

THE MONTANA  
HEALTHCARE  
FOUNDATION'S

FIRST **5**

YEARS



MTHCF.ORG



MONTANA  
HEALTHCARE  
FOUNDATION



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## OUR VALUES

### INTEGRITY

We are honest and principled, both in our stewardship of the MHC Trust and in our interactions with grantees, partners, and other stakeholders.

### ENGAGEMENT

We ground our strategy and programming in community engagement and emphasize strong and enduring partnerships with individuals, organizations, agencies, and other funders.

### EMPATHY

We understand that social and economic circumstances can create opportunities as well as barriers to health, so we elevate the concerns and priorities of at-risk populations.

### KNOWLEDGE

We rely on our professional expertise and community-based data to make productive, strategic investments that improve health.

### INNOVATION

We catalyze significant health improvement by bringing new and innovative ideas to fruition, and we encourage our grantees and partners to do the same.

### IMPACT

We pursue programming that has a measurable effect on health and the determinants of health. We maximize our impact through evaluation, learning from our successes and failures, and improving the quality and effectiveness of our programs.

### TRANSPARENCY

We are open, consistent, and clear about how we make decisions and manage the Foundation.



# 5 Years of Impact.



CHARITABLE PURPOSE

▶ **THE MONTANA HEALTHCARE FOUNDATION MAKES STRATEGIC INVESTMENTS TO IMPROVE THE HEALTH AND WELL-BEING OF ALL MONTANANS.**

MHCF contributes to a measurably healthier state by supporting access to quality and affordable health services, conducting evidence-driven research and analysis, and addressing the upstream influences on health and illness.

At the Montana Healthcare Foundation, we provide funding and leadership to tackle Montana's toughest health problems. Like many foundations, we make grants; but our approach goes far beyond traditional grantmaking. We bring creativity, discipline, and strategic expertise to the job of improving Montanans' health. For example, we:

- ▶ Convene communities and leaders to find and implement new solutions to persistent health problems.
- ▶ Provide technical assistance to help clinics, health departments, and community-based organizations transform their services or create new ones.
- ▶ Catalyze new business partnerships that help communities use limited staff and funding more effectively.
- ▶ Use rigorous research to find proven programs from other states and put our capital to work to bring those solutions to Montana.

## CHARITABLE PROGRAMMING

DIRECT PROGRAMS –AND– GRANT PROGRAMS



**TOGETHER WITH TALENTED PARTNERS AROUND THE STATE, WE'RE TRANSFORMING HEALTH AND HEALTH CARE AND MEASURABLY IMPROVING THE HEALTH OF MONTANANS.**

Montana is a unique state. Wide-open spaces often separate friends, neighbors, and leaders in our frontier communities. We make up for the distance with an exceptional commitment to coming together, rolling up our sleeves, and working side by side to solve problems. With this kind of energy, it's easy to see why we've made so much progress in our first five years. We'll give you a bird's eye view of the challenges we've taken on and the progress we're making. Remember that every good outcome we talk about in the following pages owes its success to a group of Montanans who came together around a new solution.

2019 marked our fifth year of providing strategic investments to improve the health and well-being of Montanans. This report summarizes our programmatic work over our first five years.

# Key Milestones



## 2013

The Montana Healthcare Foundation was created. We are the state's largest health-focused, private, nonprofit foundation. As a permanent foundation, we spend the income from trust investments so we can serve as a stable and reliable resource for improving health in the state.

The Montana Healthcare Foundation was created as a result of the sale of Blue Cross Blue Shield of Montana. By state law, the assets from this sale were transferred to a charitable trust to be managed for public benefit.

### PROGRAMMING SNAPSHOT

In our first five years of programming, we:

Reached **53** of Montana's **56 counties**, and every American Indian tribe and urban Indian health center

Funded **434** grants and contracts with **\$24.8 MILLION**



## 2014

Attorney General Tim Fox led a statewide search to establish our Board of Trustees. In December, we gave out our first grant of \$1.3 million to the Montana Department of Public Health and Human Services to support county and tribal public health departments.



## 2015

**WE BEGAN OUR FIRST FULL YEAR OF PROGRAMMING.** After spending countless hours learning about Montana's most pressing health and system challenges, we decided to focus on four broad areas: American Indian health, behavioral health (including mental illness and substance use disorders), public health, and health partnerships. We began providing grants, technical assistance, and other resources for organizations working in these areas.



## 2016

Based on our research of proven programs nationally and our understanding of what would work well in Montana, we introduced our first strategic initiative focused on providing behavioral health services in primary care practices.



## 2018

We developed strategic initiatives to bring proven solutions to high-priority health issues like American Indian health, substance use disorder prevention and treatment, Medicaid and health policy, and permanent supportive housing. These initiatives support programming that addresses specific health and health system issues in a structured, data-driven way.



## 2019

We took the time to review the progress we've made over our first five years of programming. What we learned will inform and help guide our plans for 2020 and beyond.

In our first five years of programming, we: leveraged our resources to bring **\$54.3 million** of federal and private funds into the state.

