



The Montana Healthcare Foundation's 2022 Annual Report highlights our work over the past year. In partnership with nonprofits, health care providers, public health agencies, and Native nations, we seek to address our state's most significant health challenges. Our staff live in and travel to communities across Montana, building relationships and learning about their needs and goals so we can work together to identify solutions.

Beyond making grants, our staff provides leadership, convenes and facilitates discussions among stakeholders, provides technical assistance, researches promising solutions, and fosters new partnerships to improve the health of all Montanans.

The work highlighted in this report is a testament to the tireless work of committed partners across Montana.

> Report design by Kate Purcell www.kpcreativestrategy.com.

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The Montana Healthcare Foundation makes strategic investments to improve the health and well-being of all Montanans. It 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.

Learn more about MHCF





DR. AARON WERNHAM



Our partners' work around Montana this year showcased the commitment and resilience of Montana communities. Montana communities quickly re-engaged both new and longstanding health priorities as the pandemic waned over 2022.

The pandemic and its aftermath have brought youth mental health to the forefront as a critical health challenge in our state. Through the Integrated Behavioral Health and School-based Health Initiatives, we and our partners increased screening, early identification, and whole-person care for youth at higher risk of mental illness and substance use, extending new care to children in rural and urban communities.

Even though Montana's tribal and local public health departments experienced unprecedented challenges and a wave of staff departures during the pandemic, our partners at Montana Public Health Institute report that health departments have quickly pivoted to a range of other important health issues, from preventing mental illness and substance use disorders to responding to opioid overdoses to advancing system improvement projects.

In 2022, we took another important step with Montana communities on a journey "upstream" to address critical influences on health, such as housing and food systems. We made our first program-related investment—an \$800,000 low-interest loan to the Mountain|Plains Regional Native CDFI Coalition to support a successful application for \$45 million in federal funding. This historic opportunity will help coalition members reverse generations of disinvestment and create and expand economic opportunity in Native communities. This first program-related investment represents an important new strategy as we continue to evolve to help address the health needs of community partners around the state.

Read on for highlights and stories about our partners' work throughout Montana in 2022. Our staff and board remain honored and deeply appreciative of the opportunity to partner with Montana communities in this transformative work.





### **Grantmaking Overview**

Since we began our grantmaking and programmatic work in 2014, we have:



# 56 counties

Reached each of Montana's

56 counties and every

Native nation and urban

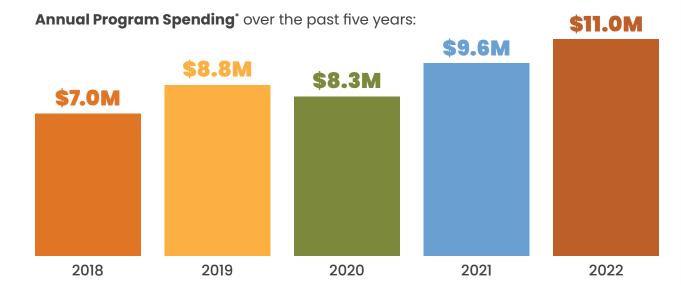
Indian health center



Funded **629 grants** and contracts with **\$42 million** 



Leveraged our resources to bring **\$105 million** of outside federal and private funds into the state



#### \*Based on annual audited financial statements.

### Call for Proposals

### FUNDING INNOVATIVE SOLUTIONS TO LOCAL HEALTH CHALLENGES

Through our annual call for proposals, we offer Montana-based organizations a chance to apply for funding to design and pilot innovative Montana-grown solutions to crucial health challenges that may lie outside our priority areas. The applications we receive help us understand evolving needs and build new partnerships in communities around the state.

In 2022, we funded 13 projects with more than \$400,000 through our call for proposals. These grants support planning and implementation projects that address important health issues, build new partnerships, and have a strong likelihood of ongoing sustainability.

#### \$17.266

### Bitterroot CASA, Inc. Peer Advocate

Peer Advocate Model

### \$25,000

## Butte SPIRIT Center Women's Recovery Home Planning

# **LiveWell49**Financial Sustainability Planning

\$25.000

#### \$25,000

### Montana Human Rights Network

Transgender Community Support & Wellness Project

#### \$48,430

## Montana Office of Public Instruction

Indigenous Foundations in Systems of Education

#### \$20,000

### Roots Family Collaborative

Postpartum Doula Project

#### \$25,000

### Montana Center for Inclusive Edu., MSUB

Planning for the Institute for Neurodiversity and Applied Behavior Analysis

#### \$25,00

### Mountain Home Montana

Improving the Continuum of Care for Indigenous Women and Children

#### \$24,500

### St. John's Lutheran Ministries, LLC

St. John's United Workplace Integrated Behavioral Health Initiative

#### \$25,000

### Montana Legal Services Association

Strategic Planning of Additional Hospital-Based Medical-Legal Partnerships

### \$23,057

### Montana State University

Partnering to Provide Equitable Care to Unhoused Individuals Impacted by Opioid Use Disorder

#### \$95,604

#### Trust Montana, Inc.

Engaging Private Sector Building Industry Professionals in Partnerships to Develop Permanently Affordable Homes





### **Call for Proposals**

### **Project Example**

### **Regional Initiatives in Dental Education**

Montana State University Office of Rural Health and Area Education Center partnered with the University of Washington and other organizations to increase the number of trained oral health professionals in Montana's rural and underserved communities in Montana.

