fern comments

From: "Fern, Dave" <Dave.Fern@legmt.gov>
Date: July 31, 2024 at 7:09:24 PM AKDT
To: "Pope, Christopher" <Christopher.Pope@legmt.gov>, "Boldman, Ellie" <Ellie.Boldman@legmt.gov>
Subject: Re: Dave and Ellie: Recommendation 18

I think we need to bundle the recommendations and prioritize so we do not cut off the legs of an initiative that takes in two or three recommendation to result in maximum effectiveness. I've asked the Dept. that we get clarity on Sen. Mercer's comments, presumptions that perhaps we have adequate coverage in the schools (we don't).

Overall, I appreciated the discussion.

I'm kind of all in on everything and I dislike a situation like my days on school board when we tried to prioritize goals within a strategic plan, and very valid inputs fell off the cliff.

I think it will come down to best guesstimates within the context of some dynamic fiscal notes that might predict savings for best practices. Should we take on 41 million dollars of new spending with a bucketful of federal dollars leveraged? What can we afford in the future? Other revenue pressures for K-12, state employee pay etc

Alaska awaits you.

Aug 8 will be good!

DF

From: Pope, Christopher <Christopher.Pope@legmt.gov>
Sent: Wednesday, July 31, 2024 2:08 PM
To: Fern, Dave <Dave.Fern@legmt.gov>; Boldman, Ellie <Ellie.Boldman@legmt.gov>
Subject: Dave and Ellie: Recommendation 18

Hi Dave And Ellie,

Hope you guys are doing well!

I wanted to let you know that yesterday I met with Laura Larsson, PhD, at the College of Nursing at Montana State University. Laura runs a program called Caring for Our Own, and at our joint committee meeting last week was an advocate in Public Comment for

the implementation of Recommendation #18 in the Behavioral Health Commissions initiatives report.

While Laura's program would not directly benefit financially from Recommendation 18 [her program is largely grant-funded], she notes that Recommendation #18 would strategically strengthen and amplify her department's mission: providing primary care to communities through the school districts, most notably in tribal communities across the state [see attachment.]

I have also added her comments, below, from an email I received this morning [in blue.] Laura makes a strong case that Recommendation #18 will augment, and not duplicate, the CSCT program already in place [contrary to a comment made by a legislator in last week's hearing] by providing earlier universal instruction and intermittent intervention for school kids ages 0 to 5...before the onset of more serious healthcare conditions in older students that are currently being handled through the CSCT program. Catching health issues sooner results in less expensive interventions later, and puts students on a wellness track that studies show benefit educational and developmental outcomes in student populations.

I wanted to reach out because I'm about to climb on a plane with Maddy to see Kodiak bears in Alaska 😊, returning August 10. My concern is that I won't be around to help lead a discussion on Recommendation 18 — I believe the Commission next meets on August 8?

Feel free to call — I'll be around this afternoon, and in a limited way tomorrow and Friday [in airports], but then I go fully off-line, no cell, etc.

I'd love to get a sense of when these various recommendations are going to be formally vetted/prioritized/narrowed by the Commission. Will there any additional opportunities for Laura to make her case about how important #18 could be to addressing preventable disease in schools before kids need more significant intervention?

I'll leave Laura's contact information here, as well — feel free to reach out to her if you wish, I'm sure she'd appreciate it. Otherwise, I'll pick up on this when I get back.

Sorry — realize I've thrown a lot of info into this email. By the time I get back, the opportunity for additional discussion on these recommendations may have passed!

All the best,

Chris

".....we are so passionate about early intervention and investing in school-based health centers as two approaches to addressing the behavioral health challenges we face in Montana. I would like to summarize our visit today with three main points and will start from the most acute (Tier 3) and work backwards to the most universal (Tier 1).

- 1. Tier 3 is crisis care and includes Comprehensive School and Community Treatment (CSCT). Funding CSCT is important but it can't help reduce the numbers of Montanans newly diagnosed with a behavioral health challenge.***
- 2. Tier 1, focused on early education, and Tier 2, focused on early intervention can help reduce the number of Montanans who ever need 1:1 treatment and can reduce the negative impacts of behavioral health diagnoses.***
- 3. Primary care providers, who are also the bedrock of school-based centers, are the main workforce involved in addressing behavioral health today in Montana. Primary care providers help mitigate the shortage of mental health specialists and are credited with treating more than half of the Medicaid panel who received behavioral healthcare in 2022.***

Our goal is to help move from an over-dependence on crisis care to an integrated, upstream model of early education and intervention with Montana's youngest learners—in the school systems. This goal is the focus of recommendation #18."

*Laura Larsson, PhD, MPH, Rn, FAAN
Professor and Director, Caring for our Own Program*

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Montana State University*

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Anxiety over CSCT change persists
montanafreepress.org

MTSS Tiered Integration	Social-Emotional Learning (SEL)	Behavioral/ Mental Health	Physical Health	Positive Behavioral Interventions & Supports (PBIS)	Restorative Practices
TIER 3	<ul style="list-style-type: none"> Individual Social Skills Instruction School-home partnership enhanced Mentor based program 	<ul style="list-style-type: none"> Crisis Counseling Individual support instructions Wraparound services 	<ul style="list-style-type: none"> Crisis Supports Meds and screenings for ADHD Stitches Wraparound (housing, food security, basic need supports) 	<ul style="list-style-type: none"> Individual planning 	<ul style="list-style-type: none"> Alternatives Suspension Family group Discussions Return suspension Re-entry Wraparound
TIER 2	<ul style="list-style-type: none"> Targeted social skills instruction Referral process Progress Monitoring Support groups 	<ul style="list-style-type: none"> Group Counseling and/or support groups Coordinated referral process/progress monitoring 	<ul style="list-style-type: none"> Dental: x-rays, cavities, sealants Addressing aches, infections Same-day appointments A1c, diet, lifestyle? 	<ul style="list-style-type: none"> Check-In/Check-Out Social/academic instructional Groups 	<ul style="list-style-type: none"> Peer mediation Conflict resolution Discussions Social skills Mentoring Conferences Problem-solving circles
TIER 1	<ul style="list-style-type: none"> SEL Curriculum School climate assessment Wellness screenings Trauma-Informed Practices Self-regulation Equity 	<ul style="list-style-type: none"> Mental health screening Prevention/Wellness promotion Brain health education 	<ul style="list-style-type: none"> Well Child Checks BMI, BP, HR Immunizations Sports Physicals STD checks Dental screenings 	<ul style="list-style-type: none"> School-wide behavior expectations Positive behavior acknowledgment Data planning 	<ul style="list-style-type: none"> Alternatives Disciplinary Define expectations Establish consequences system Acknowledgment Collect data Equity Circles

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