Annual Totals	2014	2015	2016	2017	2018	2019
Funding Amount	\$1.3M	\$1.9M	\$2.9M	\$4.6M	\$6.7M	\$7.4M
Number of Grants & Contracts	1	39	47	74	142	131
Outside Funds Brought into MT	---	---	\$2.8M	\$9.7M	\$27M	\$14.7M



FOCUS  
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# American Indian Health

**SUPPORTING AMERICAN  
INDIAN-LED SOLUTIONS.**

American Indian tribes have built some of the highest-performing, most effective health systems in the United States. We support American Indian-led solutions, and we build all our strategies and programs in partnership with tribes, urban Indian health centers, and American Indian-led organizations.

In collaboration with tribes and urban Indian health centers, we developed three strategic initiatives:

- 1 SUPPORTING AMERICAN INDIAN HEALTH GOVERNANCE AND LEADERSHIP**
- 2 STRENGTHENING AMERICAN INDIAN HEALTH SERVICES**
- 3 REDUCING AMERICAN INDIAN HEALTH DISPARITIES**

**TO ADVANCE AMERICAN  
INDIAN-LED SOLUTIONS IN  
MONTANA, WE HAVE:**

Funded **100 grants**  
and **contracts** with

**\$4.5  
MILLION**

Provided grants and technical assistance to every American Indian tribe and urban Indian health center in the state

Organized or **supported 25 meetings and events** of tribal and urban Indian health leaders and communities to facilitate collaboration and solve key health challenges

Leveraged our resources to help secure

**\$21 MIL**  
in federal and private funds



# Supporting American Indian Health Governance and Leadership

Developing a platform for American Indian health leadership to come together and establish plans for improving the health of their communities.

In the past, tribal and urban Indian health leaders in Montana had few opportunities to meet, learn from each other, and collaborate.

At their request, in 2016 we began organizing quarterly meetings of the tribal health and urban Indian health center directors. **THIS GROUP HAS BECOME KNOWN AS THE AMERICAN INDIAN HEALTH LEADERS.**

The American Indian Health Leaders group provides the first regular forum for collaboration among tribal health leadership, urban Indian health centers, the Montana Department of Public Health and Human Services, and other health system partners.

“ This group has helped bring American Indian health leaders from across the state together in a way that hasn’t happened before. These meetings help us talk with one another, build relationships, and collaborate. Leading urban and tribal health centers is a challenging job, and these meetings provide support and guidance.”



» **TODD WILSON**

American Indian Health Leaders Chair and Helena Indian Alliance Executive Director



First meeting of the American Indian Health Leaders, March 2016.

## THROUGH THIS COLLABORATION, THE AMERICAN INDIAN HEALTH LEADERS HAVE SUPPORTED DISCUSSIONS THAT CONTRIBUTED TO:

- ▶ Montana Governor Bullock’s executive order to establish the Office of American Indian Health
- ▶ The development of a statewide Native Youth Suicide Prevention Coalition and Zero Suicide Initiative
- ▶ Effective engagement in Medicaid expansion reauthorization deliberations during the 2019 state legislative session
- ▶ Opportunities for tribes to take part in federal funding opportunities, such as opioid prevention and treatment grants



# Strengthening American Indian Health Services

Strengthening health services, so American Indian people in Montana have access to stable, high-quality, and American Indian-led health care.

## 25 PROJECTS

We have supported 25 projects to develop new, financially sustainable, American Indian-led health services.



In this initiative, we help tribes and urban Indian health centers build and strengthen their health programs. We also focus on helping develop stable revenue and strong business operations so that these programs can grow and thrive beyond our grant and provide a long-lasting benefit to the community.

Here are some examples of new projects:

### 1 BLACKFEET NATION

- Built a new school-based health center serving more than 1,000 children and expanding to the Heart Butte community.
- The health center is self-sustaining after the grant, with \$4 million in revenue from insurance reimbursement over the last two years.

### 2 FORT BELKNAP INDIAN COMMUNITY

- Created a new diabetes treatment program providing primary care and diabetes management to Fort Belknap patients.
- Established a centralized billing department that now supports the diabetes treatment program along with other longstanding services – such as public health nursing and substance use disorder treatment services – through \$1.4 million in revenue from insurance reimbursement.

### 3 BILLINGS URBAN INDIAN HEALTH AND WELLNESS CENTER

- Re-opened in a new office in Billings with a new, comprehensive mission.
- Plan to provide primary care for the first time and will sustain the new service through insurance reimbursement.

### 4 MISSOULA URBAN INDIAN HEALTH AND WELLNESS CENTER

- Providing primary care for the first time and sustaining the new service through insurance reimbursement.



# Reducing American Indian Health Disparities

Improving health and well-being and reducing disparities in health and life expectancy among American Indian people in Montana.

## T-HIP



### First-of-its-kind opportunity

for tribes to receive Medicaid funding to design and deliver culturally based wellness and disease prevention programs.

With our grant funding, the Fort Peck Tribes Health Promotion Disease Prevention Program was able to expand and improve their new T-HIP initiative to **improve childhood nutrition and fitness** and counter the effects of the food desert in its community.

American Indian people in Montana experience higher rates of many illnesses and die 18 years earlier, on average, than non-Native Montanans. These statistics represent severe and longstanding inequities, yet historically, the funding for wellness and disease prevention programming has met only a tiny fraction of the need.

The Tribal Health Improvement Program (T-HIP) is a groundbreaking new opportunity the state of Montana worked with tribes to create in 2017. It allows tribes to receive Medicaid funding for designing and delivering culturally based wellness and disease prevention programs to their communities.