The project, known as Montana Regional Initiative in Dental Education (RIDE), established a dental education program to train dental students through clinical rotations in rural and underserved areas; implemented a coordinated plan for training, recruiting, and supporting the oral health workforce; created interprofessional education programs; and developed a formal network structure.

Montana RIDE successfully placed
University of Washington dental students
in more than 24 clinical rotations across
the state in rural and tribal communities,
including Hardin, Laurel, Scobey, the Crow
and Northern Cheyenne reservations,
and the Blackfeet Indian Health
Service facilities. The project also used
teledentistry to provide education for
students and preceptors and provided
training to students from multiple health
profession backgrounds on a variety of
dental health topics.

Montana RIDE has been proposed to the Montana State University Board of Regents as a permanent program. The project's partners are committed to supporting dental clinical rotations in Montana for University of Washington students.

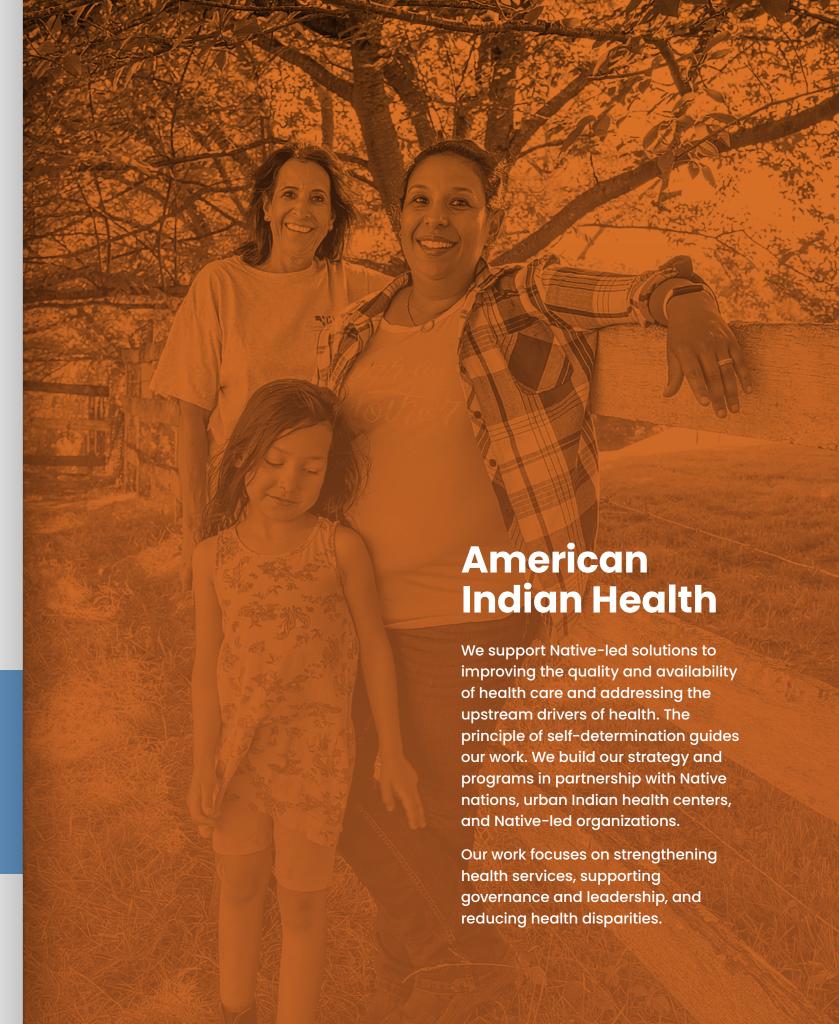


University of Washington dental student Bishoy Galil at Southwest Montana Community Health Center in Butte

For more information on Montana RIDE, visit <a href="https://healthinfo.montana.edu/">https://healthinfo.montana.edu/</a>
workforce-development/ride/index.html



Learn about the annual call for proposals





### STRENGTHENING AMERICAN INDIAN HEALTH SERVICES

### Expanding Access to Stable, High-Quality, Native-Led Public Health and Health Care

We support Native nations and urban Indian health centers to progress toward their vision of a strong health system by building effective health care and public health programs. To ensure these projects endure beyond the end of our grant funding, we provide funding and technical assistance to help build robust business operations and stable revenue sources.

The activities we pursue through this initiative—extensive travel, regular meetings, large convenings, and active listening—are all focused on building enduring relationships.