T-HIP offers an unprecedented opportunity to focus on wellness and disease prevention. It does this by enabling tribes to build robust disease prevention programs and address barriers to health such as trauma, unemployment, poor-quality housing, and lack of access to healthful foods. Establishing effective T-HIP projects will need successful planning, careful evaluation, and stable and disciplined program development work over many years.

Tribes are doing most of this work on their own. We play a supporting role by providing technical assistance from our staff and consultants. We also organize meetings for T-HIP staff from around the state and give grants to jumpstart planning and implementation.



*“Behavioral health” is the term used to describe mental illness and substance use disorders and the fields of health care that address them.*



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# Behavioral Health

**PROVIDING LEADERSHIP TO BUILD A STRONG CONTINUUM OF CARE.**

In this focus area, we seek to prevent mental illness and substance use disorders and ensure prompt, early diagnosis, and effective treatment for people affected by these illnesses. Addressing behavioral health problems is a top priority for Montana communities. Historically, there has been a severe shortage of prevention and specialty treatment options available, especially in remote rural areas.

The initiatives we developed as part of our work in behavioral health include:

- 1 **INTEGRATED BEHAVIORAL HEALTH**
- 2 **THE MEADOWLARK INITIATIVE**
- 3 **SUBSTANCE USE DISORDER PREVENTION AND TREATMENT**
- 4 **BEHAVIORAL HEALTH LEADERSHIP**

**IN OUR FIRST FIVE YEARS, WE INCREASED ACCESS TO EFFECTIVE PREVENTION PROGRAMS AND EARLY DIAGNOSIS AND TREATMENT BY:**

Funding **193**  
grants and contracts with  
**\$11.4**  
**MILLION**

Convening discussions and producing reports that helped guide the state's approach to transforming prevention and treatment for behavioral health issues

Leveraging our resources to help secure

**\$28.6**  
**MILLION**  
in federal and private grants



# Integrated Behavioral Health

Improving health outcomes and reducing related costs through the widespread implementation of integrated behavioral health in primary care.

*“Integrated behavioral health” means providing primary care and behavioral health services together in the same place and at the same time.*

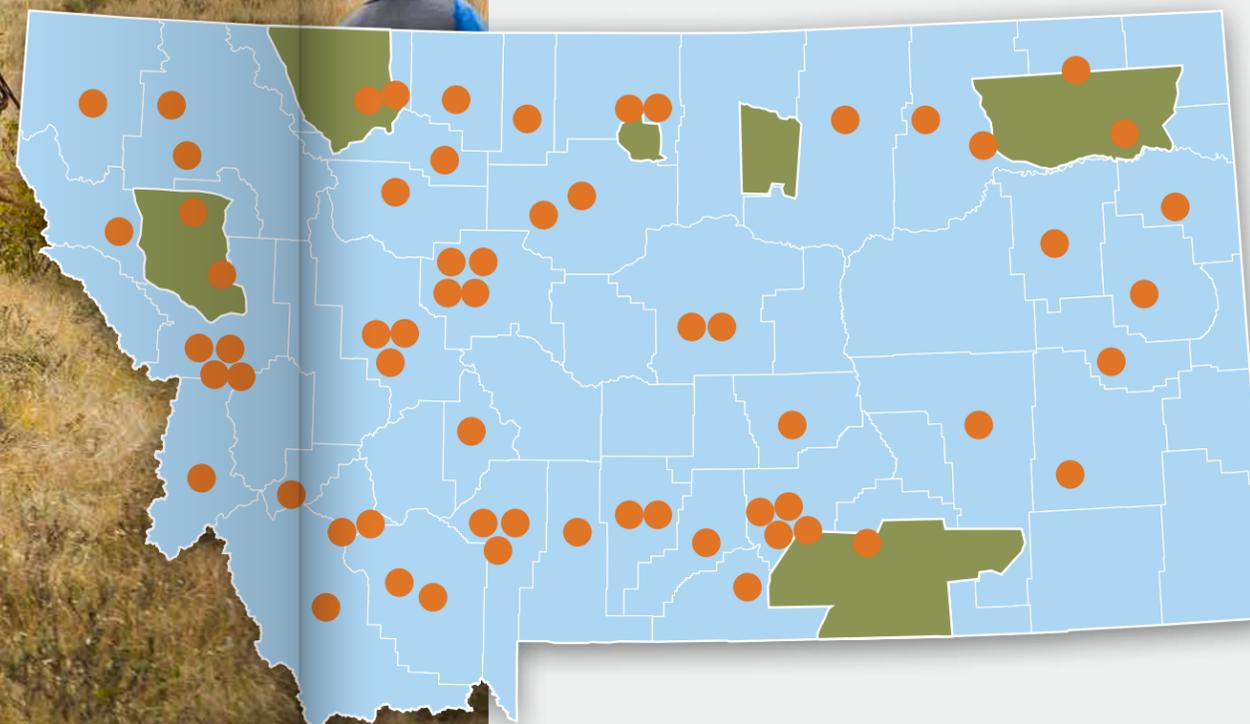
## The Integrated Behavioral Health Initiative is transforming the standard of care for primary care providers and patients in

**Montana.** Behavioral health issues such as mental illness and substance use disorders are among the leading health concerns in Montana communities. But, until recently, few primary care practices were able to identify and treat these issues.

Primary care works best when it focuses on the whole person. The integrated behavioral health model of care starts with screening for behavioral health problems during primary care appointments. Then, patients receive immediate care for common issues like depression, anxiety, and substance misuse as part of the same meeting. The model also includes care coordination to help address barriers that can make it harder to get well, like poor housing, hunger, and lack of transportation.

Studies show this model of care improves outcomes for illnesses ranging from diabetes to depression. It reduces health care costs too because early diagnosis and treatment can help lower the chances of a medical emergency down the road. And it helps make sure specialty behavioral health services, which are in short supply in Montana, are available to those who need them most.

## This initiative has helped integrate behavioral health services into **62 primary care settings:**



- » 10 of the 11 large hospitals
- » All 14 federally qualified health centers
- » 32 of the 48 critical access hospitals
- » 2 of the 7 tribal health departments
- » 4 of the 5 urban Indian health centers
- » In total, 64% of Medicaid patients now receive care in primary care clinics that are implementing integrated behavioral health



# The Meadowlark Initiative

Integrating prenatal care and behavioral health to improve maternal and neonatal outcomes.



Substance use disorders and mental health issues such as depression and anxiety affect thousands of pregnant women and their babies in Montana each year. These illnesses cross all demographics and often go unnoticed and untreated. Unfortunately, the problem is on the rise and contributes to poor health outcomes for many families. Montana now has among the highest rates of foster care placement in the nation.

Based on research and examples from other states, implementing a supportive, team-based approach to prenatal and postpartum care, along with better coordination between health care providers and social service agencies, offers a powerful way to improve these outcomes.



The Meadowlark Initiative brings together clinical and community teams to:

- 1 **PROVIDE THE RIGHT CARE AT THE RIGHT TIME FOR PATIENTS AND THEIR FAMILIES**
- 2 **IMPROVE MATERNAL AND FAMILY OUTCOMES**
- 3 **REDUCE NEWBORN DRUG EXPOSURE, NEONATAL ABSTINENCE SYNDROME, AND PERINATAL COMPLICATIONS**
- 4 **KEEP FAMILIES TOGETHER AND CHILDREN OUT OF FOSTER CARE**



**THE MEADOWLARK INITIATIVE IS A UNIQUE, PUBLIC-PRIVATE PARTNERSHIP BETWEEN THE MONTANA HEALTHCARE FOUNDATION AND THE MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES. THROUGH THIS INITIATIVE, THE PARTNERS:**

- ▶ Created a cohort of **11 prenatal care practices** that are now offering Meadowlark services
- ▶ Organized **2 conferences** to promote statewide action

▶ Secured a **\$3.2 MILLION** federal grant to support the initiative



# Substance Use Disorder Prevention and Treatment

Strengthening prevention, early diagnosis, and prompt access to effective treatment for substance use disorders.

Funded more than **70**  
**health providers**

to establish **substance use disorder** screening and treatment **services**.



Substance use disorders—often referred to as addiction or substance abuse—can be devastating for patients and their families. They also lead to high demands on health care, criminal justice, and social service systems in many Montana communities. In a 2017 report, we found that Montana’s health care system was not adequately addressing this issue: only 6% of Montanans with a substance use disorder were receiving treatment. And the state had one of the nation’s lowest rates of medication-assisted treatment for opioid addiction.

In partnership with state, tribal, and local agencies, we announced a multiyear commitment to address this problem and developed a report<sup>1</sup> and roadmap<sup>2</sup> for improving substance use disorder prevention and treatment. In collaboration with our partners, we are:

## ▶ INCREASING ACCESS TO TIMELY, EFFECTIVE TREATMENT BY:

- Funding more than **70 health providers** to establish substance use disorder screening and treatment services.
- Helping **double** the number of specialty providers in the state and **quadruple** the number of providers able to treat opioid use disorders.

## ▶ INVESTING IN PREVENTION by helping **9 communities and 3 tribes** implement a highly effective prevention program called Communities That Care.

## ▶ BUILDING A STRONGER CONTINUUM OF CARE BY:

- Helping increase statewide access to peer recovery support by convening state leaders and implementing innovative pilot programs.
- Helping primary care and prenatal care providers identify and treat substance use disorders.

## ▶ FOSTERING INTER-AGENCY COORDINATION by helping **8 communities** redesign their behavioral health crisis systems.

## ▶ USING EXISTING RESOURCES MORE EFFECTIVELY by developing a roadmap and then supporting the implementation of **7 treatment courts** through leveraging federal grants.

<sup>1</sup> Report: Medicaid’s Role in the Delivery and Payment of Substance Use Disorder Services in Montana ([mthcf.org/resources/medicaids-role-in-the-delivery-and-payment-of-substance-use-disorders](http://mthcf.org/resources/medicaids-role-in-the-delivery-and-payment-of-substance-use-disorders))

<sup>2</sup> Roadmap: Opportunities for Action on Substance Use Disorders in Montana ([mthcf.org/resources/opportunities-for-action-on-sud-in-montana](http://mthcf.org/resources/opportunities-for-action-on-sud-in-montana))



# Behavioral Health Leadership

Strengthening Montana's behavioral health system by supporting a new organization to unite providers, guide state policy, implement new initiatives, and promote best practices.

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Behavioral health providers face economic, regulatory, and workforce challenges in a rapidly evolving health care environment. They are also responsible for serving patients who are among the most vulnerable and complex in Montana.