In 2022, eight projects funded through this initiative were completed. **Listed below are a few of their achievements.** 





Learn more about the Strengthening American Indian Health Services Initiative.

### Fort Belknap Tribal Health's Centralized Billing Capacity Building

Expanded its capacity to bill insurance for health care services by developing a centralized billing department. Third-party reimbursement for health services is essential to building an effective health system. The project helped the health department implement new policies and procedures to support stable revenue generation. As a result, the health department was able to increase billable services by more than \$125,000 annually.

### Helena Indian Alliance's New Clinic Design

Designed an expanded clinic, allowing the urban Indian health center to better integrate physical, behavioral, and dental health care services. With the plans and design in place, it secured funds for the construction costs (about \$1 million) and received construction approvals. Clinic expansion construction began in 2022 and is expected to be completed in 2023.

### Indian Family Health Clinic's Integrated Care

Implemented a plan to begin providing new culturally informed behavioral health services in its clinic. Through the project, the urban Indian health center developed and implemented a strategy and trained its staff on the new protocols. Integrated care is now a self-sustaining part of the Indian Family Health Clinic's care delivery system.







# SUPPORTING AMERICAN INDIAN HEALTH GOVERNANCE & LEADERSHIP

Providing a Platform for Collaboration Among American Indian Health Leaders to Build a Strong and Native-Led Health System

We support the American Indian Health Leaders, a dynamic group of leadership staff from tribal health departments and urban Indian health centers. At their request, we have organized quarterly meetings since 2016.

In addition to facilitating the group's regular convenings, we also support its collaborative priorities, one of the most ambitious and exciting of which is developing a new regional substance use disorder inpatient treatment center for tribal members.



Learn more about the Supporting American Indian Health Governance and Leadership Initiative

### Spotlight

Collaborative Planning for a New Tribal Regional Inpatient
Substance Use Disorder Center

For years, leaders from tribes and tribal health departments have recognized that the lack of Native-led inpatient treatment centers for substance use is an issue and their members would be better served by treatment options that are culturally relevant and closer to home.

In 2022, members of the American Indian Health Leaders made the first tangible steps toward creating a tribal, regional substance use treatment center in Montana. Of the eight Native nations in Montana, six of them passed resolutions supporting continued collaborative planning for the new center.

At the group's direction, the Montana Healthcare Foundation executed a contract with an experienced consultant to support the group in completing the planning process for the new center.



For years, the tribes have discussed how to serve our own. The discussions never got past the talking phase. The American Indian Health Leaders group has taken this important issue and moved it beyond a discussion. We are moving forward with a plan and a working document for the possible construction and implementation of a Montana tribally owned, culturally relevant regional healing center.

Todd J. Wilson | Co-Chair American Indian Health Leaders Co-Chair





#### **American Indian Health**

### REDUCING AMERICAN INDIAN HEALTH DISPARITIES

### Improving Health and Well-Being for Native American People In Montana

Native communities in Montana approach health barriers, such as inadequate housing, food insecurity, and unemployment, with innovation and resilience. In this initiative we:



HELP tribes implement Montana's

Medicaid Tribal Health Improvement

Program, which offers an

unprecedented opportunity for

Native nations to create wellness and
disease prevention programs



### SUPPORT planning and implementation programs

focused on community development and the social determinants of health

### **Project Example**

Supporting Food Security and Food Sovereignty in Indian Country

In 2020, we began funding projects focused on food sovereignty in Indian Country. In 2022, four of the projects led by Native nonprofit organizations closed. In two years, these projects distributed more than one million pounds of food, meeting an acute need as food insecurity increased during the COVID-19 pandemic.

In addition to food distribution, the programs accessed food from local growers and producers; offered cooking and food preservation classes; educated about ancestral food preparation; provided garden boxes to encourage families to grow their own food; trained 42 community food interns in food safety, distribution, and preparation; and offered in-person nutrition workshops and dietician services.



Learn more about the Reducing American Indian Health Disparities Initiative

#### **American Indian Health**

### Spotlight

### People's Partner for Community Development

People's Partner for Community Development is a Native-led nonprofit community development corporation that recently purchased and opened Warrior Grocery.