Historically, these providers had few opportunities to meet, learn from each other and collaborate. With these challenges in mind, in 2016 we convened stakeholders and facilitated a planning process to establish a new organization that would work to strengthen the behavioral health system.

## **The Behavioral Health Alliance of Montana (BHAM) has emerged as a powerful, constructive voice for behavioral health in Montana.**

Since its establishment, BHAM has provided effective advocacy in response to the recent state budget cuts, developed a strategic plan, grown its membership and revenues, and begun serving as a source for innovative solutions to urgent behavioral health challenges.

**More information is available at**  
[www.montanabehavioralhealth.org](http://www.montanabehavioralhealth.org).





# Partnerships for Better Health

**SUPPORTING NEW PARTNERSHIPS  
AND INNOVATIVE STRATEGIES THAT  
IMPROVE HEALTH OUTCOMES AND  
REDUCE COSTS.**

In this focus area, we support projects that create new partnerships and take a creative approach to addressing significant health challenges. Many of these projects come in through our annual open call for proposals. This strategy helps us discover innovative ideas that have the potential for replication across the state. Examples of these projects include:

## ► **Care management for complex patients**

Partnership Health Center created a care management program for its patients with complex needs. By providing care for its patients' medical, behavioral, and social needs, the health center reduced the number of emergency room visits and inpatient stays and increased self-efficacy among patients. The success of this program prompted Montana Medicaid to create a new way to reimburse community health centers interested in replicating the model.

## ► **School-based health care**

Bighorn Valley Health Center partnered with St. Labre Indian School to create a new health center on the school campus in Ashland, Montana. The health center provides medical and behavioral health services for students, the school's staff and teachers, and members of the local community. The health center opened in 2016. The following year, the clinic had more than 1,300 visits, and 70% of patients received depression screenings.

## ► **Home-based care by specially trained paramedics**

Glacier County Emergency Medical Services started the state's first community paramedicine program. The program trained paramedics to provide a range of home-based health care. The idea was to help patients avoid going to the emergency room if they didn't have to and to give them the support they needed to stay out of the hospital. Based on this pilot, the Montana Department of Public Health and Human Services created a framework and proposed legislation to support using this model statewide.



## ► **Cavity prevention for kids**

Sprout Oral Health created a new program that trained school nurses to administer fluoride varnish to kids. To date, the project has trained 36 school and public health nurses. Qualified nurses are implementing the project in 18 schools across the state. And 200 kids who were most at risk for getting cavities have already received no-cost fluoride varnish.





# Housing Is Health Care

Creating supportive housing projects to improve health outcomes and reduce the use of emergency services and corrections resources.

## Supportive housing

pairs **affordable housing** with **supportive services** like:

- health care
- case management
- employment help
- and other social services



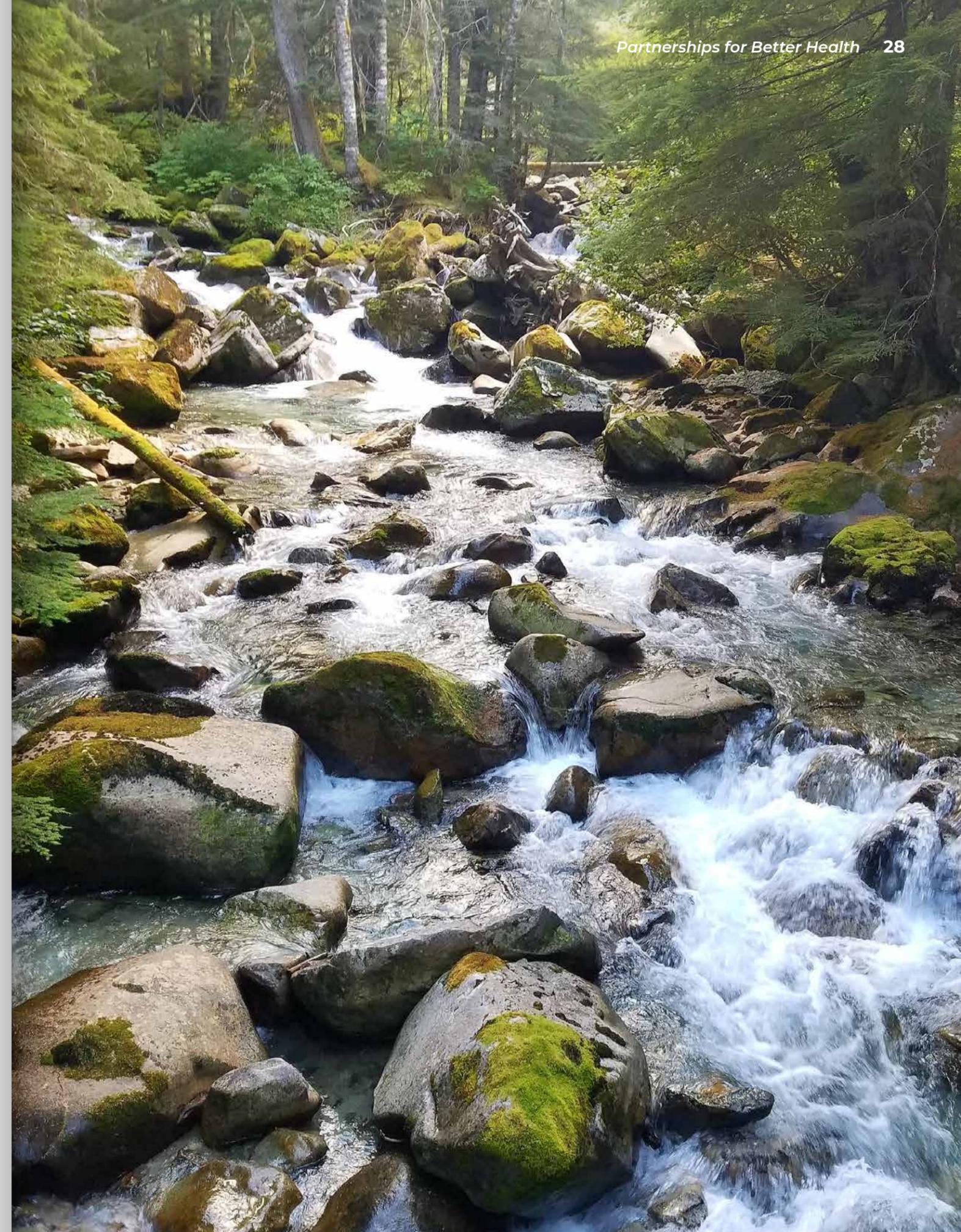
Roughly 5% of patients account for 50% of health care costs.

These patients have high health care costs because they have complex medical conditions and are often in and out of the hospital and emergency room. Some have untreated mental illnesses and substance use disorders, which make getting and staying well more difficult. All too often, these vulnerable patients don't have stable housing or are homeless, which makes getting healthy extremely hard.

A safe place to live, along with supportive services, not only improves health outcomes but also contains costs by reducing the need for high-cost emergency services.

**We are working with partners in Montana's 7 largest cities and exploring opportunities in American Indian communities to develop permanent supportive housing units.**

These units will provide badly needed housing resources with the support of local hospitals, housing providers, and other key stakeholders.





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# Public Health

**STRENGTHENING MONTANA'S PUBLIC HEALTH SYSTEM BY SUPPORTING LOCAL AND TRIBAL HEALTH DEPARTMENTS.**

County and tribal public health departments work diligently and often behind the scenes to protect and improve the health of Montana communities. Our commitment to strengthening Montana's public health system goes back to the very first grant we ever gave out.

In 2014, we partnered with the Montana Department of Public Health and Human Services through a \$1.3 million grant that supported county and tribal public health departments around Montana to convene community partners, identify key health challenges, and develop collaborative plans to address them.

**To date, we have supported 50 counties and 4 tribes** through board of health trainings, as well as grants and technical support to enable them to complete community health assessments and health improvement plans and implement new programs to address high-priority health issues.

**IN OUR FIRST FIVE YEARS, WE CONTRIBUTED TO NEW PARTNERSHIPS BETWEEN HEALTH DEPARTMENTS, HOSPITALS, AND OTHER COMMUNITY ORGANIZATIONS.**

To date, we have supported

**50**  
**counties**  
and   
**4 Tribes**

through board of health trainings, mini-grants, and technical support.

**\$1.3**  
**MILLION**

was granted to strengthen local and tribal public health agencies by supporting governance training, community health assessments, strategic planning, and program development.



FOCUS  
AREAS

# Medicaid and Health Policy

**PROVIDING DATA, RESEARCH,  
AND POLICY ANALYSIS SO  
MONTANANS CAN REACH  
INFORMED DECISIONS ON  
PROPOSED HEALTH POLICY  
CHANGES.**

State and federal policies have a profound impact on the lives, health, and health care of Montanans. And health expenditures make up a large portion of the state budget. The stakes are high, and the public and policymakers need timely, fact-based policy analyses from a credible source to reach sound decisions on health policy.

We strive to be a trusted, reliable source of high-quality information regarding Medicaid expansion, behavioral health, and other critical health challenges.

\* More details about the reinsurance program can be found at [reinsurance.mt.gov](https://reinsurance.mt.gov).

To date, we have issued **15 reports** to support sound policies on critical issues such as solving Montana's behavioral health challenges, continuing our state's Medicaid expansion, and finding ways to make private health insurance more affordable for individuals.

**Findings in our reports contributed to critically important policy decisions, such as:**

▶ **Reauthorizing Montana's Medicaid expansion in 2019** and reducing the number of beneficiaries likely to lose coverage under the new work requirements

▶ Creating a new reinsurance program\* in 2019, which helped **lower the cost of private health insurance premiums by 12%-15%** that year

▶ **Helping Montana prevent and treat substance use disorders by:**

- Allowing more providers to receive state approval and Medicaid reimbursement
- Expanding access to peer recovery supporters
- Increasing access to medication-assisted treatment for opioid use disorders
- Increasing the state's investment in evidence-based prevention programs