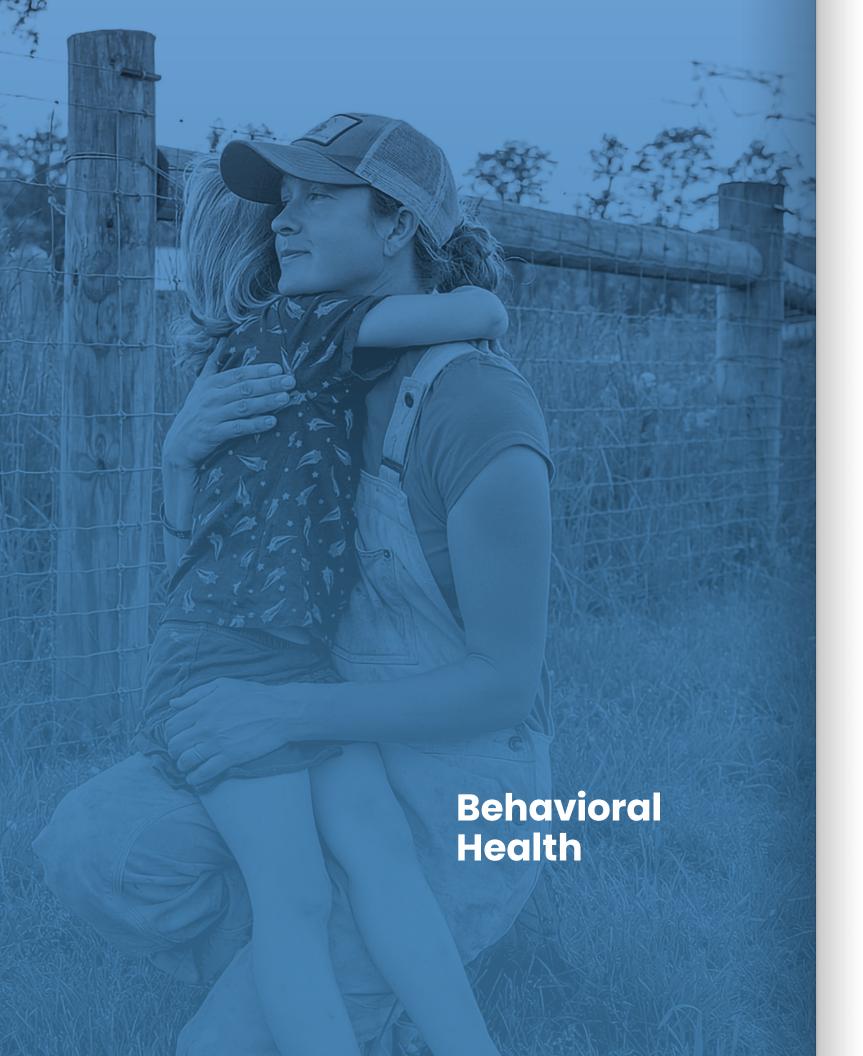
We supported People's Partner in its efforts to build a more robust local food chain for the Northern Cheyenne people by establishing the Warrior Meat Company. This mobile beef processing unit now supplies Warrior Grocery. It makes high-quality, locally produced beef and other foods available to the Northern Cheyenne community closer to home and at lower prices than other stores, and it contributes to employing the more than 20 local residents who now staff this business.

For more information on People's Partner for Community Development, visit **www.peoplespartners.org**.



Sharon Small, Executive Director of People's Partner for Community Development at the Warrior Grocery Store. Photo courtesy of People's Partner for Community Development





## **Integrated Behavioral Health**

## CARING FOR PEOPLE'S PHYSICAL, BEHAVIORAL, AND MENTAL HEALTH NEEDS UNDER ONE ROOF

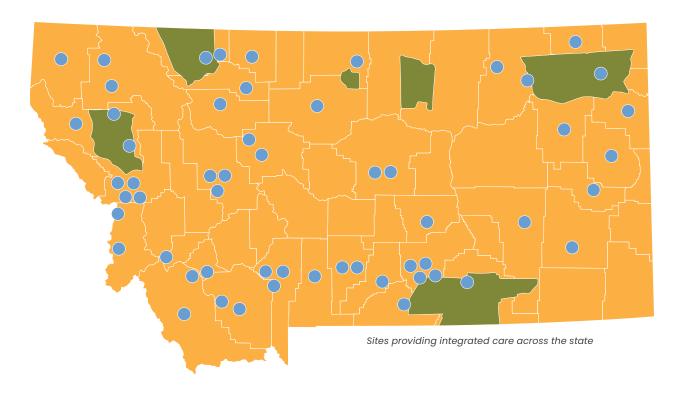
In Montana, primary care providers serve as the first line of treatment for many people with mental illness and substance use disorders. The integrated care model enables primary care providers to offer screening and prompt, effective care for common issues like depression, anxiety, and substance misuse. More severe problems are referred to a behavioral health specialist so the patient can get the care they need right away.

The initiative helped integrate behavioral health services into 66 primary care settings across the state, making integrated care now available in all large hospitals; federally qualified health centers; and a growing number of critical access hospitals, tribal health departments, and urban Indian health centers.

By the end of 2022, nearly 80% of all adult and pediatric Medicaid patients had access to integrated care in an initiativefunded clinic.

80%

of Medicaid patients had access to integrated care





### **Integrated Behavioral Health**

### **Project Example**

Expanding Integrated Care
Into Pediatric Clinics

Youth mental health is a longstanding problem in Montana, with suicide being the second leading cause of death among youth ages 10 to 24. The pandemic and its aftermath have multiplied challenges for children.

We know that families commonly seek treatment for children's mental health issues from primary care providers, so as part of our 2022 strategy, we began supporting integrated care in pediatric clinics. Our first grantee was the Children's Clinic of Billings.