FOCUS AREAS

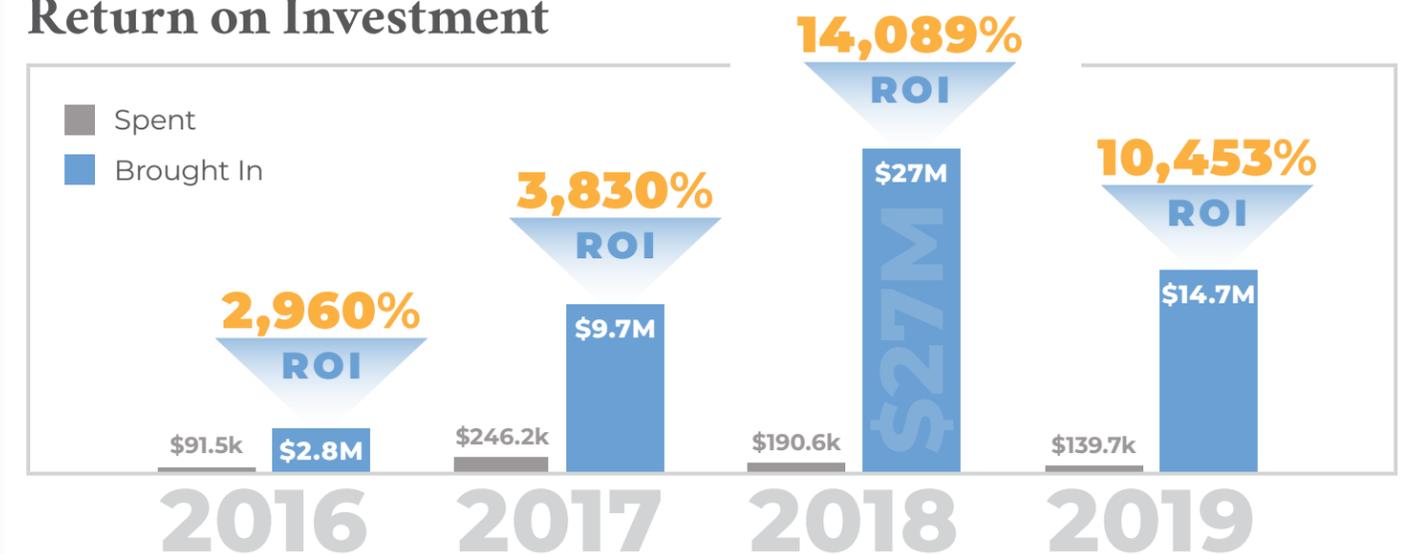
# Capacity

**LEVERAGING OUR EXPERTISE AND RESOURCES TO CREATE A GREATER IMPACT.**

The MHCf annual budget amounts to only a tiny fraction of the total cost of health care in Montana each year—far less than 1%. How do we make sure our funding makes a difference? One way is by leveraging our funds and expertise to bring more funding into the state. We do this through close collaboration with communities around the state.

- ▶ Through our **Grant Application Assistance Initiative**, we help our partners apply for federal, state, and private grants that will advance our work on high-priority health issues.
- ▶ Since we began this work in 2016, we have brought **\$54.3 million** into the state.

## Return on Investment



## Through our **Social Service Nonprofit Capacity Building Initiative**,

we help nonprofit organizations adopt a sustainable approach to meeting community needs, with a focus on finding stable sources of revenue and new partnerships that reduce reliance on uncertain, year-to-year fundraising. Our strategy focuses on helping nonprofit organizations build partnerships with other organizations to help them use staff and funding more effectively, and finding stable sources of revenue, such as billing insurance for their services.



# Board of Trustees



**Michael Harrington** (Chair), Missoula

**Judith LaPan** (Vice-Chair), Sidney

**William Underriner** (Treasurer), Billings

**Paul Cook** (Secretary), Red Lodge

**Joanne Pieper** (Chair 2017-2020), Bozeman

**Denis Prager** (Chair 2014-2017), Clyde Park

**Gerald Gray**, Billings

# Staff



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Chief Executive Officer



**Anna Lange**  
CEO Executive Assistant & Board Liaison



**Melinda Buchheit**  
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**Ted Madden**  
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**Price Klaas**  
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**BaLeigh Harper**  
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**Scott Malloy**  
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**Kelsey Gummer**  
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**Hannah Jacoby**  
Program Assistant



**Tressie White**  
Program Director



**Kassie Runsabove**  
Program Officer



**Ni'Cole Triplett**  
Program Assistant



In our first five years, we've built partnerships with talented, committed people around the state. Through these partnerships, we've helped tribes design and build programs that are already improving health; helped guide and support a large increase in access to prevention and treatment for mental illness and substance use disorders; contributed to a stronger public health system; transformed prenatal and primary care to support "whole person" care in which behavioral health issues are recognized and treated promptly; provided high-quality, trustworthy information to inform critically important decisions on Medicaid and private health insurance; and supported innovative, Montana-grown ideas to meet the needs of communities around our vast, rural state. Being a part of this work is an honor and a privilege for MHCf's staff and Board.

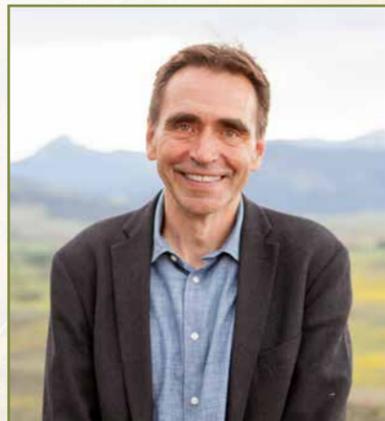
Looking ahead to the coming years, we will approach our work with two basic commitments:

**1) Stability and patience:** None of the health problems we've chosen to work on have a quick fix. Making progress on longstanding challenges such as mental illness, substance use disorders, health disparities in Indian country, and building a strong public health system will require patient, stable commitment over many years. We will continue to invest in these areas for the long haul.

**2) Innovation, adaptation, and continuous improvement:** The staff at MHCf are tirelessly searching for new and more effective solutions. We research effective programs; visit leading organizations around the country, talk with experts and innovators, and learn from our own successes and failures in Montana. We will continue to use everything we learn to improve our current programs and build new ones.

As always, we will continue to focus on collaboration and partnerships. We welcome new ideas and new partners, and we hope we'll have a chance to work with many more of you in the coming years.

Aaron Wernham, CEO



# The Mignon Waterman Award

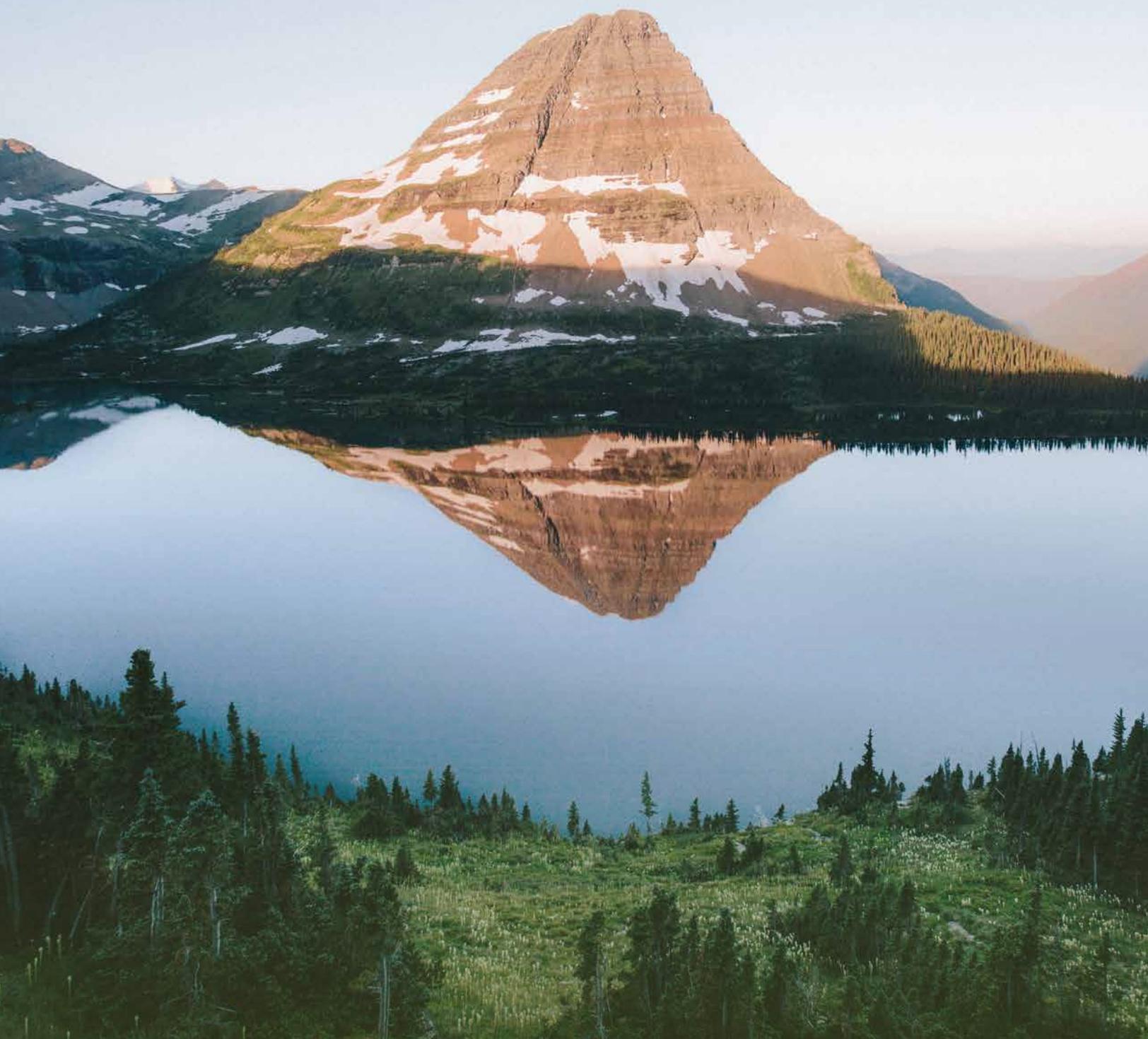
## MIGNON WATERMAN

served as one of our founding trustees and board secretary from 2013 until her death in 2017. As a trustee, Mignon was a passionate and tireless advocate for behavioral health. Her vision, insight, and commitment played an indispensable role in shaping our strategy, investments, and approach to improving the prevention and treatment of behavioral health problems in Montana.

We created the Mignon Waterman Award in honor of Mignon's contributions to strengthening the system of care for people struggling with mental illness and substance use disorders. The Mignon Waterman Award is an annual \$10,000 award that recognizes outstanding innovation and leadership in the behavioral health field.



THE MONTANA HEALTHCARE  
FOUNDATION'S FIRST 5 YEARS



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