The Children's Clinic of Billings is a physician-owned, independent outpatient pediatric practice that serves more than 12,000 patients

at two locations in Billings. Through
a \$125,000 three-year Montana
Healthcare Foundation grant, the
Children's Clinic is expanding integrated
care into its pediatric services.

To integrate behavioral health services into its primary care practices, the clinic hired a pediatric mental health nurse practitioner who provides medication management for patients with psychiatric diagnoses and consultation with pediatricians for complex cases. The project will also support a pediatric social worker who will enhance the mental health screening process and provide a bridge to care for patients who need to be connected to counselors in the community.

Learn more about the Children's Clinic of Billings at www.childrensclinicofbillings.com

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Learn more about the Integrated Behavioral Health Initiative

### **Integrated Behavioral Health**







### The Meadowlark Initiative®

### INTEGRATING PRENATAL CARE AND BEHAVIORAL HEALTH TO IMPROVE MATERNAL AND NEONATAL OUTCOMES



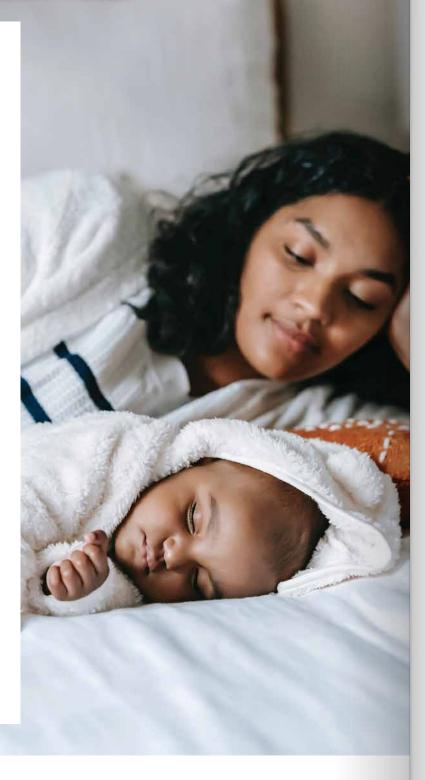
The Meadowlark Initiative® brings a new standard of pregnancy care to Montana by offering routine screening and treatment for mental illness and substance use as part of prenatal and postpartum care.

The initiative brings together a clinical team made up of prenatal care and behavioral health providers, and coordinates community services to provide better care for pregnant women and their families, improve health outcomes, and reduce family separation.

The Meadowlark Initiative® supports services to women in communities with 17 of the state's 26 birthing facilities. Of the 10,000 births in the state each year, 6,000 are supported by care from past or present Meadowlark grantees.



Learn more about
The Meadowlark Initiative®



### The Meadowlark Initiative

### **Spotlight**

### The Importance of Care Coordination

Care coordination plays a critical role in The Meadowlark Initiative® model of care. Issues such as lack of transportation and childcare, domestic violence, and inflexible work schedules can be barriers to attending prenatal care appointments. Moreover, women dealing with mental illness and substance use disorder may be reluctant to seek care because of the stigma attached to these illnesses and past negative experiences seeking care.

Care coordinators proactively and consistently engage patients and families; provide nonjudgmental support; and connect them to community resources that address transportation, housing, food insecurity, home safety, and other barriers to a healthy pregnancy. Providers are more confident in screening all patients because they know they can rely on care coordinators to connect patients to specific and appropriate resources to meet identified needs.

A recent evaluation of The Meadowlark Initiative® found that among practices that implement the Meadowlark model of care—in which care coordinators play an essential role—there was an:

**68% ⇒ 85%** 

INCREASE in the proportion of women receiving adequate prenatal care

**10% → 70%** 

INCREASE in the proportion of sites conducting universal behavioral health screenings

The Meadowlark model of care shows multiple positive impacts on health and social outcomes for moms and families. Care coordination is central to these outcomes.

The Meadowlark Initiative® is a unique public-private partnership between the Montana Healthcare Foundation and the Montana Department of Public Health and Human Services.



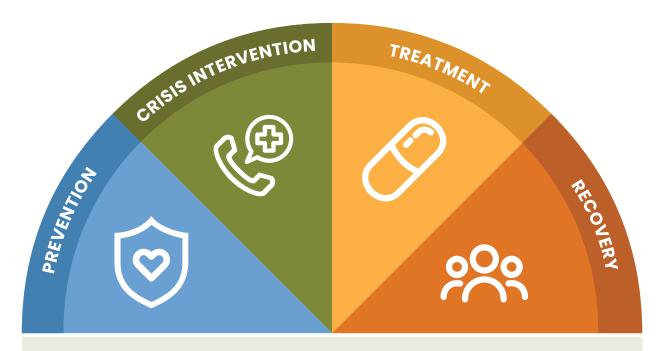


### Behavioral Health Continuum of Care

### STRENGTHENING PREVENTION, EARLY DIAGNOSIS, AND PROMPT ACCESS TO EFFECTIVE BEHAVIORAL HEALTH TREATMENT

We support the complete continuum of behavioral health care by addressing gaps in the prevention and treatment systems.

This illustration shows the behavioral health continuum of care and how we are working with partners throughout the state to support communities in each area.



**BEHAVIORAL HEALTH POLICY & COMMUNICATIONS** 

SUPPORTING BEHAVIORAL HEALTH ADVOCACY

STRENGTHENING THE PRIMARY CARE SYSTEM

### Behavioral Health Continuum of Care

### MENTAL ILLNESS & SUBSTANCE USE DISORDER PREVENTION:



Implementing evidence-based mental illness and substance use disorder prevention programs like Communities that Care, the PAX Good Behavior Game, and supporting substance use disorder prevention certification.

### **CRISIS INTERVENTION:**



Redesigning behavioral health crisis systems by implementing a national best practice model called Crisis Now, which is designed to prevent suicide, end unnecessary admissions to emergency rooms and jails, and provide people in crisis with needed care and support.

#### **COMMUNITY-BASED TREATMENT:**



Implementing the Program for Assertive Community Treatment in rural Montana to allow people with longstanding, severe, or disabling mental illnesses to live and function safely in their homes and communities rather than being hospitalized.

### **RECOVERY:**



Developing partnerships between organizations that serve people with behavioral health diagnoses.

#### **BEHAVIORAL HEALTH POLICY & COMMUNICATIONS:**

Finding and implementing practical policy solutions to support the sustainable development of Montana's behavioral health system.

#### **SUPPORTING BEHAVIORAL HEALTH ADVOCACY:**

Supporting organizations that support the behavioral health system, including the Behavioral Health Alliance of Montana and the National Alliance on Mental Illness.

#### STRENGTHENING THE PRIMARY CARE SYSTEM:

Supporting a robust primary care system through our Integrated Behavioral Health Initiative and The Meadowlark Initiative<sup>®</sup>. Primary care is the foundation of an effective behavioral health system for Montana. Nationally, more than 50% of mental health services are provided in primary care.





#### **Behavioral Health Continuum of Care**

### **Spotlight**

### Redesigning Behavioral Health Crisis Systems

When someone experiences a crisis related to mental illness or substance use, they often end up in an emergency room or jail—places that are often not well-equipped to provide the care needed to recover. This is costly, strains emergency and law enforcement resources, and often contributes to worse health outcomes.

Since 2019, we have been working with the Montana Department of Public Health and Human Services and the Montana Public Health Institute to support communities in building a more effective system for crisis response.

The new crisis response systems—based on the national best practice Crisis Now model—will ensure that people experiencing a crisis that puts them or others at risk for harm have a number to call, someone to see, and a place to go. That way, people in crisis get the help they need instead of landing in an emergency room or jail.

So far, **18 COUNTIES** and **2 TRIBES** are working on their crisis systems.
In 2022, **7 COUNTIES** established mobile crisis response teams and have collectively served more than **1,000 INDIVIDUALS**.



Learn more about the Behavioral Health Continuum of Care Initiative



### **School-Based Health Initiative**

IMPROVING HEALTH AND ACADEMIC OUTCOMES FOR STUDENTS BY SUPPORTING NEW PARTNERSHIPS BETWEEN SCHOOLS AND HEALTH CARE PROVIDERS





The School-Based Health Initiative supports quality, convenient health care for students and their families in a safe, familiar place. Providing health services in school settings helps kids miss less school and supports better academic outcomes. We support partnerships between schools and health care providers to create school-based health centers in communities that need them most.

School-based health centers provide various health services, including primary care, behavioral health, and

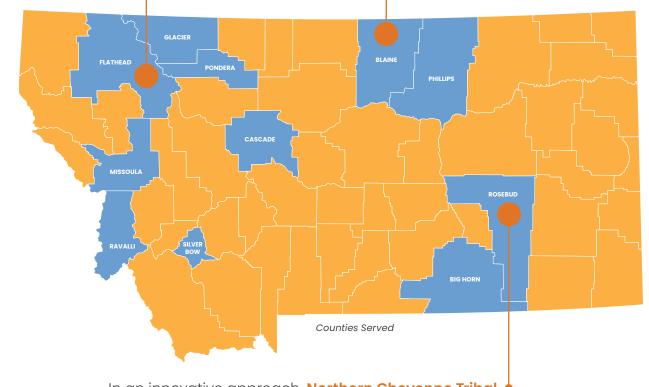
dental care. They are flexible and can provide services based on the needs of each community. For example, some health centers offer services in the school building, others bring a mobile unit to the school, and some provide telehealth services.

Since 2020, we have supported the startup of school-based health centers that serve 58 of the state's highest-need schools. In 2022, these school-based health centers **delivered health services** to more than 1,200 patients.

#### School-Based Health Initiative

• In 2022, **Greater Valley Health Center**, a federally qualified health center in the Kalispell area, had significant reach in both the Kalispell School District and the Evergreen School District and saw nearly 600 students.

After joining the initiative in 2022, Fort Belknap's school-based health center quickly began providing behavioral health services. Between May and December, it served 155 students.



In an innovative approach, Northern Cheyenne Tribal Health partnered with the Montana State University

Doctoral Nursing Program and Smiles Across Montana
to bring services to schools in their community.



2022 Annual Report

Learn more about the School-Based Health Initiative





### **Medicaid and Health Policy**

### ANALYZING PRACTICAL POLICY SOLUTIONS TO CRUCIAL **HEALTH SYSTEMS CHALLENGES**

We provide in-depth information on critical health issues and timely analysis of proposed policy solutions so Montanans can reach informed decisions on health system issues that may impact them.

Our policy analyses have become a cornerstone of how the press, public, and policymakers understand key Medicaid-related policy issues.



### **Medicaid and Health Policy**

### **Spotlight**

### **Annual Report on Medicaid in Montana**

Medicaid provides health coverage to more than 275,000 Montanans. It is the state's largest health care program and a significant contributor to state expenditures.

Each year, we produce an in-depth, independent analysis of Montana's Medicaid program, looking at its performance and identifying

The 2022 report found that Medicaid expansion enrollees' use of the emergency department declined each year they were enrolled.

> NCREASE in the engagement of specialists the longer they had coverage by people with chronic physical and

**DECREASE** in the number of people visiting the emergency department for preventable dental conditions over three years of enrollment



Learn more about the Medicaid and **Health Policy Initiative** 





### Strengthening Public Health

### **Strengthening Public Health**

STRENGTHENING MONTANA'S PUBLIC HEALTH SYSTEM BY
SUPPORTING NATIVE AMERICAN AND COUNTY HEALTH DEPARTMENTS





Learn more about the Strengthening Public Health Initiative

### **Spotlight**

### Montana Public Health Institute

Even as a new organization, the Montana Public Health Institute has already come to serve as the connective tissue of Montana's public health system by connecting resources and expertise at the local and state levels. Its goal is to help local, state, and tribal agencies work together to build an effective public health system for the entire state.

For example, as the COVID-19 pandemic waned, the institute quickly pivoted to help rural health departments respond to new challenges that many communities were experiencing, like the uptick in fentanyl overdoses and syphilis cases. It's also a close collaborator in our work to improve the behavioral health system, as public health departments are integral to each community's health system.

In 2022, the Montana Public Health Institute worked with 44 counties and eight tribes across the state, providing behavioral health program support and other direct technical assistance.

To learn more about the Montana

<u>Public Health Institute</u>, visit <u>www.mtphi.org</u>.



helped fund the formation of the Confluence Public Health Alliance,

an innovative new nonprofit that houses Montana's three public

health associations: the Montana Public Health Association, the

Association of Montana Public Health Officials, and the Montana

Environmental Health Association.



### **Housing Is Health Care**

### DEVELOPING PERMANENT SUPPORTIVE HOUSING TO IMPROVE **HEALTH OUTCOMES AND REDUCE COSTS**

We help Montana communities develop permanent supportive housing for people who are homeless and frequently use emergency services. Supportive housing links housing with on-site services such as tenancy support, employment assistance, and medical and behavioral health care. Permanent supportive housing is a cost-effective way to improve health outcomes and

address issues that may have contributed to homelessness in the first place.

In 2022, 24 people were housed in supportive housing units in Bozeman and Missoula. An additional 62 units are under construction in Bozeman. Missoula, and Great Falls. We have planning grants to support housing needs assessments in five rural areas.

### **Project Example**

### **Supportive Housing Evaluation**

One of our early Housing is Health Care Initiative grantees recently completed an evaluation looking at the impacts of providing housing and supportive services for people who have complex medical and behavioral health conditions.

The evaluation found that **after six months** of being housed, health and corrections partners reported that tenants had:

**REDUCTION** in detention center costs (less days incarcerated) 3.8-fold

**REDUCTION** in **Emergency Room visits**  6.7-fold

**REDUCTION** in total health costs

**After one year** of living in their new homes, tenants reported:

**IMPROVED** access to behavioral health services

**IMPROVED** access to medical appointments 75%

**IMPROVED** mental and physical health



Learn more about the Housing is Health Care Initiative

### **Grant Application Assistance**

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

We help organizations throughout the state apply for federal, state, and private grants for projects that will advance solutions to high-priority health problems. We use our funds and staff expertise to support grant writers, conduct data analysis, convene potential partners, and develop strategies.

To date, we have brought \$105 million into the state. In 2022, we helped partners secure nearly \$14 million for projects to address key health needs in the state, with a return on investment of more than 8,000%.

\$105M

brought into the state

secured for projects

return on investment

Learn more about the Grant Application Assistance Initiative



### The following grants were awarded in 2022:

#### \$100,000

**Butte Native Wellness Center** 

Indian Health Service 4-in-1 Grant

**DPHHS Child & Family Services Division** 

> HRSA Oral Health Workforce Grant

#### \$100.000

Western Montana AHEC

HRSA Rural Health Network Grant

#### \$4 million

**Eastern Montana** Community **Mental Health Center** SAMHSA CCBHC Grant

Fort Belknap **Community Economic Development Corp.** 

\$200,000

ANA Language Preservation Grant

### \$4 million DPHHS

Montana State Opioid Response Grant

#### \$50.000

**Northern Cheyenne Tribal Housing Authority** 

Tribal Housing Needs Assessment Grant

#### \$3 million

University of Montana

**HRSA Community** Health Worker Training Program Grant

#### \$100,000

**Blackfeet Tribal Health** 

**DPPHS Crisis Diversion** County/Tribal Match Grant

**Carbon County Public Health** 

**DPPHS Crisis Diversion** County/Tribal Match Grant

### \$200,000

Eastern Montana Community **Mental Health Center** (Custer County)

**DPPHS Crisis Diversion** County/Tribal Match Grant





### **Meet Our Team**

### **BOARD OF TRUSTEES**



**GERALD GRAY** (Billings) **Board Secretary** 



**JOANNE PIEPER** (Bozeman)



JUDITH LAPAN, MS, MBA (Sidney) **Board Chair** 



MICHAEL HARRINGTON (Missoula)



PAUL COOK, MD, MHA, CPE (Red Lodge) Board Vice Chair



WILLIAM UNDERRINER (Billings) Board Treasurer

### **OUR STAFF**



**AARON WERNHAM,** MD, MS (Bozeman) CEO



**ANNA LANGE** (Bozeman) **CEO Executive Assistant** & Board Liaison



**CAROL FARRIS, CPA** (Bozeman) Finance Manager



**HANNAH JACOBY** (Bozeman) Operations Manager

### **Meet Our Team**

### **OUR STAFF**



KATELIN CONWAY, MBA, MPH (Cut Bank) Senior Program Officer



**KELSEY GUMMER, MHA** (Bozeman) Senior Program Officer



**KIELY HOUSTON, MSPH** (Bozeman) Data & Evaluation Manager



LIZ DAVIES, LCSW (Missoula) Senior Program Officer



MARIA SWOBODA (Bozeman) Grant Administrator



**MELINDA BUCHHEIT, MS** (Bozeman) Communications Director



MICHELE STANTON, LCPC, LAC (Lewistown) Program Officer



PRICE KLAAS, MPA, SHRM-CP (Bozeman) Operations Director



**SCOTT MALLOY, LCSW** (Bozeman) Program Director



**SIRI ELIASEN** (Bozeman) Program Coordinator

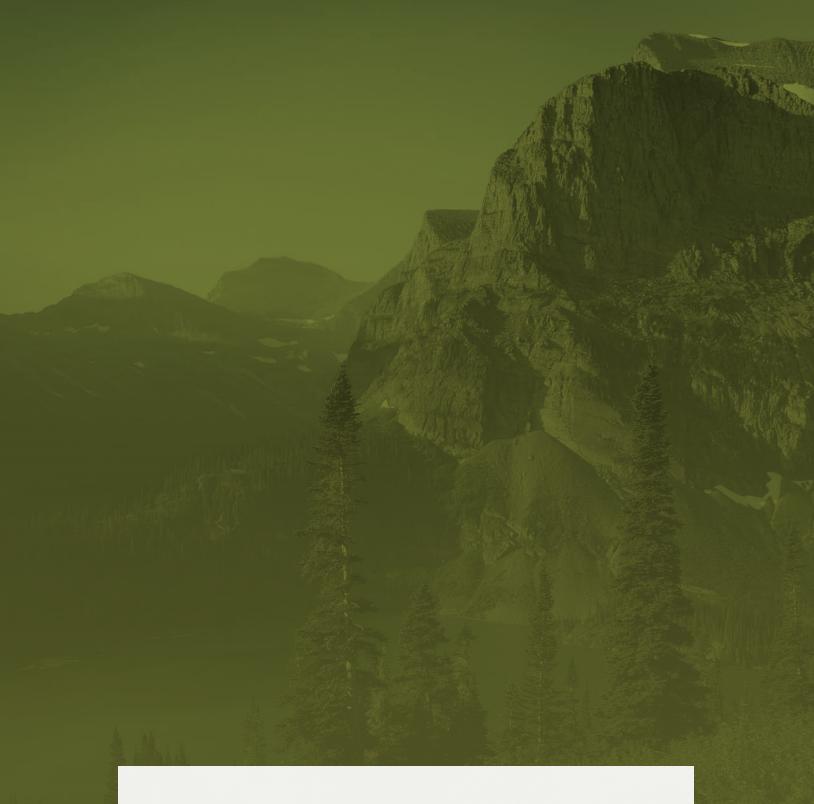


**TRACY MENUEZ** (Bozeman) Senior Program Officer



TRESSIE WHITE (Helena) Program Director







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